



## BOARD OF DIRECTORS MEETING - OPEN

June 25, 2025

1715-1800

Virtual via Teams / C.1.229

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### AGENDA

Agenda Item	Page #	Time	Responsibility	Purpose
* indicates attachment / TBC – to be circulated				
<b>1. CALL TO ORDER</b>				
1.1 Territorial Acknowledgement		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 June 4, 2025*	4			
1.5.2 2024/25 Board of Directors Action Log*	7			
1.5.3 Board Attendance*	8			
1.5.4 Board Work Plan*	9			
1.5.5 Events Calendar*	16			
1.5.6 Committee Reports to the Board of Directors				
1.5.6.1 Executive Committee (Next Meeting Nov 18, 2025)				
1.5.6.2 Audit Committee (Next Meeting Nov 17, 2025)				
1.5.6.3 Digital Health Strategy Sub-Committee (Jun 19, 2025)	18			
1.5.6.4 Resources Committee TBC (Jun 23, 2025)				
1.5.6.5 Medical Advisory Committee* (Jun 11, 2025)	20			
1.5.6.5.1 New Credentialed Midwife*	22			
1.5.6.6 Governance Committee (Next Meeting Oct 9, 2025)				
1.5.7 Governance Policy Summary Policies for Approval: (track changes version found in Package 2)				
<input type="checkbox"/> No Policies for Approval				
1.5.8 Quality Monitoring Metrics – Monthly Report*	23			
1.5.9 CEO Certificate of Compliance* (May 31, 2025 – June 20, 2025)	49			
1.5.10 CMH President & CEO Report*	50			
1.5.11 Board Generative Topics*	55			
1.6 Confirmation of Agenda		1719	L. Woeller	Motion
<b>2. PRESENTATIONS</b>				
2.1 Research & Innovation Plan*	57	1720	K. Leslie	Motion
<b>3. BUSINESS ARISING</b>				

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

Ex officio Members: Patrick Gaskin, Dr. Winnie Lee, Dr. Vlad Miropolsky, Stephanie Pearsall, Dr. Mark Shafir

Agenda Item * indicates attachment / TBC – to be circulated	Page #	Time	Responsibility	Purpose
3.1 No Open Matters for Discussion				
4. NEW BUSINESS				
4.1 Chair’s Update				
4.1.1 Board Chair’s Report*	84	1730	L. Woeller	Information
4.2 Quality Committee (Jun 18, 2025)				
4.2.1 Report to the Board of Directors*	90	1735	D. Wilkinson	Information
4.2.2 Care Cupboard		1745	S. Pearsall	Information
4.3 Patient Family Advisory Council (PFAC) Update		1750	N. Melchers	Information
4.4 CEO Update				
4.4.1 No Open Matters for Discussion				
5. UPCOMING EVENTS		1759	L. Woeller	Information
5.1 Grand Rounds: June 26, 2025 – 8:00-9:00am, Psychedelics in Psychiatry: From Taboo to Treatment, Presented by Dr. Anjali Sharma, Chief and Medical Director of Mental Health				
5.2 Klean Street Honda Car Show: August 10, 2025 – <i>Details to follow</i>				
5.3 Gaslight District Charity Car Show: September 14, 2025 – Gaslight District, Cambridge				
6. DATE OF NEXT MEETING	Wednesday October 1, 2025 Location: Hybrid			
7. TERMINATION		1800	L. Woeller	Motion
Link: <a href="#">Board/Committee Evaluation Survey</a>	Following the meeting, please complete within one week.			

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



## CMH Board of Directors Motions Page

Agenda Item	Motions Being Brought Forward for Approval – June 25, 2025	
1.5	Consent Agenda	<ul style="list-style-type: none"><li>That the CMH Board of Directors approves the Consent Agenda as presented/amended</li></ul>
1.6	Confirmation of Agenda	<ul style="list-style-type: none"><li>That the agenda be adopted as presented/amended</li></ul>
2.1	Research & Innovation Plan	<ul style="list-style-type: none"><li>That, the Board approves the Research and Innovation Plan as presented in Appendix A and outlined in this briefing note and upon recommendation of the Resources Committee at the meeting of June 23, 2025 and the Digital Health Strategy Sub-Committee at the meeting of June 19, 2025.</li></ul>

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

Ex officio Members: Patrick Gaskin, Dr. Winnie Lee, Dr. Vlad Miropolsky, Stephanie Pearsall, Dr. Mark Shafir

Cambridge Memorial Hospital  
BOARD OF DIRECTORS MEETING  
**Wednesday, June 4, 2025**  
**OPEN SESSION**

Minutes of the open session of the Board of Directors meeting, held via hybrid model (video conference and within Cambridge Memorial Hospital, MEC) on June 4, 2025.

Present:

L. Woeller, Chair  
S. Alvarado  
B. Conway  
T. Dean  
P. Gaskin  
J. Goyal  
M. Lauzon  
Dr. V. Miropolsky

Dr. W. Lee  
J. Tulsani  
Dr. M. McKinnon  
S. Pearsall  
D. Wilkinson  
N. Melchers  
P. Brasil

Regrets: J. Goyal, M. Hempel, Dr. M. Shafir

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

Guests: None

Recorder: S. Fitzgerald

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**1. CALL TO ORDER**

The Chair called the meeting to order at 1852 hours.

**1.1. Confirmation of Quorum (7)**

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

**1.2. Declarations of Conflict of Interest**

Board members were asked to declare any known conflicts of interest regarding this meeting. Paulo Brasil declared a potential conflict of interest for any discussion around TD Bank. The Chair noted that if any discussion takes place the conflict would be addressed at that time.

**1.3. Consent Agenda**

Prior to approving the Consent Agenda, the Chair asked if any items required removal for further discussion. Agenda item 1.3.13 Broader Public Sector Accountability Act Attestation, 1.3.14 Multi-Sector Service Accountability Agreement (M-SAA) Schedule F Declaration of Compliance, and agenda item 1.3.15 HSAA Article 8 – Declaration of Compliance were removed from the consent agenda for further discussion.

The consent agenda was approved as amended:

- 1.5.1 Minutes of May 7, 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



- 1.3.6 Proposed 2025/26 Board/Committee Meeting Dates
  - 1.3.7 Committee Reports to the Board of Directors
    - Quality Committee Report to the Board of Directors
    - Executive Committee Report to the Board of Directors
    - Audit Committee Report 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
    - New Credentialed Physicians April 2025
    - Governance Committee Report to the Board of Directors
  - 1.3.8 Governance Policy Summary
    - MOTION:** That, the Board of Directors approve the following policies as presented and upon recommendation of the Governance Committee at the meeting of May 15, 2025
      - 2-D-50 Perquisite
      - 2-D-61 Celebrating and Honouring Board Members
  - 1.3.9 CEO Annual Certificate of Compliance & CEO Certificate of Compliance May 30, 2025
  - 1.3.10 2024/2025 Strategic Priorities Tracker Q4 Updates
    - 1.3.10.1 Quality Monitoring Metrics – Monthly Report
  - 1.3.11 CMH President & CEO Report
  - 1.3.12 Certificate of Compliance – Semi Annual Distribution of Psychiatric Sessional and Stipend Funding
- None opposed, **CARRIED.**

1.4. **Confirmation of Agenda**

**The following items were moved from consent to the agenda:**

- 4.1 Broader Public Sector Accountability Act Attestation
- 4.2 Multi-Sector Service Accountability Agreement (M-SAA) Schedule F Declaration of Compliance
- 4.3 HSAA Article 8 – Declaration of Compliance

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

None opposed. **CARRIED.**

2. **PRESENTATIONS**

No open matters for discussion.

3. **BUSINESS ARISING**

No open matters for discussion.

4. **NEW BUSINESS**

4.1. **Broader Public Sector Accountability Act Attestation**

The Board reviewed the Declaration of Compliance as presented. One Director reflected that these items should appear in the agenda for review and discussion by the Board. CMH Leadership noted that this matter would be referred to the Governance Committee for further discussion.

**MOTION:** That, the Board of Directors approves the Broader Public Sector Accountability Act, 2010 (BPSAA) Appendix C - Attestation prepared by the President and CEO in accordance with Section 15 of the BPSAA for the period April 1, 2024 to

March 31, 2025, and upon recommendation of the Resources Committee at the meeting of May 26, 2025.  
None opposed. **CARRIED.**

**ACTION:** Governance Committee to review the current Board Consent Agenda Policy and discuss the approach to Declarations of Compliance.

4.2. **Multi-Sector Service Accountability Agreement (M-SAA) Schedule F Declaration of Compliance**

The Board reviewed the Declaration of Compliance as presented. There were no questions.

**MOTION:** That, the Board of Directors approves the submission of the Multi-Sector Service Accountability Agreement (M-SAA) Schedule F – Declaration of Compliance, confirming that CMH continues to meet its legal and contractual obligations and upon recommendation of the Resources Committee at the meeting of May 26, 2025.  
None opposed. **CARRIED.**

4.3. **HSAA Article 8 – Declaration of Compliance**

The Board reviewed the Declaration of Compliance as presented. There were no questions.

**MOTION:** That, the Board of Directors supports the submission of the HSAA Article 8 – Declaration of Compliance, and upon recommendation of the Resources Committee at the meeting of May 26, 2025.  
None opposed. **CARRIED.**

4.4. **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 June 25, 2025.

7. **TERMINATION**

**MOTION:** That, the meeting terminated at 1902h.  
None opposed, **CARRIED.**

## 2024/25 Board of Directors Action Log – June 2025

Agenda Item 1.5.2

Meeting Date	Agenda # / Item Description	Action Item	Owner	Status
05-07-25	4.1.2 CCDI Conference	Review materials/tools from the conference that would be valuable to share with the Board	M. Iromoto / N. Melchers	In Progress – Will be added to the GovHub on June 23, 2025
05-07-25	4.2.1 Quality Committee Report to the Board	CMH Leadership to connect to review what opportunities are available to the Board to donate items.	S. Pearsall	<b>Complete</b> – Will be discussed during agenda item 4.2.2
06-04-25	4.1 Broader Public Sector Accountability Act Attestation	Governance Committee to review the current Board Consent Agenda Policy and discuss the approach to Declarations of Compliance.	Governance Committee	Will be brought to the Governance Committee for review at the October 2025 meeting.

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

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

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

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

	100%	100%	100%	91%	91%	100%	91%	100%	100%	100%	100%	73%
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
5-Jun-24	P	P	P	P	P	P	P	P	P	P	P	P
26-Jun-24	P	P	P	P	P	P	P	P	P	P	P	P
2-Oct-24	P	P	P	P	P	P	P	P	P	P	P	P
29-Oct-24	P	P	P	P	P	P	P	P	P	P	P	R
6-Nov-24	P	P	P	P	P	P	P	P	P	P	P	R
4-Dec-24	P	P	P	P	P	P	P	P	P	P	P	R
5-Feb-25	P	P	P	P	P	P	P	P	P	P	P	P
5-Mar-25	P	P	P	R	P	P	P	P	P	P	P	P
7-May-25	P	P	P	P	P	P	P	P	P	P	P	P
7-May-25	P	P	P	P	P	P	P	P	P	P	P	P
4-Jun-25	P	P	P	P	R	P	R	P	P	P	P	P

## 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
02-Oct-24	<b>4a Corporate Culture</b>					
	i	setting the tone for a culture throughout the Corporation that is consistent with the mission, vision and values and supports the Corporation'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
	<b>4b Strategic Planning</b>					
	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
	<b>4c Corporate Performance</b>					
	ii	monitor, mitigate and respond to the principal risks		Quality	➤ review critical incident reports (as per the Excellent Care for all Act)	Complete
	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	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	➤ receive and approve the quarterly CEO Certificate of Compliance regarding the obligation for payments of salaries, wages, benefits, statutory declarations and financial statements	Complete
	<b>4f Oversight of Medical/Professional Staff</b>					
	i	credential Medical/Professional Staff	1-C-13	MAC	➤ 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	➤ receive the MAC Report to the Board of Directors	Complete
November 6, 2024 (Generative Session)	<b>4g Relationships</b>					
		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
	<b>4i Board Effectiveness</b>					
	iv	periodically review and revise governance policies, processes, and structures as appropriate		Governance	➤ review & approve Board policies as recommended by Governance Committee	Complete
	<b>4k Fundraising</b>					
		The Board supports fundraising initiatives of the Foundation	2-A-30		➤ review upcoming events reported through Directors ABCDE Goals	Complete
November 6, 2024 (Generative Session)	<b>4c Corporate Performance</b>					
	ii	monitor, mitigate and respond to the principal risks		Quality	➤ review critical incident reports (as per the Excellent Care for all Act)	Complete
	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	Complete
	<b>4f Oversight of Medical/Professional Staff</b>					
	i	credential Medical/Professional Staff	1-C-13	MAC	➤ make the final appointment, reappointment, and privilege decisions ➤ ensure the effectiveness and fairness of the credentialing process	Complete
November 6, 2024 (Generative Session)	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	Complete

## 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
04-Dec-24	<b>4a Corporate Culture</b>					
	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	➤ receive & review the mid-year CEO and COS report and provide input	
	<b>4b Strategic Planning</b>					
	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
	<b>4c Corporate Performance</b>					
	ii	monitor, mitigate and respond to the principal risks		Quality Audit / Quality / Resources	➤ 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	➤ 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	➤ 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
	<b>4e Succession Planning</b>					
	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
	iii	ensure that the Chief Executive Officer and Chief of Staff establish an appropriate succession plan for both executive management and Medical/Professional Staff leadership	2-B-10 2-B-12	Executive	➤ receive confirmation that succession plans are in place through the Executive Committee Report to the Board of Directors	Complete
	<b>4f Oversight of Medical/Professional Staff</b>					
	i	credential Medical/Professional Staff	1-C-13	MAC	➤ 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	➤ receive the MAC Report to the Board of Directors	Complete
	<b>4g Relationships</b>					
		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
	<b>4i Board Effectiveness</b>					
	iv	periodically review and revise governance policies, processes, and structures as appropriate		Governance	➤ review & approve Board policies as recommended by Governance Committee	Complete
	<b>4k Fundraising</b>					
		The Board supports fundraising initiatives of the Foundation	2-A-30		➤ review upcoming events reported through Directors ABCDE Goals	Complete

## 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
	<b>4l Programs Required under the <i>Public Hospitals Act</i></b>					
	ii	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	➤ receive the annual Emergency Preparedness update	Complete
	<b>4n Director Recruitment, Orientation, and Evaluation</b>					
		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		➤ approve the members of the Nominating Sub-Committee & Interview Team	Complete
February 5, 2024 (Generative Session)	<b>4c Corporate Performance</b>					
	ii	monitor, mitigate and respond to the principal risks		Quality	➤ review critical incident reports (as per the Excellent Care for all Act)	Complete
	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	Complete
	<b>4f Oversight of Medical/Professional Staff</b>					
	i	credential Medical/Professional Staff	1-C-13	MAC	➤ 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	➤ receive the MAC Report to the Board of Directors	Complete
05-Mar-25	<b>4i Board Effectiveness</b>					
	iv	periodically review and revise governance policies, processes, and structures as appropriate		Governance	➤ review & approve Board policies as recommended by Governance Committee	Complete
	<b>4b Strategic Planning</b>					
	iv	ensuring that key corporate priorities are formulated that help the Corporation accomplish its mission and actualize its vision in accordance with the strategic plan. The corporate priorities shall be reflective of the Board's primary accountability to the Ministry of Health ("MOH") and Ontario Health and any applicable accountability agreements with the MOH or Ontario Health		Quality Resources	➤ review & approve Annual Quality Improvement Plan (QIP) ➤ review & approve Hospital Service Accountability Agreement (HSAA) ➤ review & approve Multi-Sector Service Accountability Agreement (MSAA) ➤ review & approve Community Accountability Planning Submission (CAPS) ➤ review & approve Hospital Accountability Planning Submission (HAPS)	Complete
	v	approving operating and capital plans	2-C-31	Resources	➤ review & approve the annual Operating Plan ➤ review & approve the Annual Capital Plan	Complete
	<b>4c Corporate Performance</b>					
	ii	monitor, mitigate and respond to the principal risks		Quality	➤ review critical incident reports (as per the Excellent Care for all Act)	Complete
	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	Complete
	<b>4f Oversight of Medical/Professional Staff</b>					
	i	credential Medical/Professional Staff	1-C-13	MAC	➤ 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	➤ receive the MAC Report to the Board of Directors	Complete
	<b>4g Relationships</b>					

## 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
		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			<ul style="list-style-type: none"> <li>receive monthly reports/updates from: CND OHT, CMH Foundation, CMH Volunteer Association, CMH Patient &amp; Family Advisory Council, Others as needed</li> </ul>	Complete
		<b>4h Financial Viability</b>				
	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
		<b>4k Fundraising</b>				
		The Board supports fundraising initiatives of the Foundation	2-A-30		review upcoming events reported through Directors ABCDE Goals	Complete
		<b>4.c Corporate Performance</b>				
	i	identify principal risks to the Corporation in line with the Board's Integrated Risk Management policy	2-C-20	Audit Quality Resources	review & approve the IRM process undertaken by management to identify and develop the in-year IRM risks and associated mitigation strategies	Complete
	ii	monitor, mitigate and respond to the principal risks		Quality	review critical incident reports (as per the Excellent Care for all Act)	Complete
	v	ensure processes are in place to monitor and continuously improve upon the performance targets	2-C-50	Quality	<ul style="list-style-type: none"> <li>receive and review the Quality Monitoring Metrics</li> <li>receive and review the Strategic Priorities Tracker</li> </ul>	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	receive and approve the quarterly CEO Certificate of Compliance regarding the obligation for payments of salaries, wages, benefits, statutory declarations and financial statements	Complete
		<b>4f Oversight of Medical/Professional Staff</b>				
	i	credential Medical/Professional Staff	1-C-13	MAC	<ul style="list-style-type: none"> <li>make the final appointment, reappointment, and privilege decisions</li> <li>ensure the effectiveness and fairness of the credentialing process</li> </ul>	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	Complete
		<b>4g Relationships</b>				
		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			<ul style="list-style-type: none"> <li>receive monthly reports/updates from: CND OHT, CMH Foundation, CMH Volunteer Association, CMH Patient &amp; Family Advisory Council, Others as needed</li> </ul>	Complete
		<b>4i Board Effectiveness</b>				
	iv	periodically review and revise governance policies, processes, and structures as appropriate		Governance	review & approve Board policies as recommended by Governance Committee	Complete
		<b>4k Fundraising</b>				
		The Board supports fundraising initiatives of the Foundation	2-A-30		<ul style="list-style-type: none"> <li>review upcoming events</li> <li>reported through Directors ABCDE Goals</li> </ul>	Complete
		<b>4a Corporate Culture</b>				



## 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
June 4, 2025 (Generative Session)	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	➤ receive & review the annual CEO and COS survey results & self-appraisal and provide input	Complete
	<b>4b Strategic Planning</b>					
	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
	<b>4c Corporate Performance</b>					
	ii	monitor, mitigate and respond to the principal risks		Quality	➤ review critical incident reports (as per the Excellent Care for all Act)	Complete
	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	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  Audit	➤ 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	Complete
	<b>4f Oversight of Medical/Professional Staff</b>					
	i	credential Medical/Professional Staff	1-C-13	MAC	➤ 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	➤ receive the MAC Report to the Board of Directors	Complete
	<b>4h Financial Viability</b>					
	ii	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	Complete
	<b>4i Board Effectiveness</b>					
	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	Complete
	iv	periodically review and revise governance policies, processes, and structures as appropriate		Governance	➤ review & approve Board policies as recommended by Governance Committee	Complete
	<b>4n Director Recruitment, Orientation, and Evaluation</b>					
		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	Complete
<b>4b Strategic Planning</b>						
	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	Due
<b>4c Corporate Performance</b>						
	ii	monitor, mitigate and respond to the principal risks		Quality	➤ review critical incident reports (as per the Excellent Care for all Act)	Due
	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	Due

## 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
25-Jun-25	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	➤ receive and approve the CEO Certificate of Compliance regarding the obligation for payments of salaries, wages, benefits, statutory declarations and financial statements	Due
	<b>4f Oversight of Medical/Professional Staff</b>					
	i	credential Medical/Professional Staff	1-C-13	MAC	➤ 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	➤ receive the MAC Report to the Board of Directors	Due
	<b>4g Relationships</b>					
		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	Due
	<b>4i Board Effectiveness Fundraising</b>					
	iii	ensure ethical behaviour and compliance with laws and regulations, audit and accounting principles, accreditation requirements and the By-Laws		Audit	➤ review & receive the annual Audit Findings Report review & approve the year-end financial statements	Due
	<b>4k Fundraising</b>					
		The Board supports fundraising initiatives of the Foundation	2-A-30		➤ review upcoming events reported through Directors ABCDE Goals	Due
	<b>4l Programs Required under the Public Hospitals Act</b>					
	i	(i) ensure that an occupational health and safety program and a health surveillance program are established and regularly reviewed			➤ reported through annual attestations	Due
	<b>4n Director Recruitment, Orientation, and Evaluation</b>					
		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		➤ conduct the election of officers ➤ receive committee reports on work plan achievements ➤ review Board annual survey results	Due
	<b>4a Corporate Culture</b>					
	iii	overseeing policies in respect of the Corporation's code of conduct	1-A-04		➤ review the organizations code of conduct policy every three years (last reviewed May 9, 2024)	
	<b>4b Strategic Planning</b>					
	i	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			➤ Strategic Plan: approve process, participate in development, approve plan - (last completed in 2022, will be done again in 2027)	
<b>4d Chief Executive Officer and Chief of Staff</b>						

## 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
As Needed	i	select the Chief Executive Officer in accordance with the relevant Board policies	2-B-15	Executive	➤ recruit, select, and hire an 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-B-20 2-B-25	Executive / Governance	➤ 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 an individual with the requisite skills, abilities, and competencies to effectively perform the job as President and Chief Executive Officer (CEO) of the organization	
	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-B-20 2-B-26	Executive / Governance	➤ 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 Effective Communication and Community Relationships					
	i	establish processes for community engagement to receive public input on material issues	1-A-05 2-D-09		➤ Post meeting agenda packages and minutes publicly 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			➤ <a href="#">Strategic Plan</a>	
	4m Communications 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	➤ review & approve Board policy 2-D-11 every three years (last reviewed April 22, 2022)	In Progress
	General					
		On behalf of the Board, the Governance Committee shall review and assess the adequacy of the Board terms of reference at least every 3 years and submit proposed changes to 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	May	Jun	July	Aug	Sep (2025)
<b>Board of Directors Regular Meetings</b>													
5:00pm - 9:00pm		2		4			5		7	25			
<b>Board of Directors Special Meetings</b>													
HIS Meeting 9:30am-10:00am										20			
<b>Board Generative/Education Discussion Meetings</b>													
Mergers/Consolidations										4			
Innovation & Technology in Health Care			6										
Healthcare Trends and the Ontario Landscape						5							
Meeting with City Council and CMH Board of Directors - February 18						18							
CMH & WRHN Board Education Event - HIS Renewal										20			
<b>Board Committee Meetings</b>													
<b>Quality Committee</b> 7:00 am – 9:00am	18	16	20		15	19		16	21	18			
<b>Quality Committee QIP Meeting</b> 7:00 am – 9:00 am						6							
<b>Resources Committee</b> 5:00pm – 7:00pm	24		25			24		28	26	23			
<b>Digital Health Strategy Sub - Committee</b> 5:00pm – 6:30pm	19		21		16	20		17	15	19			
<b>Governance Committee</b> 5:00pm - 7:00pm	12		20		9		13		15 & 29				
<b>Audit Committee</b> 5:00pm - 6:30pm			18		20			28	26				
<b>Executive Committee</b> 5:00pm - 6:30pm		22	19				18		20				
<b>Medical Advisory Committee (MAC)</b> 4:30pm - 7:00pm	11	9	5	2	8	12	3	9	14	11			
<b>CMHVA Board Meetings</b> 9:30am - 11:15am - In Person / Hybrid	25	30	14		29	26	26	30	28	12 AGM			
<b>CMHF Board Meetings</b> 4:30pm - 6:30 - In Person / Hybrid	24		26		28		25		27	24 AGM			

Board/Committee Meetings and Event Dates	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep (2025)
<b>Patient Family Advisory Council (PFAC)</b> 5:30pm - 7:30pm In Person / Hybrid	10	1	5	3	14	4	4		6	3			
<b>OHT Joint Board Committee</b> 5:30pm - 7:30pm - Virtual Zoom meeting	23		25	16	27	24	24	28	26	23			
<b>2024-25 Events</b>													
Staff Holiday Lunch				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			
<b>Board Education Opportunities</b>													
<b>Governors Education Sessions</b>													
Governance Essentials for New Directors - N/A													
Hospital Legal Accountability Framework													
Hospital Accountability Within the Health System													
Governance and Management - The Crucial Partnership													
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													



# BRIEFING NOTE

**Date:** June 20, 2025  
**Issue:** Digital Health Strategy Sub-Committee Report to Board of Directors - OPEN  
**Prepared for:** Board of Directors  
**Purpose:** ☒ Approval ☐ Discussion ☒ Information ☐ Seeking Direction  
**Prepared by:** Kristen Hoch – Administrative Assistant  
**Approved by:** Mari Iromoto – VP, People & Strategy

**Attachments/Related Documents:** None

A meeting of the Digital Health Strategy Sub-Committee took place on Thursday, June 19, 2025 at 1700h

**Present:** Sara Alvarado (Chair), Masood Darr, Jim Gates, Miles Lauzon, Paul Martinello, Margaret McKinnon, Richard Neidert, Suzanne Sarrazin

**Regrets:** Joel Campbell, Dr. Winnie Lee

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

## Committee Matters – For information only

1. **Research & Innovation Plan:** CMH Management presented key highlights of the Research & Innovation Plan aimed at enhancing the hospital's innovation capability. Ernst & Young has outlined a roadmap with 35 actions over the next two years to elevate innovation maturity from near level 2 to level 3. Key metrics will monitor progress, refreshed annually, and success measures include not only internal achievements but also the adoption of innovations by other centers. The Plan emphasizes collaboration with the University of Waterloo on various projects, and success will be gauged by the impact on patient care and satisfaction. *(Further information will be discussed during agenda item 2.1)*

## Placeholder for Resources Committee Report to the Board of Directors



## BRIEFING NOTE

**Date:** June 11, 2025  
**Issue:** MAC Report to the Board of Directors June 2025 - OPEN  
**Prepared for:** Board of Directors  
**Purpose:** ☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction  
**Prepared by:** Dr. Jenny Legassie, Deputy Chief of Staff  
**Approved by:** Patrick Gaskin, President & CEO

**Attachments/Related Documents:** None

A meeting of the Medical Advisory Committee took place on Wednesday, June 11, 2025, at 1730h.

**Present:** Dr. W. Lee, Dr. J. Legassie, Dr. L. Green, Dr. M. Hindle, Dr. T. Holling, Dr. V. Corner, Dr. J. Bourgeois, Dr. B. Courteau, Dr. A. Sharma, Dr. A. Nguyen,

**Regrets:** Dr. M. Rajguru, Dr. A. Mendlowitz, Dr. K. Wadsworth, Dr. I. Isupov, Dr. E. Thompson, Dr. M. Runnalls, C. Witteveen, Dr. J. Gill, Dr. V. Miropolsky, Dr. M. Shafir, Dr. R. Shoop, Dr. M. Patel

**Staff:** P. Gaskin, S. Pearsall, Dr. R. Taseen, J. Backler, R. Howe, J. Visocchi

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

### Committee Matters – For information only

- M&T Report:** Epoprostenol (Flolan®) was added to formulary as an inhaled vasodilator used specifically to treat ARDS and pulmonary hypertension. Minor changes were made to the potassium phosphate monograph and IV pump protocols to ensure the correct rate of infusion. Several policies were updated to reflect additional storage locations for emergency or procedure-specific medications. Medication override policy was updated to reflect new staffing changes allowing for longer duration of in-house pharmacy coverage.
- Policies:** The following policy and medical directives were brought to the committee for approval.

Policy	Description of Action	Motion
<b>Policy # 2-416- Physician On- Call Parking</b>	Updated policy to reflect current on-call needs and processes for use of on-call parking spaces	Approved
<b>MD # 753 - Topical Aerosol Skin Refrigerant</b>	Recommendation to archive policy as product no longer available.	Approved
<b>MD # 571 – Administration of Systemic Therapy</b>	Updated policy to reflect current best practice in chemotherapy administration.	Approved



Policy	Description of Action	Motion
<b>MD # 577- Administration of Pamidronate Zoledronic Acid and Denosumab</b>	Renewal of policy. Minimal changes to phrasing. No practice changes	Approved

3. **Chair Update; Survey Results:** Respondents to May post-MAC survey made recommendations to improve the presentation of medication reconciliation data in the MAC package which is now incorporated in the June consent agenda. New format was well received.
4. **Pediatric Department Update:** Dr. Vivian Corner provided an overview of the Department of Pediatrics. The Pediatrics department involves a breadth of services. They are particularly proud of their 9 bed NICU which allows infants and their families to stay closer to home and helps to alleviate burden on tertiary care hospitals. They are also proud of the Rapid Access Clinic which opened in March 2025. This clinic helps reduce admissions and facilitates discharges directly from the emergency room. Additionally, the pediatrics group attend an estimated 80% of all deliveries at CMH to provide immediate care to newborns and they round on 100% of newborns post-delivery. Dr Corner highlighted a departmental commitment to continue to grow in size and in number of service lines. She acknowledged that in order to do this, increasing physician staffing is a primary focus. Additional resources such as dedicated pediatric occupational and physiotherapy and dieticians would increase patient and family supports.
5. **Anesthesia Department Update:** Dr. Mark Hindle provided a summary of the department of anesthesia. In recent months, one of the significant successes was the removal of Desflaurane from anesthetic cart which contributes to the hospital's commitment to environmental stewardship. The Anesthesia services involves Department members rotating through a diverse number of roles including complex surgeries, day procedures, pre-operative clinics, endoscopy, and the acute pain service. The department is currently well staffed but does anticipate a number of retirements in near future. Recruitment is challenging as many new graduates are trained in environments where they have the assistance of physician extenders such as anesthesia associates. Anesthesia assistants is an area of exploration for anesthesia leadership. Dr. Hindle is actively recruiting physicians in order to stay ahead of any staffing challenges.



## BRIEFING NOTE

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**Date:** June 11, 2025  
**Issue:** New Credentialed Midwife – May 2025  
**Prepared for:** Board of Directors  
**Purpose:** ☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction  
**Prepared by:** Dr. Jenny Legassie, Deputy Chief of Staff  
**Approved by:** Patrick Gaskin, President & CEO

**Attachments/Related Documents:** None

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This past month, we are thrilled to announce the addition of a new highly skilled midwife to our hospital team. She will bring a wealth of experience and expertise to the Cambridge Midwives group further enhancing our commitment to providing exceptional patient care. The new medical professional staff joining CMH include:

1. Kamara Ukachukwu with a start date July 1, 2025. Kamara is a new midwife for Cambridge Midwives. Kamara has a background in counseling and over a decade of experience supporting diverse families through pregnancy, birth, and postpartum care. Holding degrees in midwifery, child and youth work, and the arts, Kamara is passionate about equitable, evidence-based healthcare

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



# BRIEFING NOTE

**Date:** June 11, 2025  
**Issue:** Quality Monitoring Metrics  
**Prepared for:** Board of Directors  
**Purpose:** ☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction  
**Prepared by:** Kyle Leslie, Director Operational Excellence  
 Liane Barefoot, Director Patient Experience, Quality, Risk, Privacy & IPAC  
**Approved by:** Mari Iromoto, VP People and Strategy

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

## Alignment with 2025/26 CMH Priorities:

2022-2027 Strategic Plan No <input type="checkbox"/>	2025/26 CMH Priorities No <input type="checkbox"/>	2025/26 Integrated Risk Management Priorities No <input type="checkbox"/>
<input checked="" type="checkbox"/> Elevate Partnerships in Care	<input checked="" type="checkbox"/> Improve Patient Flow (AOT, PIA, ED Admits)	<input checked="" type="checkbox"/> Organizational Flow
<input checked="" type="checkbox"/> Reimagine Community Health	<input checked="" type="checkbox"/> Prepare for Digital Health Transformation	<input checked="" type="checkbox"/> Project Quantum
<input type="checkbox"/> Increase Joy In Work	<input checked="" type="checkbox"/> Increase Staff Engagement Through Improved Staffing (Med, ICU, ED, Physicians)	<input checked="" type="checkbox"/> Optimization of Staff/Medical Staff Levels <input checked="" type="checkbox"/> Management/Medical Staff Partnership
<input checked="" type="checkbox"/> Sustain Financial Health	<input checked="" type="checkbox"/> Earn the Maximum Eligible PCOP Funding	
<input checked="" type="checkbox"/> Advance Health Equity	<input checked="" type="checkbox"/> Embrace Diversity, Build a Culture of Inclusion	

## Alignment with 2025/26 CMH Corporate Plans: Operational Excellence Plan

### Executive Summary

This briefing note includes the CMH Quality Monitoring Scorecard and associated indicator pages for metrics under the oversight of the Quality Committee. The status of each indicator reflects performance over the most recent three reporting periods. Indicators marked with a "red" status are performing below 90% of their established thresholds, while those in "green" are meeting these benchmarks. A "yellow" status signifies potential risks to target achievement.

### Background

The CMH Quality Monitoring Scorecard is designed to track key performance indicators aligned with our quality framework. These metrics include publicly reported data from the Canadian Institute for Health Information (CIHI) and are monitored monthly to identify trends outside of established thresholds. The scorecard informs action planning and awareness at various internal forums, including weekly leadership huddles focused on staffing and flow issues. Departmental performance is also assessed through department-specific scorecards, with expectations for regular review and action planning in the Department Quality and Operations Councils.

## Analysis

Patient Flow remains a high priority within our Integrated Risk Management (IRM) process and has been emphasized both internally and publicly as part of our Quality Improvement Plan. The flow metrics are regularly reviewed on weekly agendas at senior executive meetings, operations meetings and patient flow working committees. See Appendix A.

Below is a summary of the key quality monitoring metrics aligned to Quality Committee that have a “red” status:

### 1) % Conservable Days Rate

Measures patient days exceeding benchmark length of stay (LOS). A lower rate is preferable as it indicates closer alignment with benchmark LOS. In April 2025, our conservable day rate was 38%, while the target is 30%.

### 2) ALC Throughput

Assesses how effectively flow and discharges for Acute Level of Care (ALC) patients are managed. The ALC throughput ratio, which compares discharged cases to newly added ones, indicates good flow when at or above 1. For April 2025, the ratio was 0.8.

### 3) Ambulance offload time (90% spent less, in minutes)

Measures time from ambulance arrival until patient care transfer between EMS and CMH teams in the ED. As of year-to-date (YTD) April, 90% of ambulances had an offload time of 40 minutes or less, while the target is 30 minutes.

### 4) Daily Average Number of Admissions in the ED at 8 AM Waiting for a Bed

Tracks patients held in the ED due to bed availability, serving as a proxy measure for overall organizational flow. A lower number indicates efficient patient movement from the ED to an inpatient bed. Our target is fewer than 10 daily holds; April 2025 saw an average of 13.17.

### 5) ED Length of Stay for Admitted patients (90% spent less, in hours)

Measures wait-time from triage to arrival at an inpatient bed. A shorter time reflects efficient patient flow. YTD April, 90% of admitted patients had a LOS of 53.3 hours or less; the target is 33 hours.

### 6) ED Wait Time for Inpatient Bed (90% spent less, in hours)

Tracks the duration between admission decision and arrival at an inpatient bed. A shorter time indicates efficient patient flow. YTD April, 90% waited 44.9 hours or less; the target is 25 hours.

### 7) ED Length of Stay, Non-Admitted Complex (CTAS 1-3) (90% spent less, in hours)

Measures wait-time from triage to disposition for complex ED patients. As of YTD April, 90% had a LOS of 10.3 hours or less; the target is 8 hours.

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

Tracks time from triage to initial physician assessment. As of YTD April, 90% were seen within 7.3 hours (all CTAS levels) and 6.2 hours (CTAS 1-2); the target is 4 hours.

### 9) Hospital Standardized Mortality Ratio (HSMR)

Measures quality of care by comparing actual to expected deaths, with a ratio under 100 indicating expectations are met. Based on internal data for fiscal year 24/25, our HSMR result would be 95; CIHI data is pending confirmation.

**Consultation**

The Quality Monitoring Scorecard incorporates input from multiple sources and is reviewed regularly at Director's Council, Senior Leadership Committee, Medical Advisory Council, Quality Committee of the Board, Resource Committee of the Board, and the Board of Directors.

**Next Steps**

- Continue to include the Quality Monitoring Scorecard monthly.
- Indicators with a "red" status will be reviewed continuously through program Quality and Operations Councils, departmental huddles, operations meetings, Director's Council, Senior Leadership Committee, and various working groups.



# Quality Monitoring Scorecard

Quality Dimension	Indicator	Unit of Measure	Target	YTD	Status (Last 3 periods)	Period
Efficient	Conservable Days Rate	%	30.00	38.29	◆	Apr-25
Integrated & Equitable	ALC Throughput	Ratio	1.00	0.79	◆	Apr-25
	Percent ALC Days (closed cases)	%	20.00	19.50	▲	Apr-25
Safe, Effective & Accessible	Repeat emergency department visits for Mental Health Care	Patients	11.00	12.00	▲	Apr-25
	Ambulance Offload Time (90% Spent Less, in Minutes)	minutes	30.00	40.00	◆	Apr-25
	Daily average number of patients waiting in the emergency department for an inpatient bed at 8 a.m.	Average	10.00	13.17	◆	Apr-25
	ED Length of Stay for Admitted Patients (90% Spent Less, in Hours)	hours	33.00	53.30	◆	Apr-25
	ED Length of Stay for Non-Admitted Complex Patients (90% Spent Less, in Hours)	hours	8.00	10.30	◆	Apr-25
	ED Wait Time for Inpatient Bed (90% Spent Less, in Hours)	hours	25.00	44.90	◆	Apr-25
	ED Wait Time for Physician Initial Assessment (90% Spent Less, in Hours)	hours	4.00	7.30	◆	Apr-25
	ED Wait Time for Physician Initial Assessment (90% Spent Less, in Hours) CTAS 1,2	hours	4.00	6.20	◆	Apr-25
	Long Waiters Waiting For All Surgical Procedures	%	20.00	10.59	●	May-25
	Medication Reconciliation at Admit	%	95.00	95.00	▲	May-25
	Medication Reconciliation at Discharge	%	95.00	95.00	▲	May-25
	Patient Safety Event - Falls with Harm	per 1000 PD	0.00	0.00	●	May-25
	Patient Safety Event - Medication Events with Harm	per 1000 PD	0.00	0.10	▲	May-25



# Quality Monitoring Scorecard

Quality Dimension	Indicator	Unit of Measure	Target	YTD	Status (Last 3 periods)	Period
Safe, Effective & Accessible	30 Day CHF Readmission Rate	%	14.00	14.74	▲	Mar-25
	30 Day COPD Readmission Rate	%	15.50	9.09	●	Mar-25
	30 Day In-Hospital Mortality Following Major Surgery	%	1.90	1.49	●	Mar-25
	30 Day Overall Readmission Rate	%	8.80	7.47	●	Mar-25
	Hip Fracture Surgery Within 48 Hours	%	83.10	92.88	●	Mar-25
	Hospital Standardized Mortality Ratio (HSMR)	Ratio	100.00	108.73 !	◆	Mar-25
	In-Hospital Sepsis	per 1000 D/C	3.20	3.24	●	Mar-25
	Long Waiters Waiting For All Surgical Procedures	%	20.00	9.47	●	Mar-25
	Low-Risk Caesarean Sections	%	17.30	21.14	●	Mar-25
	Obstetric Trauma (With Instrument)	%	14.40	19.82	▲	Mar-25

! Note: Final HSMR data is still being updated by CIHI and is not yet reflected



# Conservable Bed Days

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)

Target

Previous YE

YTD

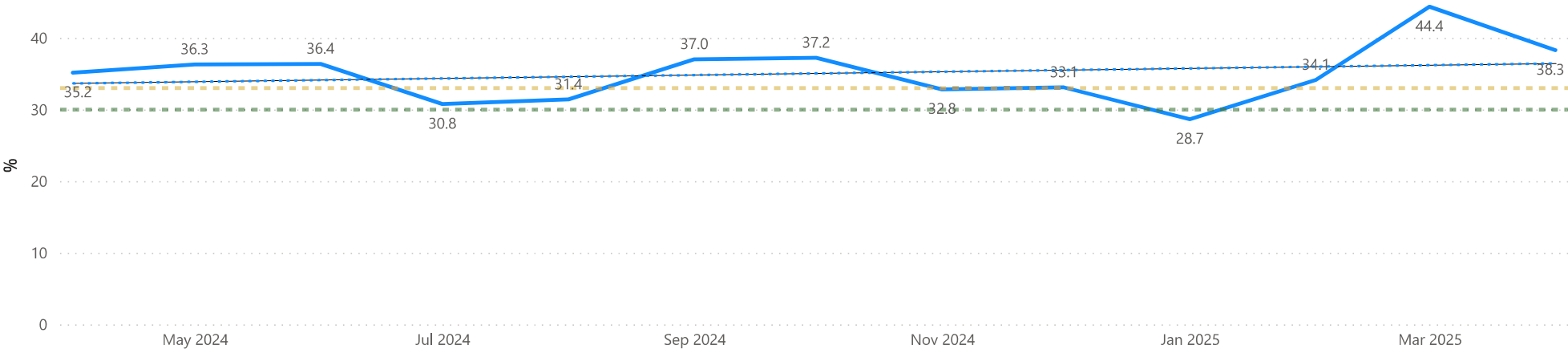
Status (Last 3 periods)

30.0

35.5

38.3

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	35.2	36.3	36.4	30.8	31.4	37.0	37.2	32.8	33.1	28.7	34.1	44.4
2025/2026	38.3											





# Alternate Level of Care



## ALC Throughput

Description

ALC Throughput is the ratio of the number of discharged ALC cases to the number of newly added and redesignated ALC cases

Data Source

WTIS

Target

Previous YE

YTD

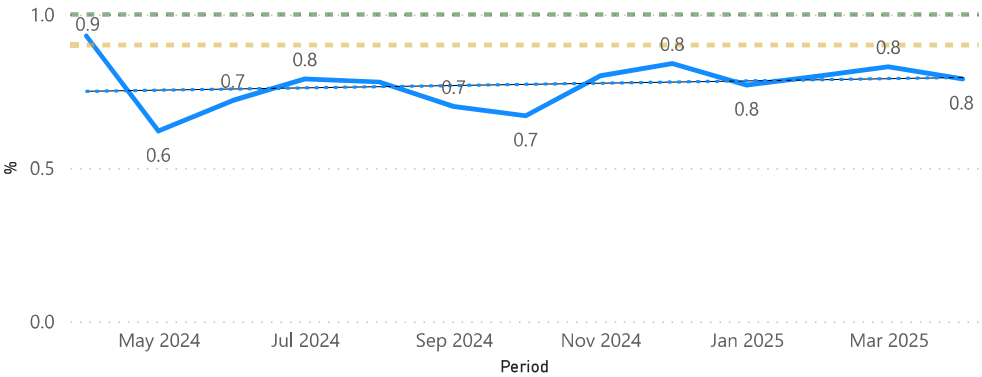
Status (Last 3 periods)

1.0

0.8

0.8

ALC Throughput Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	0.9	0.6	0.7	0.8	0.8	0.7	0.7	0.8	0.8	0.8	0.8	0.8
2025/2026	0.8											

## ALC Rate

Description

The proportion of total days that a patient was assigned to the alternate level of care (ALC) service. ALC patients are those who no longer need acute care services but continue to occupy an acute care bed or use acute care services.

Data Source

Discharge Abstract Database (DAD)

Target

Previous YE

YTD

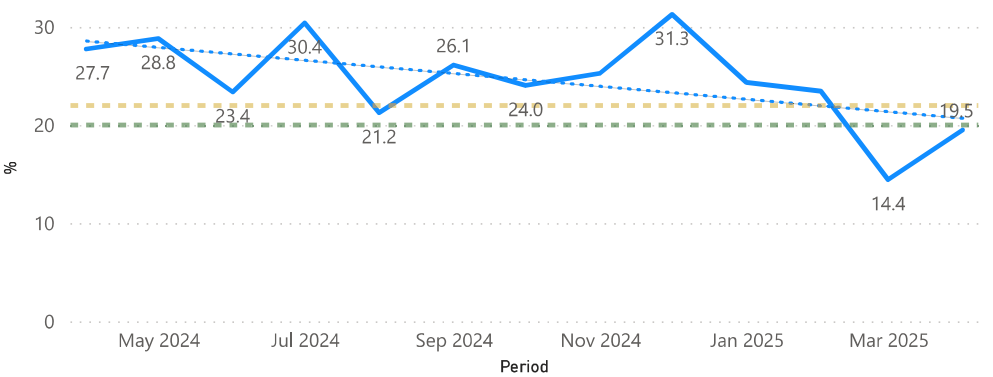
Status (Last 3 periods)

20.0

305.3

19.5

ALC Rate Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	27.7	28.8	23.4	30.4	21.2	26.1	24.0	25.3	31.3	24.3	23.4	14.4
2025/2026	19.5											



# Repeat ED Visits for Mental Health Care



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

Data Source

National Ambulatory Care Reporting System (NACRS)

Target

11.0

Previous YE

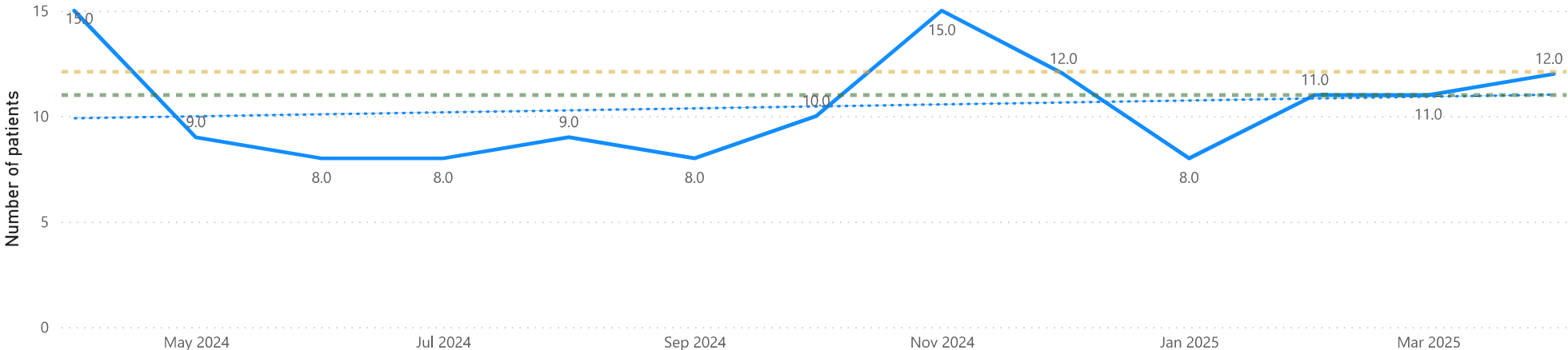
10.6

YTD

12.0

Status (Last 3 periods)

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	15.0	9.0	8.0	8.0	9.0	8.0	10.0	15.0	12.0	8.0	11.0	11.0
2025/2026	12.0											



# Readmissions within 30 Days: Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD)

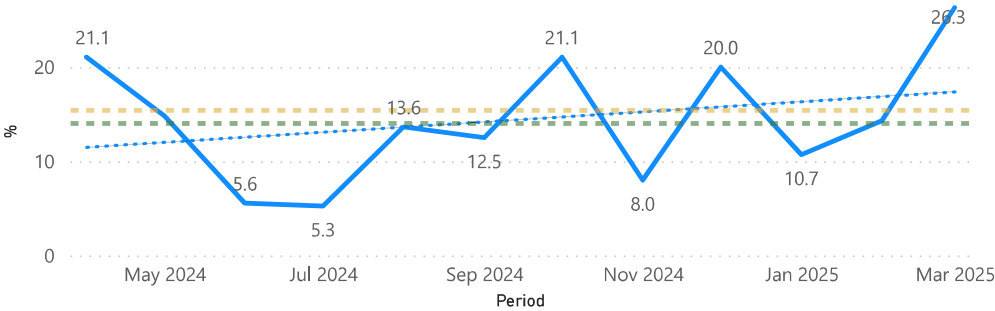
## CHF Readmissions

Description  
Rate of urgent readmission for any reason within 30 days of discharge for Congestive Heart Failure (CHF) at CMH

Data Source  
Discharge Abstract Database (DAD)



CHF Readmission Rate, Trend

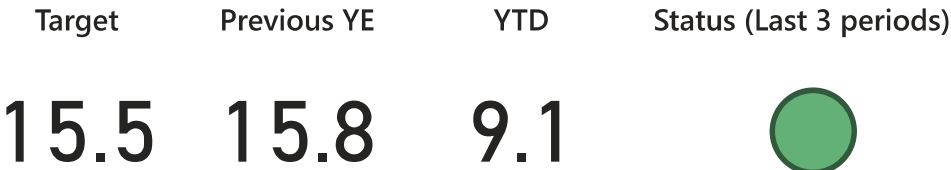


Fiscal Year		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	Rate	21.1	14.8	5.6	5.3	13.6	12.5	21.1	8.0	20.0	10.7	14.3	26.3
	Readmits	4	4	1	1	3	3	8	2	5	3	3	5
2025/2026	Rate												
	Readmits	2	0										

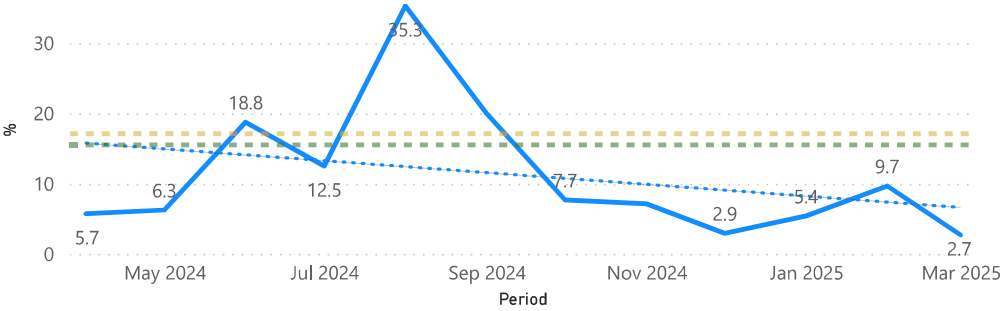
## COPD Readmissions

Description  
Rate of urgent readmission for any reason within 30 days of discharge for Chronic Obstructive Pulmonary Disease (COPD) at CMH

Data Source  
Discharge Abstract Database (DAD)



COPD Readmission Rate, Trend



Fiscal Year		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	Rate	5.7	6.3	18.8	12.5	35.3	20.0	7.7	7.1	2.9	5.4	9.7	2.7
	Readmits	6	5	4	3	9	6	10	4	6	5	6	6
2025/2026	Rate												
	Readmits	6	0										



# 30 Day In-Hospital Mortality Following Major Surgery Rate



Description

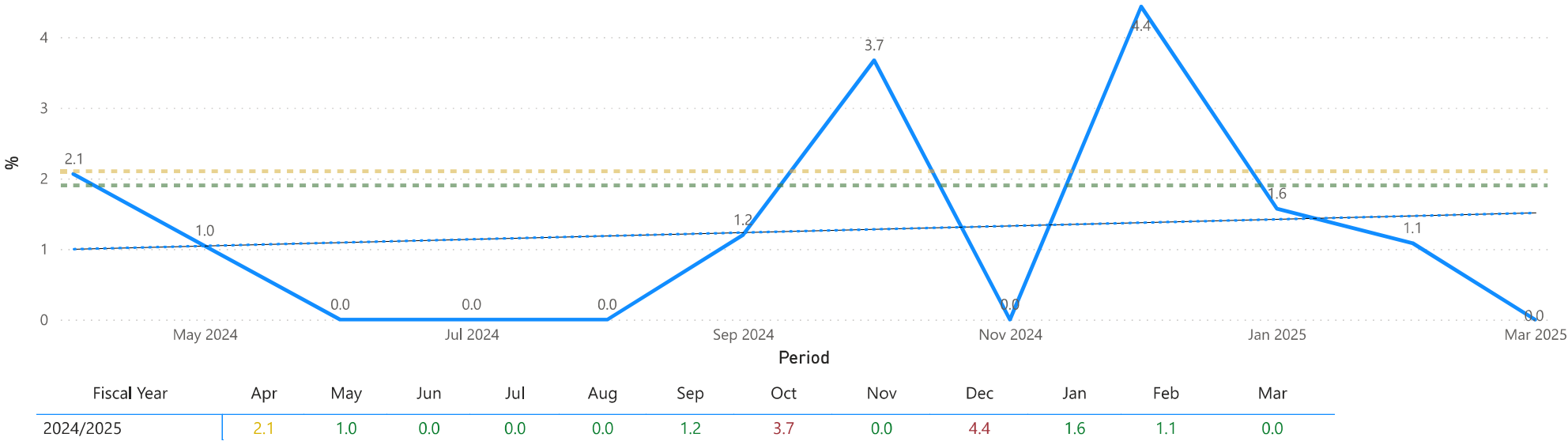
Risk-adjusted rate of in-hospital deaths due to all causes occurring within 30 days of major surgery (Risk-adjusted rate = Observed cases ÷ Expected cases × Canadian average)

Data Source

Discharge Abstract Database (DAD)

Target	Previous YE	YTD	Status (Last 3 periods)
1.9	2.2	1.5	<div></div>

Trend





# 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

## Data Source

Discharge Abstract Database (DAD)

Target

8.8

Previous YE

7.4

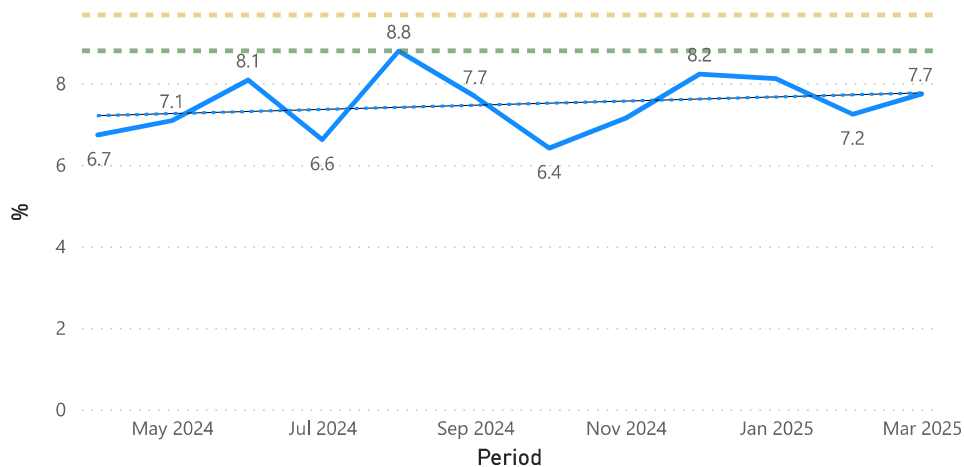
YTD

7.5

Status (Last 3 periods)



## Trend

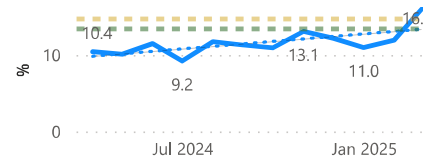


Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	6.7	7.1	8.1	6.6	8.8	7.7	6.4	7.1	8.2	8.1	7.2	7.7

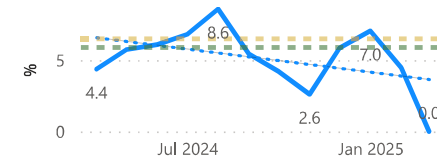
## Readmissions, by Patient Group

IndicatorName	Target	YTD	Status (Last 3 periods)
30 Day Medical Readmission Rate	13.40	11.25	▲
30 Day Obstetric Readmission Rate	1.40	1.19	▲
30 Day Paediatric Readmission Rate	6.70	6.32	▲
30 Day Surgical Readmission Rate	5.90	5.57	▲

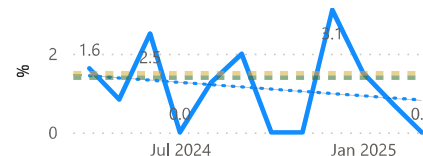
## Medical Readmissions Trend



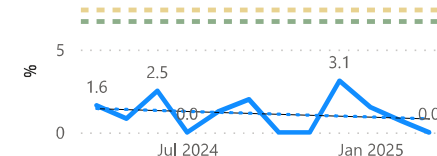
## Surgical Readmissions Trend



## Obstetric Readmissions Trend



## Paediatric Readmissions Trend





# Ambulance Offload Time, minutes, 90th percentile



Description

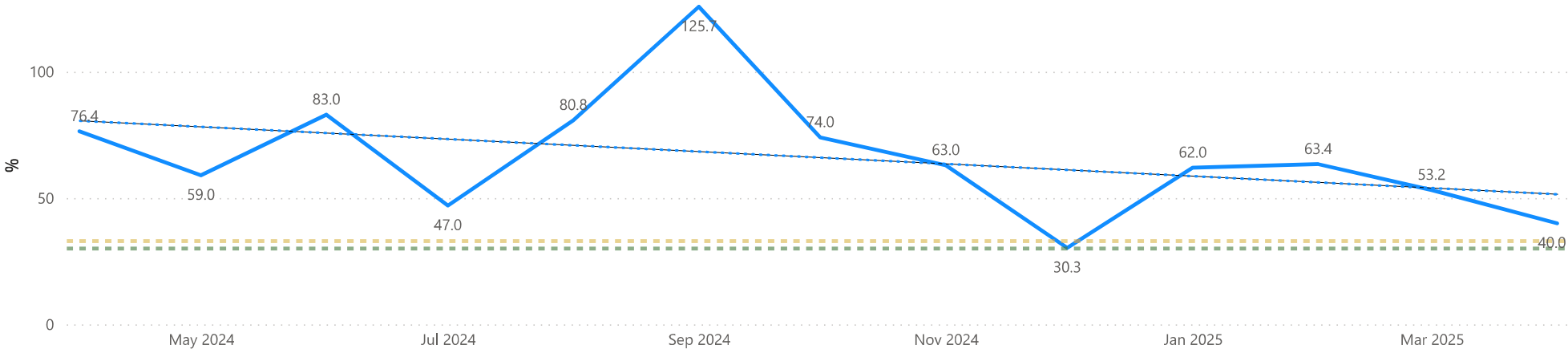
The total time, in minutes, in which 9 out of 10 patients who arrived via ambulance waited for transfer of care process to be completed, calculated as the total time elapsed from ambulance arrival to completion of transfer of care process.

Data Source

National Ambulatory Care Reporting System (NACRS)

Target	Previous YE	YTD	Status (Last 3 periods)
30.0	115.0	40.0	<div></div>

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	76.4	59.0	83.0	47.0	80.8	125.7	74.0	63.0	30.3	62.0	63.4	53.2
2025/2026	40.0											



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



## Total ED LOS for Admitted Patients

Description

The total time, in hours, that 9 out of 10 admitted patients spent in the emergency department (ED), calculated as the total time elapsed from triage to when the patient left the ED

Data Source

National Ambulatory Care Reporting System (NACRS)

Target

33.0

Previous YE

58.1

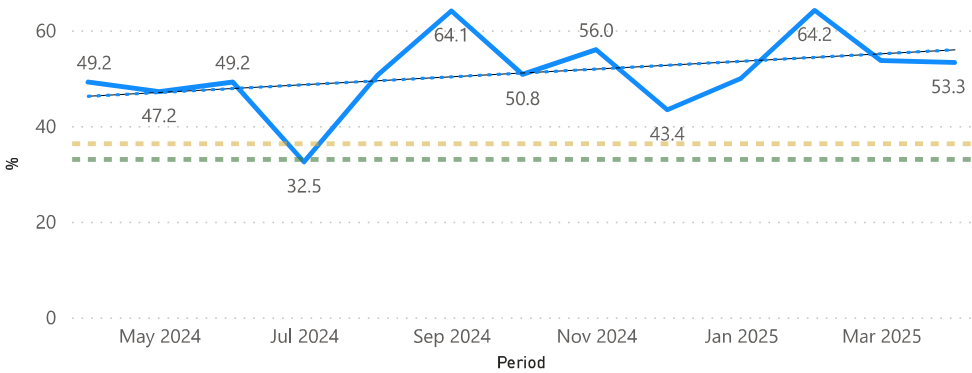
YTD

53.3

Status (Last 3 periods)



ED LOS for Admitted Patients, Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	49.2	47.2	49.2	32.5	50.7	64.1	50.8	56.0	43.4	50.0	64.2	53.7
2025/2026	53.3											

## Time to Inpatient Bed

Description

The total time, in hours, that 9 out of 10 admitted patients spent waiting in the emergency department (ED) for a bed, calculated as the total time elapsed from disposition decision to when the patient left the ED

Data Source

National Ambulatory Care Reporting System (NACRS)

Target

25.0

Previous YE

48.5

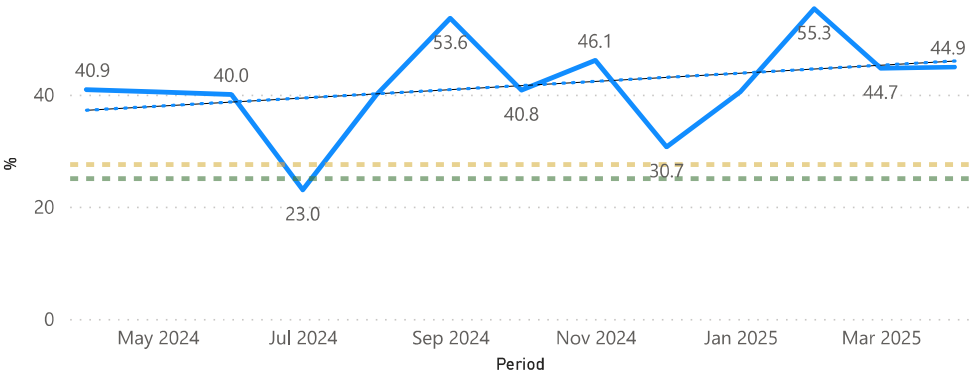
YTD

44.9

Status (Last 3 periods)



Time to Inpatient Bed, Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	40.9	40.5	40.0	23.0	40.0	53.6	40.8	46.1	30.7	40.5	55.3	44.7
2025/2026	44.9											



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



Description

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

Data Source

National Ambulatory Care Reporting System (NACRS)

Target

Previous YE

YTD

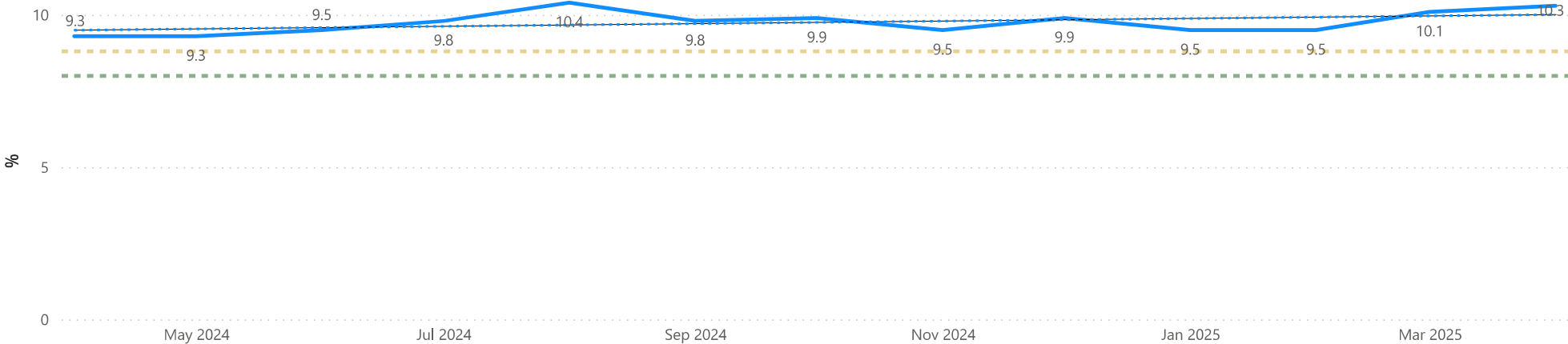
Status (Last 3 periods)

8.0

9.8

10.3

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	9.3	9.3	9.5	9.8	10.4	9.8	9.9	9.5	9.9	9.5	9.5	10.1
2025/2026	10.3											





# Provider Initial Assessment Time, hours, 90th percentile



Description

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)

Target

Previous YE

YTD

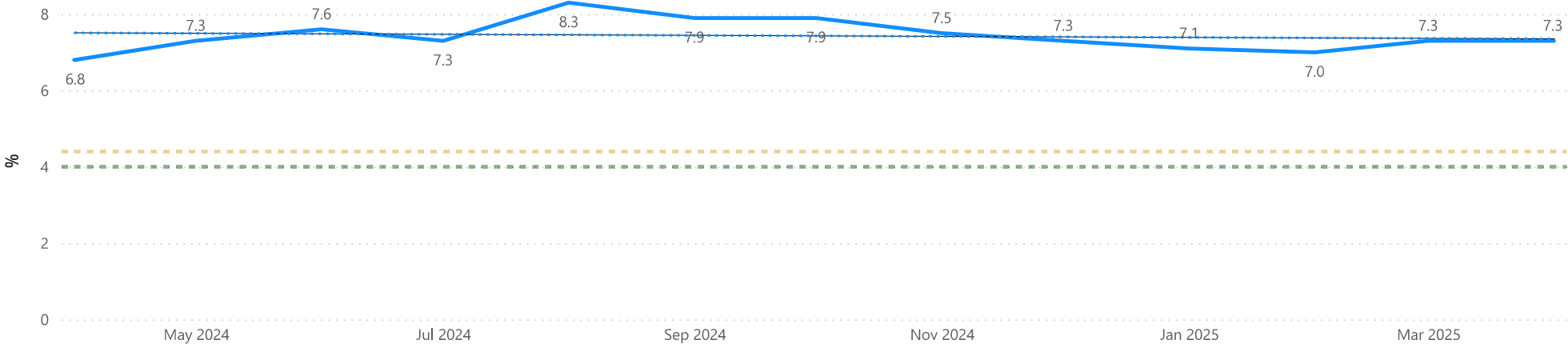
Status (Last 3 periods)

4.0

6.9

7.3

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	6.8	7.3	7.6	7.3	8.3	7.9	7.9	7.5	7.3	7.1	7.0	7.3
2025/2026	7.3											



# Urgent Provider Initial Assessment Time, hours, 90th percentile



Description

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)

Target

Previous YE

YTD

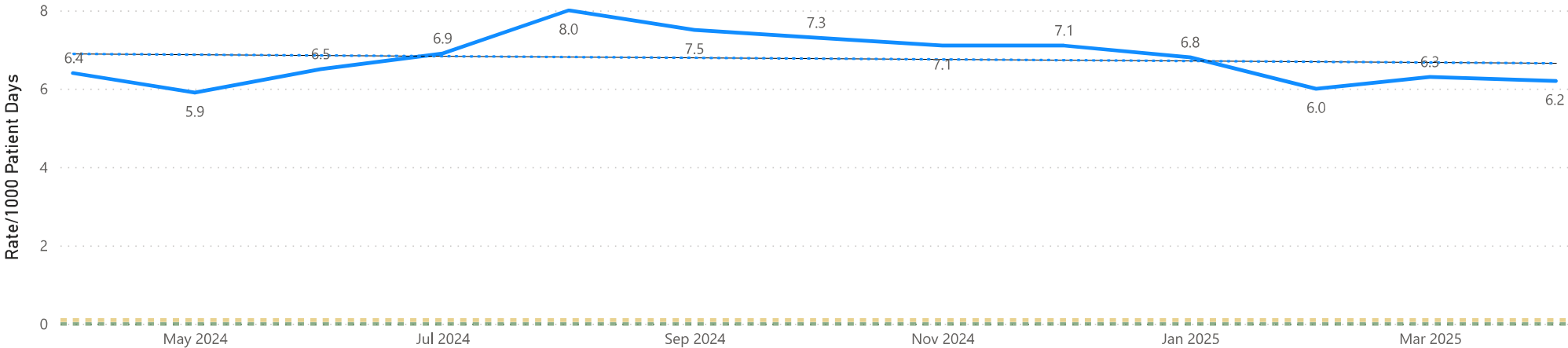
Status (Last 3 periods)

4.0

6.0

6.2

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	6.4	5.9	6.5	6.9	8.0	7.5	7.3	7.1	7.1	6.8	6.0	6.3
2025/2026	6.2											



# Hip Fracture Surgery within 48 Hours



Description

Risk-adjusted proportion of hip fractures that were surgically treated within 48 hours of initial admission (Risk-adjusted rate = Observed cases ÷ Expected cases × Canadian average)

Data Source

Discharge Abstract Database (DAD)

Target

83.1

Previous YE

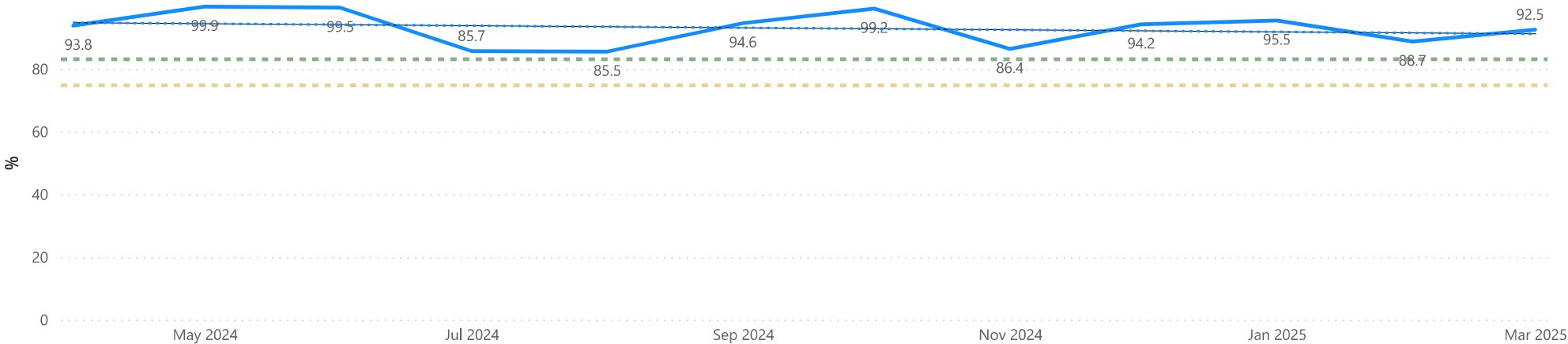
90.1

YTD

92.9

Status (Last 3 periods)

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	93.8	99.9	99.5	85.7	85.5	94.6	99.2	86.4	94.2	95.5	88.7	92.5



# Hospital Standardized Mortality Ratio (HSMR)

Description

The ratio of the actual number of in-hospital deaths to the expected number of in-hospital deaths, for conditions accounting for about 80% of inpatient mortality

Data Source

Discharge Abstract Database (DAD)

Target

100.0

Previous YE

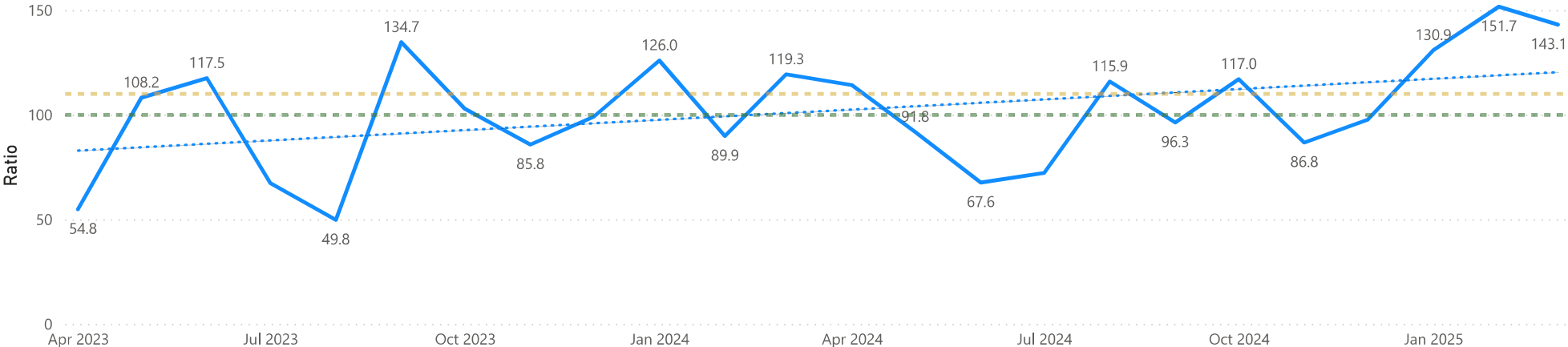
98.0

YTD

108.7

Status (Last 3 periods)

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023/2024	54.8	108.2	117.5	67.4	49.8	134.7	102.9	85.8	99.1	126.0	89.9	119.3
2024/2025	114.2	91.8	67.6	72.2	115.9	96.3	117.0	86.8	97.7	130.9	151.7	143.1



# In-Hospital Sepsis



Description

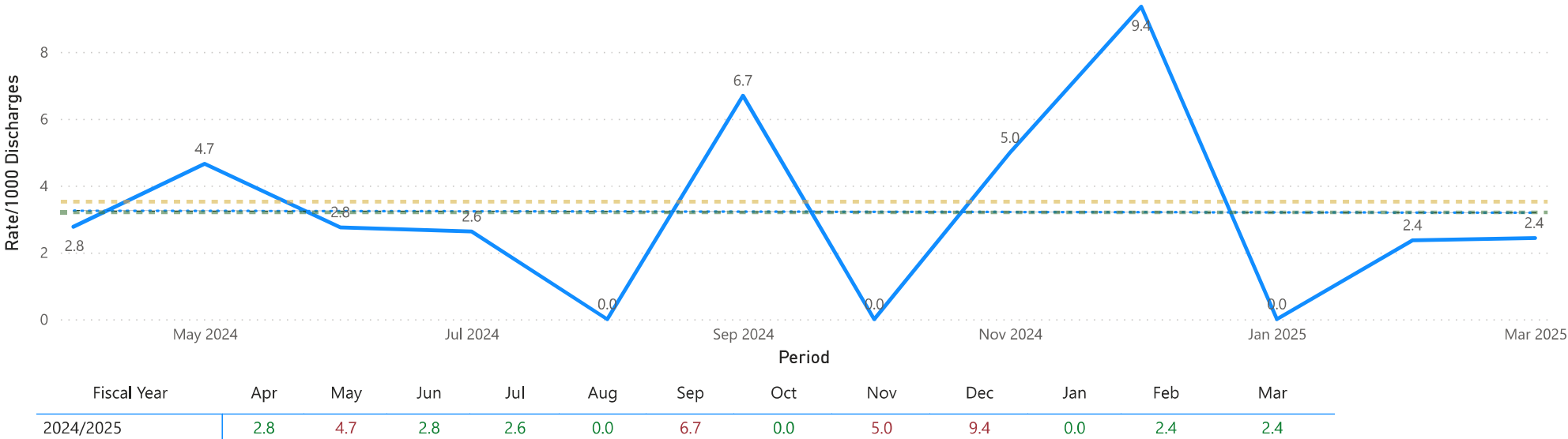
Risk-adjusted rate of sepsis that is identified after admission, per 1,000 discharges (Risk-adjusted rate = Observed cases ÷ Expected cases × Canadian average)

Data Source

Discharge Abstract Database (DAD)

Target	Previous YE	YTD	Status (Last 3 periods)
3.2	3.2	3.2	<div></div>

Trend





# Low-Risk Caesarean Section Rate



Description

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

Data Source

Discharge Abstract Database (DAD)

Target

17.3

Previous YE

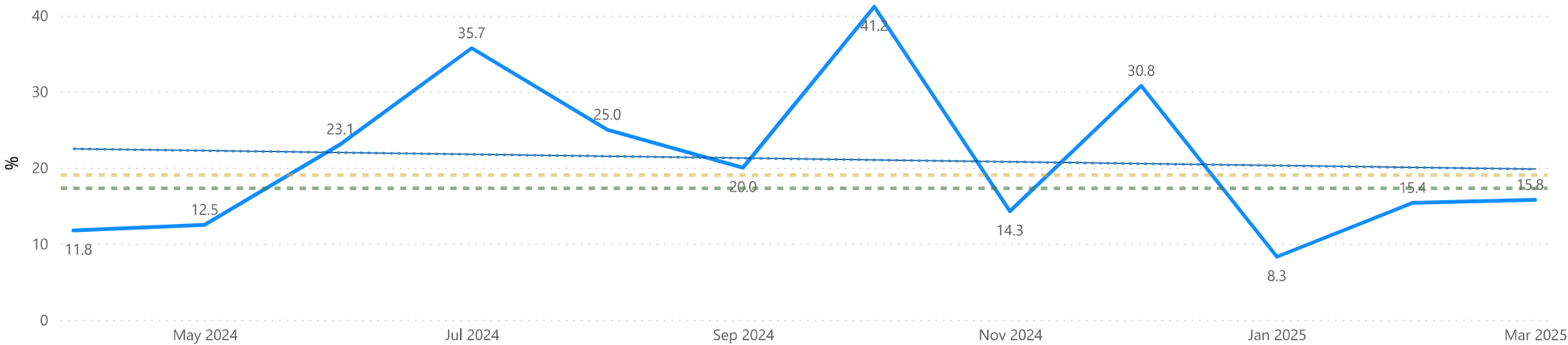
14.8

YTD

21.1

Status (Last 3 periods)

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	11.8	12.5	23.1	35.7	25.0	20.0	41.2	14.3	30.8	8.3	15.4	15.8



# Obstetric Trauma (with Instrument)



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)

Target

Previous YE

YTD

Status (Last 3 periods)

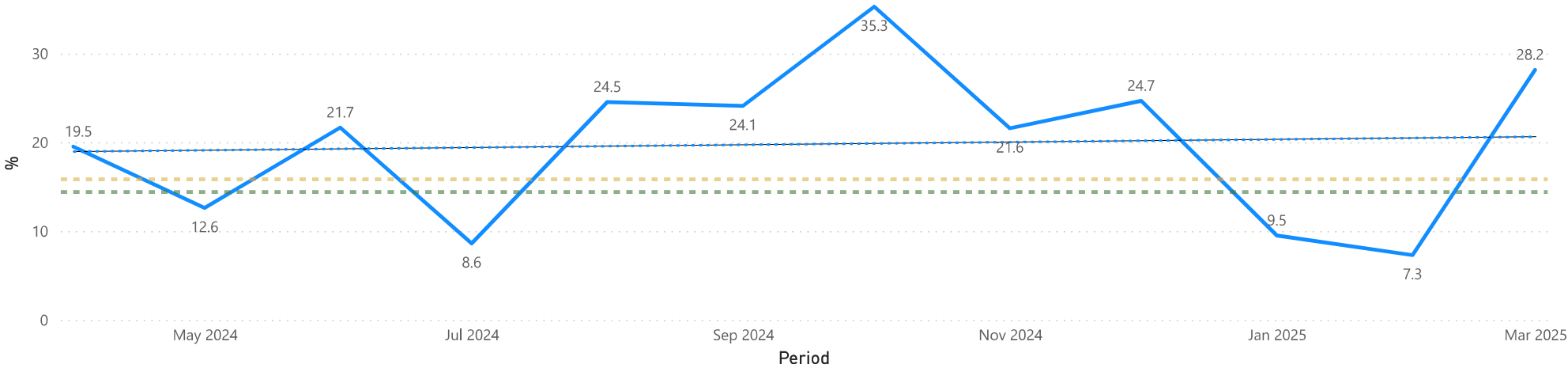
14.4

10.9

19.8



Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	19.5	12.6	21.7	8.6	24.5	24.1	35.3	21.6	24.7	9.5	7.3	28.2



# Long Waiters Waiting for Surgical Procedures



Description

This indicator measures the percentage of patients waiting for a surgical procedure whose wait has exceeded the associated Priority Level Access Target (excludes DART days)

Data Source

WTIS

Target

20.0

Previous YE

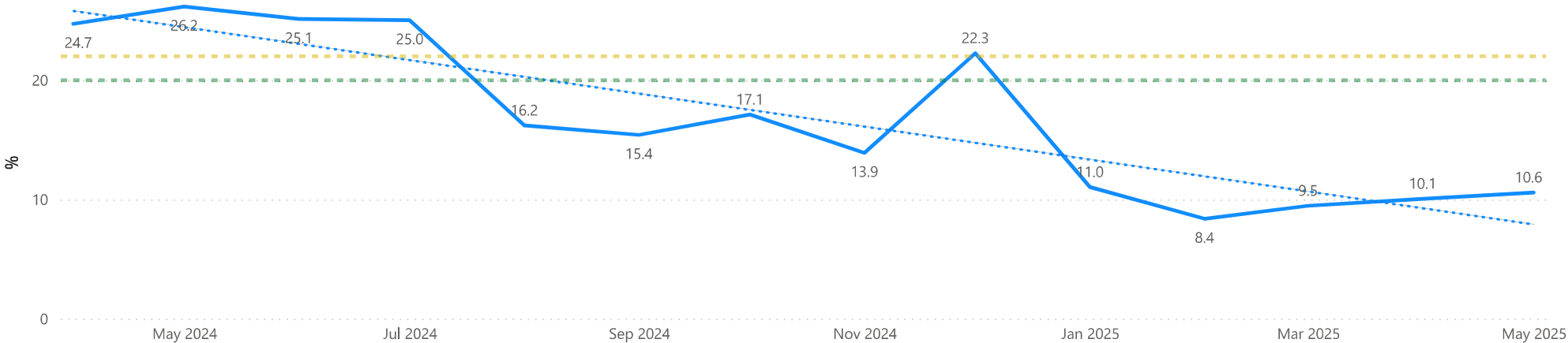
26.3

YTD

10.6

Status (Last 3 periods)

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	24.7	26.2	25.1	25.0	16.2	15.4	17.1	13.9	22.3	11.0	8.4	9.5
2025/2026	10.1	10.6										





# Patient Safety Event - Falls with Harm Rate



Description

The number of falls with harm per 1,000 inpatient days. This includes events where after review, the severity is deemed to have incurred moderate or severe harm, or a critical incident involving death.

Data Source

ReportLink, Meditech

Target

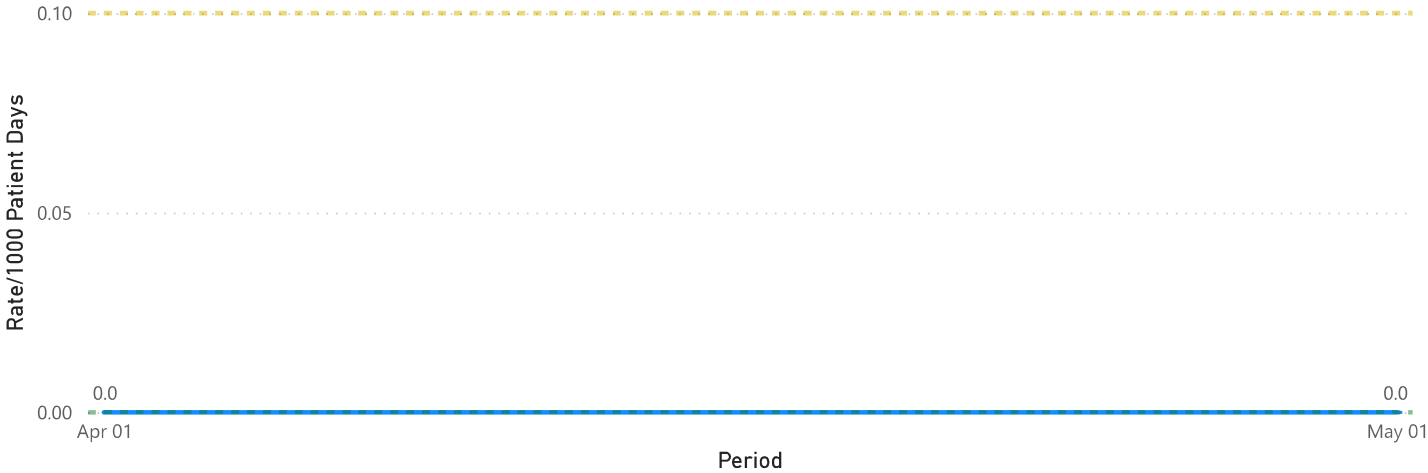
0.0

YTD

0.0

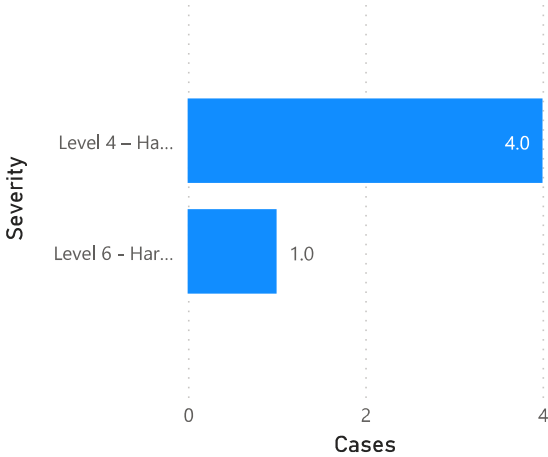
Status (Last 3 periods)

Trend



Fiscal Year	Apr	May
2025/2026	0.0	0.0

Current FY Cases, by Severity





# Patient Safety Event - Medication Events with Harm Rate



Description

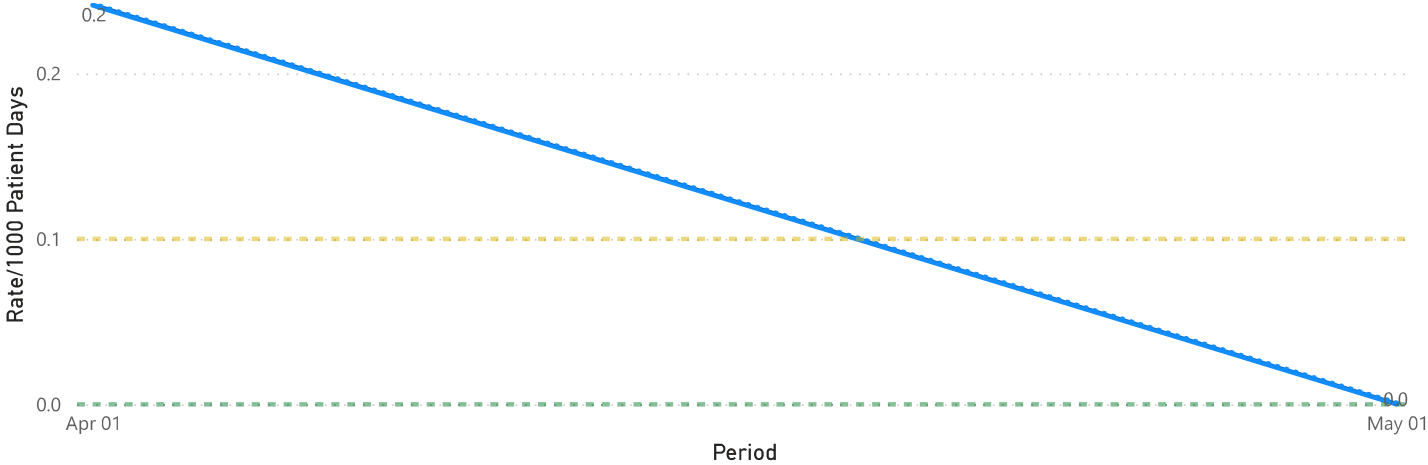
The number of medication events with harm per 1,000 inpatient days. This includes events where after review, the severity is deemed to have incurred moderate or severe harm, or a critical incident involving death.

Data Source

ReportLink, Meditech

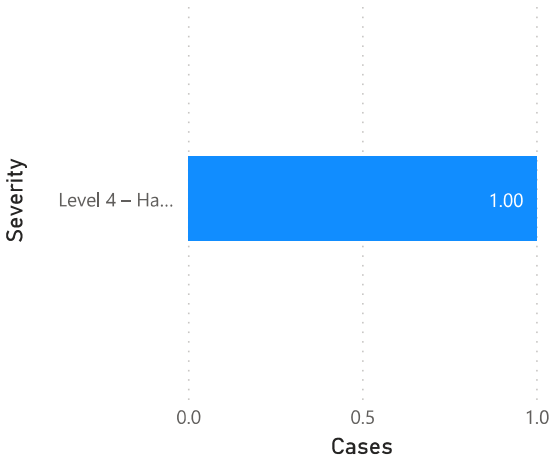
Target	YTD	Status (Last 3 periods)
0.0	0.1	

Trend



Fiscal Year	Apr	May
2025/2026	0.2	0.0

Current FY Cases, by Severity





# Medication Reconciliation



## Admission

Description

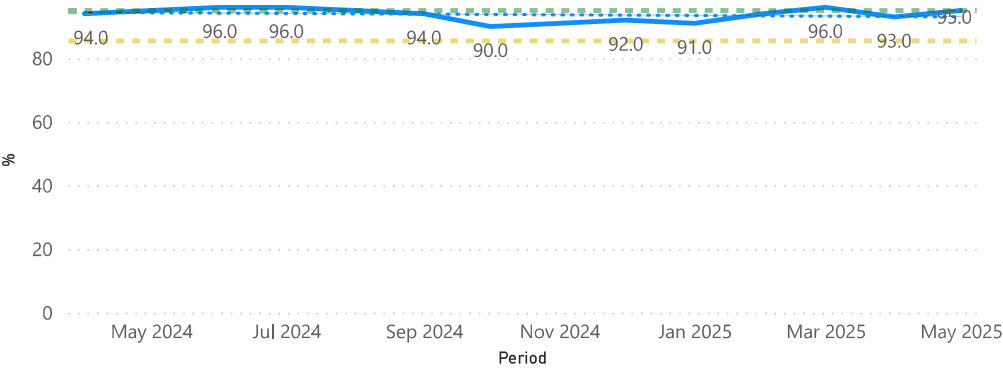
The total number of patients who were discharged who had a Best Possible Medication History (BPMH) completed divided by the total number of patients who were discharged home

Data Source

Meditech Pharmacy Patient Profile

Target	Previous YE	YTD	Status (Last 3 periods)
95	93	95	

### Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	94.0	95.0	96.0	96.0	95.0	94.0	90.0	91.0	92.0	91.0	94.0	96.0
2025/2026	93.0	95.0										

## Discharge

Description

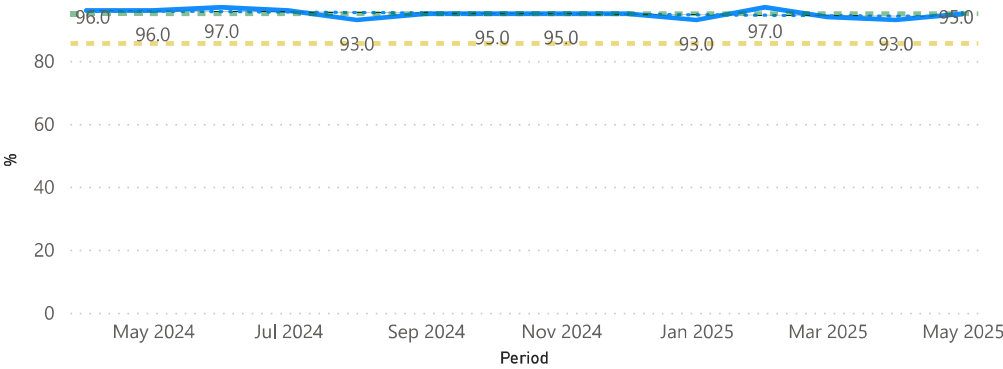
The percentage of Yes responses to the question "Was the CMH community pharmacy prescription completed? " for all inpatient locations participating in medication reconciliation at discharge

Data Source

Meditech

Target	Previous YE	YTD	Status (Last 3 periods)
95	(Bla...	95	

### Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	96.0	96.0	97.0	96.0	93.0	95.0	95.0	95.0	93.0	97.0	94.0	
2025/2026	93.0	95.0										



# Avg Patients in ED at 8AM



Description

The number of patients in the emergency department waiting for an inpatient bed at 8 a.m. who have been waiting at least 2 hours since disposition. Average number of patients per day

Data Source

NACRS

Target

10.0

Previous YE

11.5

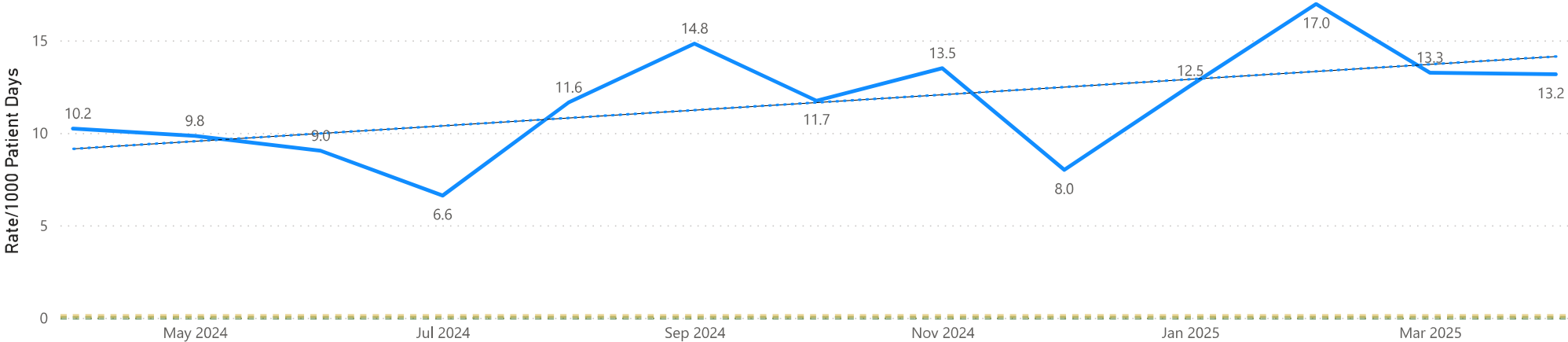
YTD

13.2

Status (Last 3 periods)



Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	10.2	9.8	9.0	6.6	11.6	14.8	11.7	13.5	8.0	12.5	17.0	13.3
2025/2026	13.2											

**Patrick Gaskin**  
President and CEO  
Phone: (519) 621-2333, Ext. 2301  
Fax: (519) 740-4953  
Email: [pgaskin@cmh.org](mailto:pgaskin@cmh.org)



## MEMORANDUM

**TO:** Board of Directors, Cambridge Memorial Hospital

**DATE:** June 20, 2025

**REPORTING PERIOD:** May 31, 2025 to June 20, 2025

**FROM:** Patrick Gaskin  
President and CEO

**RE:** CEO Certificate of Compliance

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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

A handwritten signature in black ink, appearing to read "Patrick M. Gaskin", with a stylized flourish at the end.

Patrick Gaskin  
President and CEO



## **CMH President & CEO Report June 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.

### **Report summary**

From cultural celebrations and frontline innovation to regional collaboration and student engagement, this month's highlights reflect CMH's deep commitment to quality, equity, and the people who make it all possible.

Take a closer look at how we're growing our culture, advancing care, and shaping the future—together.

### **Celebrating our space and story**

- Over the past decade, CMH has transformed—adding nearly 500,000 square feet of new and renovated space to better serve our patients, visitors, and staff. As part of this growth, we've been intentional about incorporating artwork and design elements that make our spaces more welcoming and reflective of the vibrant community we serve.
- This commitment continues in the public areas of Wings C & D, where you'll now notice newly installed artwork and displays, including historical uniforms and pieces placed in Wing A, Level 0 from our archives. Later this summer, we'll also be adding locally produced art and custom wallpaper to select areas to complete the project.
- By extending these updates into the older wings, we're ensuring a consistent and uplifting experience across the entire hospital. These small but meaningful enhancements serve as a reminder of our proud history and the important role every area - and every team - plays in delivering care. They also contribute to a workplace environment that feels cohesive, inclusive, and cared for.
- We know that an inspiring environment helps lift morale, support well-being, and remind us all why CMH is a special place to work. While our core focus remains on staffing, expanding services, and modernizing systems, small investments like this make a big impact. They help reinforce our collective pride and identity—and reflect why we continue to be recognized as a top employer in the Waterloo Region and Southwestern Ontario.
- Thank you for everything you do to make CMH not only a hospital, but a community.

### **Celebrating Indigenous History Month with Learning, Listening, and Action**

- June at CMH is a month of reflection, learning, and deep respect as we honour National Indigenous History Month. This year, our community came together to engage in a wide range of thoughtful activities designed to deepen our understanding of Indigenous cultures, histories, and the intersection of identity and health equity.

- Our 2025 L.E.A.R.N. Challenge anchored the month, encouraging staff to Listen, Explore, Add, Read, and Notice their learning journey. Weekly themes unpacked topics like Indigenous gender diversity, cultural distinctions among First Nations, Métis, and Inuit communities, and the power of identity and storytelling in art and music. Staff were invited to participate in short activities like listening to Indigenous and Two-Spirit artists such as Zoon and Bells Larsen or exploring the Indigenous Peoples Atlas of Canada. Each week culminated in personal reflection—shared publicly on Viva Engage or submitted anonymously.
- In Week 3, participants were encouraged to ADD Indigenous-led organizations like Crow Shield Lodge to their social feeds, helping to amplify Indigenous voices in the community. To celebrate engagement, CMH offered prize packs featuring artwork from local Indigenous artists Alanah Jewell (Morningstar) and Luke Swinson—who have also been commissioned to create original works for our hospital.
- Each activity was a step toward growing our cultural humility and reinforcing our commitment to a more inclusive and responsive healthcare environment. Thank you to everyone who took time to reflect, share, and learn this month. Together, we are honouring Indigenous histories not only in June—but in our everyday actions.

### **Regions successfully test mass casualty event**

- A Mock Code Orange brought together Hospitals and Emergency Response Teams from across Waterloo and Wellington for a simulated mass casualty incident that put their mettle to the test. Designed as a tabletop exercise, the session held on June 11, 2025, put Emergency Department teams, first responders, municipal and regional partners through a real-time emergency scenario.
- Together, they had to manage a bus crash and a separate multi-vehicle crash involving multiple casualties.
- A highlight from the session included the CMH team managing numerous calls from EMS in a calm, organized manner – such amazing work!
- Interdisciplinary teams gathered many *take-aways* including:
  - "Always be ready! 'Prepared!'"
  - Delegate tasks to spread the load in a clear, concise manner.
  - Know that support can come from throughout the hospital during an emergency – even if you aren't in the area.
- In these scenarios, the Emergency Operations Centre is activated and can contribute to support from behind the scenes from areas like communications, finance, operations, logistics, safety and much more.
- A huge thank you to everyone that participated in this incredible exercise! To our Community Partners, thank you, for the opportunity to join this Regional Exercise.
- The session's goal was to train together as one system to make sure the Regions are ready to respond, protect, and care for communities when it matters most – and it was a major success!

### **Introducing CMH's New Patient Declaration of Values**

- Created in consultation with the Patient & Family Advisory Council through 2024–2025, CMH's new Patient Declaration of Values outlines what patients can expect from their care team: compassionate, respectful, and inclusive care that recognizes each person's unique values and needs. It emphasizes working together as equal partners, clear and

kind communication, equitable access to services, and safe, high-quality care. Developed by patients for patients, this updated declaration is specific to CMH and reaffirms our commitment to listening, improving, and putting patients and families at the heart of every care experience.

- These values will replace those developed in 2018 with our regional health partners, bringing new life and meaning to how we provide care. They are more than a requirement guided by the Ontario Excellent Care for All Act (2010) — they are a reflection of who we are.
- We are thrilled to share this Board-approved document as you continue to keep patient-centred care at the forefront of everything you do. The relationship you forge with each patient enhances their experience — and can make a meaningful difference in their journey.
- Cambridge Memorial Hospital's 2025 Patient Declaration of Values outlines what patients can expect from their care team: compassionate, respectful, and inclusive care that recognizes each person's unique values and needs. It emphasizes working together as equal partners, clear and kind communication, equitable access to services, and safe, high-quality care. Developed by the Patient and Family Advisory Council, this updated declaration reaffirms CMH's commitment to listening, improving, and putting patients and families at the heart of every care experience.

#### **Voices of CMH: Volleyball star eyes future as healthcare pro**

- On her busiest days, while most teens are still sleeping, Isabelle Larabie is up, fed, and being dropped off at school early to finish homework before class. By the end of the day, she'll have met the demands of volleyball practice, a workout with a trainer and a shift at CMH, all while navigating a full academic course load, with a smile.
- A volleyball player on two teams—the KW Predators and Team Ontario—Isabelle commits to six (6) practice sessions a week in Kitchener and Toronto. Aspiring to be an elite athlete for Team Canada, she continuously works on her volleyball craft—improving her technique daily through specialized training.
- It takes discipline, commitment, and patience to manage a schedule like Isabelle's—qualities she brings to her 'budding career' in healthcare. As part of the Health Information Management (HIM) team, she scans and logs patient information, navigates complex requests, and provides support where needed.
- The experience opened her eyes to roles she never knew existed: "I get to see the different steps that are involved in patient care—how the whole hospital works together," she says, adding, "Every day I learn something new—my team puts faith in me and I get handed bigger tasks. It feels really good—and challenging." That's just the way Isabelle likes it.
- When it comes to prioritizing what's most important, Isabelle leans on her strong foundation as a volleyball player: she understands that real growth takes time and sacrifices.
- "Learning new skills can be really hard," she says, "You're going to get worse before you get better. I've learned the value of patience." Drawing on this experience, she drives her goals forward, knowing that the sacrifices she makes now will pay off.
- Her packed schedule is backed by her own team of champions—her family, teammates, and HIM colleagues—that help her stay on track. Isabelle recognizes that her path may change—that's okay.



- At 16 years old, she believes growth needs flexibility and a strong mindset. She's ready for what's next: "If you stay positive instead of tearing yourself down and believe that things will work out—you can do anything."

### **Best Practice Showcase: Celebrating Staff-Led Innovation**

- CMH's first-ever Best Practice Showcase launched this spring, highlighting the power of staff-driven quality improvement. Spearheaded by our interprofessional Best Practice Committee, this initiative reflects our commitment to evidence-based care, collaboration, and continuous improvement. Each featured project demonstrates how frontline staff are leading change aligned with CMH's priorities, Accreditation Canada Standards, and our designation as a Best Practice Spotlight Organization. This showcase is more than a display — it's a celebration of our people, their innovation, and the impact of shared leadership on safer, more connected care.
- The six featured projects are currently hanging in the Bridge, Level 2 corridor.

### **Medical students tour Cambridge as city hopes to secure more physicians**

*Source: CambridgeToday – Matt Betts Reporter  
June 6, 2025*

- Nine medical students from the University of Ottawa and University of Toronto have spent the past five days seeing what the City of Cambridge has to offer upon graduation.
- The initiative, known as Rural Ontario Medical Program Week, allows students to tour the city and participate in various hands-on experiences with family physicians and within the Cambridge Memorial Hospital.
- As part of the schedule, they visited city hall and Langdon Hall, shadowed doctors and participated in a suture clinic at CMH.
- Julianna Botros, a medical student at the University of Ottawa, said getting to see what it's like in the field is critical to being comfortable with what to expect.
- "I had the opportunity to be in a family clinic and in emergency for two days, both those experiences were really good," Botros said.
- "I felt like I had really good physicians who were good teachers. Any exposure to clinical experience early on is good."
- Throughout the week, Botros also saw some of the softer skills needed to be a successful physician.
- Dealing with patients who are often in distress, she was able to witness how doctors and nurses work to ease anxieties and frustrations.
- "I think it's how important communication is when working in a team." she said of what she learned.
- "Seeing how important dynamics is with patient interaction. We're always told we have to have compassion; we have to be kind. These patients are waiting a very long time. Right now, the wait times in Canada are very poor. Those dynamics are really important for me to see as a medical student to see how I want to interact with patients."
- As the city continues to grapple with a doctor shortage, the week serves as an important recruiting tool.
- Donna Gravelle, a physician recruiter for Doctors4Cambridge, has been involved with ROMP Week for several years and said it's paid off. She points to 2017 when three of those visiting students eventually made their way back to the city to practice full-time.
- "It's gone well, we've had some fun times, and we've had a lot of clinical time," Gravelle said of this year's group.

- "They've seen some interesting cases, learned a lot that they haven't done before. It's been a good week."
- Gravelle emphasized the importance of all levels of recruiting, from finding experienced physicians to engaging students, in solving the shortage.
- It's believed the city needs to bring in approximately 10 family doctors in order to meet the requirements of the population.
- "You have to start at every level to get physicians interested in your community," Gravelle said.
- "In this case, these students have never been to Cambridge before. It gives them exposure, they get to know this is a really cool place to live and work. They think about it."
- And it certainly made an impression on Botros - "I really like Cambridge," she said.
- "The city is beautiful. It was nice to speak to doctors who had different routes to how they ended up working here."



# BRIEFING NOTE

**Date:** June 19, 2025  
**Issue:** Board Generative Topics  
**Prepared for:** Board of Directors  
**Purpose:** ☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction  
**Prepared by:** Stephanie Fitzgerald, Administrative Assistant  
**Approved by:** Lynn Woeller, Board Chair

**Attachments/Related Documents:** None

## Executive Summary

In preparation for the upcoming 2025/26 Board year, we conducted a survey among the Directors to gather suggestions for topics that would be beneficial for both the Directors and the Board. Based on their input, this AI-generated summary highlights key themes:

1. **Governance in Hospitals:**
  - Understanding provincial government mandates.
  - Aligning with best governance practices outlined by OHA (Ontario Hospital Association).
  - Role of Anne Corbett in shaping governance policies.
2. **Cybersecurity:**
  - Latest trends in cybersecurity threats.
  - Comprehensive overview and practical plans for handling ransomware attacks.
  - Best practices for addressing these threats in a hospital setting Effective communication strategies during cybersecurity crises.
  - Board's role in confirming policy and overseeing communications.
3. **Use of AI Technology in Hospitals (Reviewing Cases):**
  - Overview of leading hospitals utilizing AI technology.
  - Case studies on the impact of AI on operational efficiency, patient care, and diagnostics.
  - Potential partnerships with universities or companies like EY Canada for implementing AI solutions.
4. **Emergency Preparedness:**
  - In-depth discussion about handling specific scenarios such as a huge pileup on Highway 401.
  - Board's role and responsibilities during emergencies.
  - Coordination with other hospitals, care providers, and mobilization strategies.
5. **Revenue Generating Opportunities:**
  - Leadership in operational excellence, innovation, and AI technology.
  - Leveraging vacant or redundant facilities through partnerships for community services like surgical clinics or long-term care facilities.
6. **Physician and Nursing Recruitment Plans:**
  - Strategies for attracting top talent in the healthcare sector.
  - Discussion on retention programs to ensure staff satisfaction and loyalty.
7. **Emergency Department (ED) Flow Improvements:**

- Next steps for improving patient flow through the ED.
  - Implementation of new strategies to reduce wait times and enhance patient experience.
8. **Strategies for Attracting Board Members and Expert Advisors:**
- Innovative approaches to recruit knowledgeable individuals who can provide expert advice and leadership.
9. **Program Evaluation and Its Importance:**
- Understanding the role of program evaluation in continuous quality improvement.
  - Best practices for conducting effective evaluations.

These topics cover a broad range of areas crucial for the growth, resilience, and adaptability of the hospital system.

### **Next Steps**

The first generative session in November will be used to continue the important discussion on Integration, led by Deloitte.

CMH Leadership and the Board Chair will review the generative topics noted above in more detail over the summer to determine how to prioritize these topics and align them with the priorities of the Board. An update will be provided at the October Board meeting.



# BRIEFING NOTE

**Date:** June 10, 2025  
**Issue:** Research and Innovation Plan update  
**Prepared for:** Board of Directors  
**Purpose:** ☒ Approval ☐ Discussion ☐ Information ☐ Seeking Direction  
**Prepared by:** Kyle Leslie – Director, Operational Excellence  
**Approved by:** Mari Iromoto – VP, People & Strategy

## Attachments/Related Documents:

**Appendix A – Draft 2025-27 Research and Innovation Corporate Plan**

## Alignment with 2025/26 CMH Priorities:

2022-2027 Strategic Plan No <input type="checkbox"/>	2025/26 CMH Priorities No <input type="checkbox"/>	2025/26 Integrated Risk Management Priorities No <input type="checkbox"/>
<input checked="" type="checkbox"/> Elevate Partnerships in Care	<input checked="" type="checkbox"/> Improve Patient Flow (AOT, PIA, ED Admits)	<input checked="" type="checkbox"/> Organizational Flow
<input checked="" type="checkbox"/> Reimagine Community Health	<input checked="" type="checkbox"/> Prepare for Digital Health Transformation	<input checked="" type="checkbox"/> Project Quantum
<input checked="" type="checkbox"/> Increase Joy In Work	<input checked="" type="checkbox"/> Increase Staff Engagement Through Improved Staffing (Med, ICU, ED, Physicians)	<input checked="" type="checkbox"/> Optimization of Staff/Medical Staff Levels
		<input checked="" type="checkbox"/> Management/Medical Staff Partnership
<input checked="" type="checkbox"/> Sustain Financial Health	<input checked="" type="checkbox"/> Earn the Maximum Eligible PCOP Funding	
<input checked="" type="checkbox"/> Advance Health Equity	<input checked="" type="checkbox"/> Embrace Diversity, Build a Culture of Inclusion	

## Alignment with 2025/26 CMH Corporate Plans: Research & Innovation Plan

### Recommendation/Motion

#### **Board**

That, the Board approves the Research and Innovation Plan as presented in Appendix A and outlined in this briefing note and upon recommendation of the Resources Committee at the meeting of June 23, 2025 and the Digital Health Strategy Sub-Committee at the meeting of June 19, 2025.

#### **Digital Health Sub-Committee**

Following a thorough review and discussion of the information provided, the Digital Health Sub-Committee of the Board recommends to the Board Resources Committee the approval of the Research and Innovation Plan as presented in Appendix A. **CARRIED.**

#### **Resources Committee**

Following a thorough review and discussion of the information provided, the Resources Committee of the Board recommends to the Board of Directors the approval of the Research and Innovation Plan as presented in Appendix A. **CARRIED.**

## **Executive Summary**

On May 15<sup>th</sup>, we presented the refreshed Research and Innovation multi-year work plan to the Digital Health Strategy Subcommittee. The work plan was developed based on an innovation maturity assessment conducted in collaboration with EY Consultants, which was initially shared with the subcommittee on April 17<sup>th</sup> (page 77 of the meeting package). We are now seeking final approval from the Digital Health Subcommittee for this updated Research and Innovation Plan and associated Work Plan, included in Appendix A.

## **Background**

On January 16<sup>th</sup>, we presented a draft Research and Innovation Corporate Plan to the Digital Health Strategy Sub-Committee. To strengthen the associated multi-year work plan (page 85 of the January 16<sup>th</sup> meeting package), CMH conducted an innovation maturity assessment with EY Consultants. This assessment identified key gaps and recommendations aimed at enhancing our organizational innovation capabilities. Based on these findings, a comprehensive multi-year work plan (Innovation Roadmap) comprising 34 action items was developed to enhance CMH's innovation capabilities over the next two years. The roadmap aligns with priority themes including improving strategy and governance, fostering collaboration within the Waterloo Region innovation ecosystem, nurturing CMH's innovation culture, and scaling innovative projects.

## **Analysis**

### Key Performance Indicators Identified for Fiscal Year 2025/26:

We have identified several key performance indicators (KPIs) for fiscal year 2025/26 that align with the initiatives outlined in our work plan. These KPIs are a combination of structural, process, and outcome indicators to assess impact and performance:

- Number of meetings held by the Research and Innovation Impact Committee (RIIC)
- Percentage on track with work plan execution
- Number of new innovation partnerships established
- Number of collaborative ecosystem events hosted/attended
- Number of innovation ideas generated and executed through department huddles
- Successful completion of in-year staff innovation initiatives, with value generated for each project being tracked
- Identification and tracking of core staff engagement metrics impacted by Research and Innovation Plan initiatives
- Number of formal communications regarding innovation efforts
- Number of scaled and spread innovation projects

## **Consultation**

The CMH Research and Innovation Corporate Plan and associated workplan was developed in consultation with CMH Directors' Council, CMH Senior Leadership Team, CMH Operations Team, Digital Health Sub-Committee, CMH Board of Directors including specific Generative Session focused on Innovation and AI with Trillium Health Partners, Ernst and Young Consultants, Communitex, MacCelerate, Velocity, and CareNext.

## **Next Steps**

The Research and Innovation Plan, including the refreshed work plan, will be presented to the Board of Directors for approval at the June 25, 2025 meeting.

This briefing note reflects our progress and outlines the next steps toward advancing our Research and Innovation work plan towards organizational goals, with specific timelines set for final approvals by our oversight committees.





2025-27

# Research and Innovation Plan

Cambridge Memorial Hospital  
Plan Owner: Kyle Leslie,  
Director of Operational Excellence

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**Mission and Vision for Research and Innovation at CMH**

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**Innovation Maturity Model Assessment and Key Strategic  
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**Priority Themes and Key Objectives**

**9-17**

**Multi-year work plan**

**18-20**

**Appendices**

- Strategic Market Connections
- Regional Innovation Work - Build a Better Day
- Example CMH Innovation Projects

**21-25**

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# Executive Summary

Our Research and Innovation Plan propels CMH towards a future of patient and staff inspired innovation, where cutting-edge processes, technology, collaboration and research come together to drive advancements in patient outcomes, population health, operational excellence and Joy in Work.

Through this plan, we aim to create a culture of innovation that fuels continuous improvement, empowering our team to develop and implement creative solutions that address the complex needs of the Cambridge North Dumfries communities. Our ultimate goal is make staff, patient and physician-inspired innovation come to life to improve health and well-being of our communities and beyond.

## Measuring Impact

We will evaluate success through key performance indicators (KPIs) that include:

- **Organizational Capability:** Grow CMH's organizational capability for innovation as measured by EY's Innovation Maturity Model from level 1 to level 3
- **Innovation Metrics:** Number and impact of projects on patient outcomes and operational efficiency
- **Engagement:** Staff and physician participation in innovative initiatives and impact of key staff engagement metrics
- **Patient Experience:** Enhancements through innovation-driven care
- **Hospital Reputation:** Recognition through publications, presentations and awards
- **Population Health:** Progress towards improving health equity and population well-being
- **Scale and spread:** Number of innovations spread internally and externally

## Vision & Mission

**Vision Statement:** Become a leader in healthcare innovation to address workflow challenges, advance population health and enhance patient care within the communities of Cambridge and North Dumfries and beyond.

**Mission:** Integrate cutting edge innovative practices, technology and research into daily operations to improve operational excellence and patient care.

Our mission is to support CMH's vision of "*creating healthier communities, together*" by fostering a culture that draws out the passion of our people to inspire collaboration, creativity, and excellence. We will achieve this by:

- **Identifying Priority focus areas for Innovation and Research:** Establishing clear priorities for innovative projects and clinical research that address the most pressing healthcare challenges in our communities
- **Finding Practical Solutions:** Developing innovative solutions to real problems identified by our staff, patients, partners, and collaborators
- **Establishing Governance and Best Practices:** Creating a robust governance structure to manage research and innovation processes, ensuring best practices are followed at all levels of the organization
- **Building Strategic Partnerships:** Collaborating with academia, industry, and regional healthcare providers to develop and implement innovative solutions that improve patient outcomes and promote health equity
- **Scaling Research Capacity:** Establishing a framework to increase capacity and coordination of research and innovation at CMH, driving greater impact and efficiency in our efforts.

# Alignment to Strategic Plan and Organization Structure

## Vision

Creating healthier communities, together.

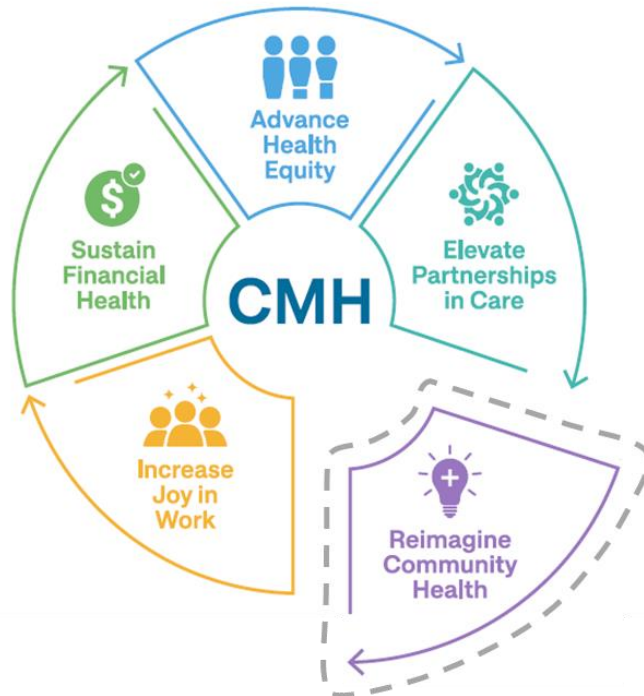
## Mission

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

## Values

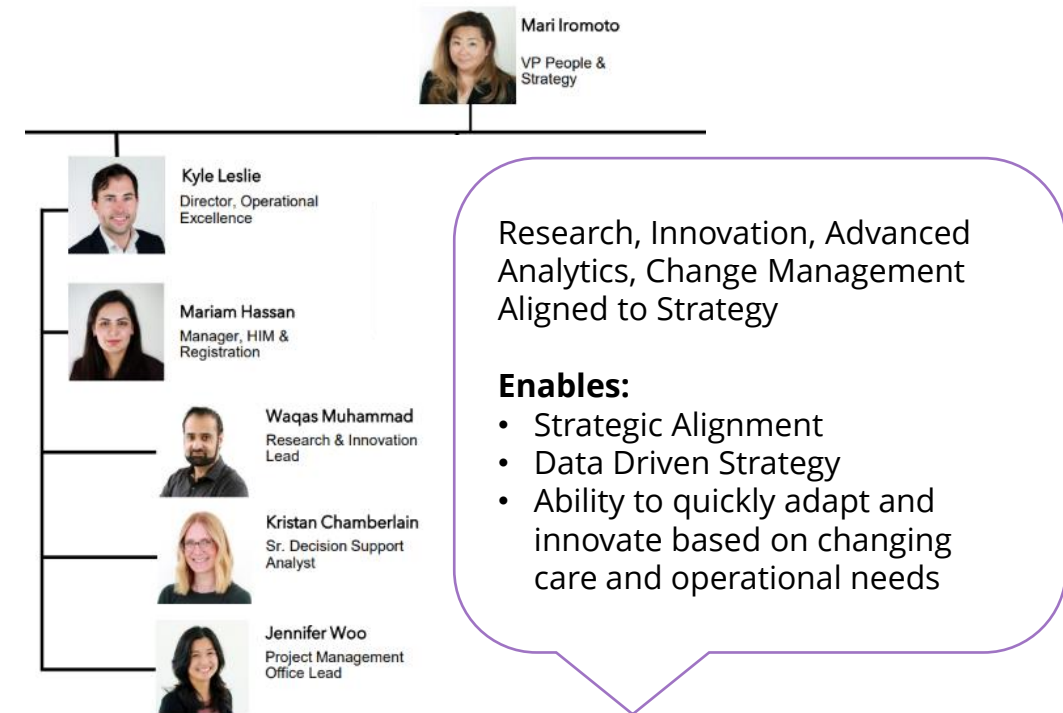
Caring  
Collaboration  
Accountability  
Innovation  
Respect

## Strategic Pillars



Reimagine Community health demonstrates how we will use innovation and embrace transformation to improve the way we deliver healthcare

Innovation and research has been formally incorporated into our Organizational Structure and is nested under the people and Strategy Portfolio and aligns to our strategic pillar of reimagine community health.



# Innovation Maturity Assessment Overview

A critical component of CMH developing their **Research and Innovation Plan**, included a specific assessment of their current level of innovation maturity. The EY Innovation Maturity Model was leveraged to guide a review of the Six Pillars of Innovation (Figure 1). These pillars were evaluated to understand current functions and future opportunities through informal discussions with front line clinical and back-office staff members, physician engagement as well as an Innovation Maturity workshop with CMH executives, directors, managers and patients.

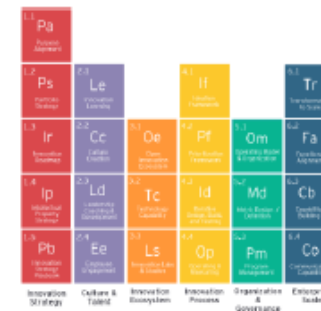
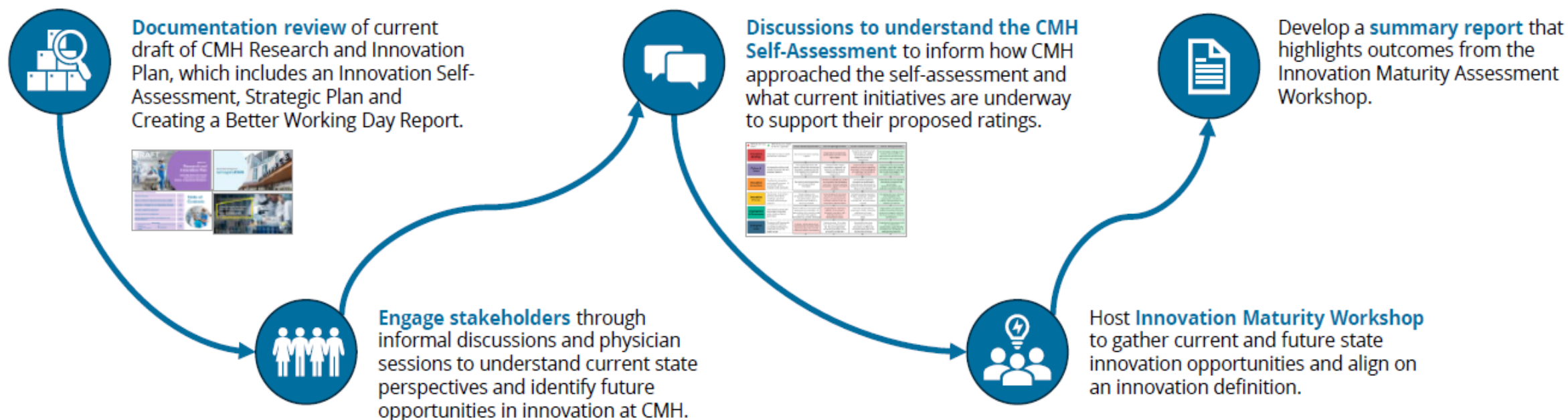
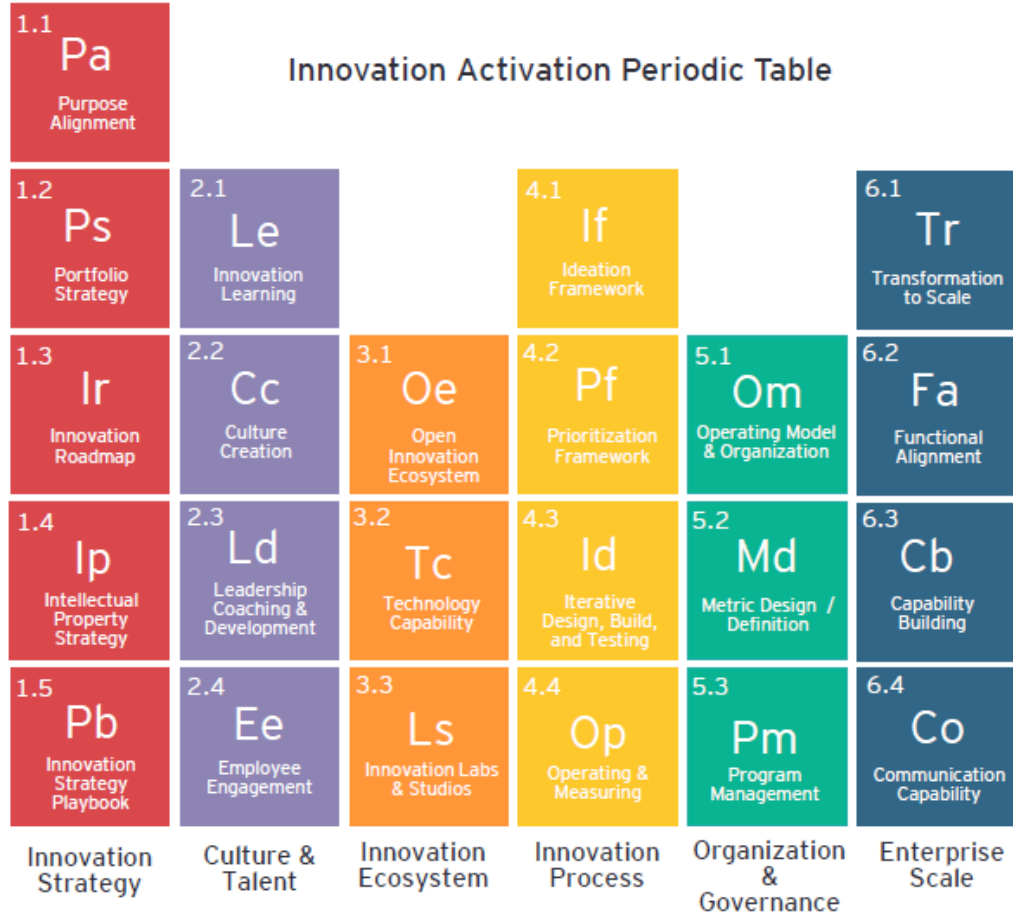


Figure 1: EY Innovation Maturity Model

## Innovation Maturity Assessment Approach



# Innovation Maturity Assessment



2021 Ernst & Young LLP

The EY Innovation Maturity Assessment provides a comprehensive and structured approach for organizations to activate and scale innovation. The framework focuses on people, processes, culture business model and strategy to drive innovation. The framework helps organizations create a road map to growing innovation capability

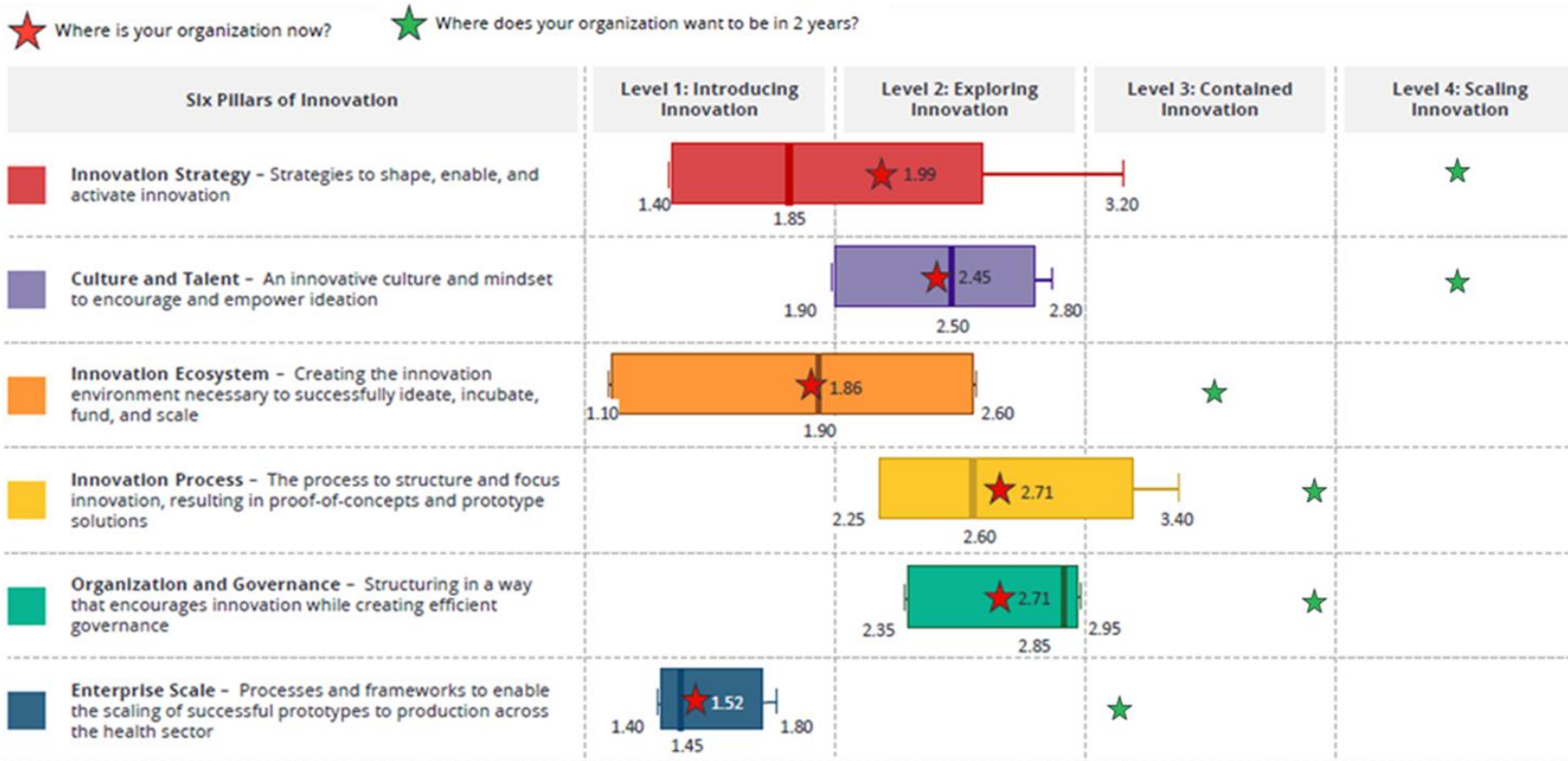
The framework focuses on six key pillars of innovation and sub capabilities organizations can mature to grow innovation capability

This framework was used to assess our current capabilities for innovation and to inform our priority themes of this plan.

CMH current state assessment is on the next page



# Innovation Assessment Results and Goals



- The innovation maturity assessment highlight opportunities for CMH to enhance organizational innovation capability
- The largest area of growth are in:
  - Innovation Strategy 1.99 to 4
  - Culture and Talent 2.45 to 4
  - Innovation Ecosystem 1.86 to 3
  - Enterprise Scale from 1.52 to 3

The recommendations from the assessment were used to develop the priority themes and the multi-year work plan for the CMH Research and Innovation Plan.

# Priority Themes

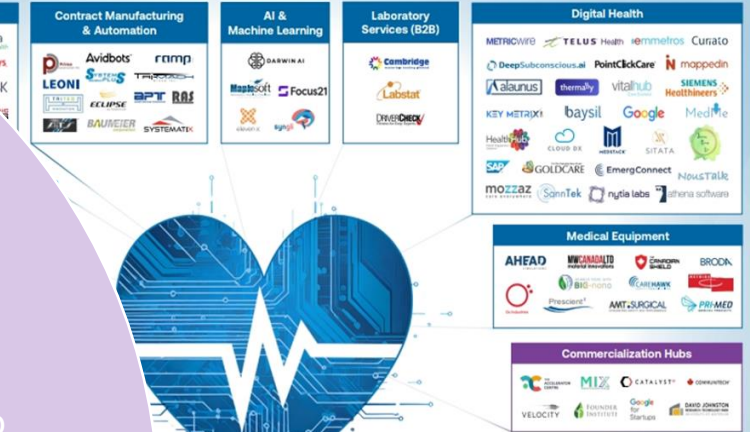
## Strategy and Governance

Strategy and processes to guide innovation and research at CMH

## Innovation Ecosystem

Collaboration within innovation ecosystem to support ideation, incubation and funding to bring innovation to life

### Waterloo's Health Innovation Ecosystem



## Scale and Spread

Structure and capability to spread locally and scale across health sector

## Innovation Culture

Culture and mindset that encourages and empowers ideas

Staff Innovation Fund  
Fueling Bright Ideas.



# Strategy and Governance





# Strategy and Governance

## Why does this matter?

- Align innovation and research with organizations strategic goals
- Ensure the proper oversight and accountabilities for innovation and research
- Ensure compliance with regulatory and ethical guidelines
- Ensure governance structure mitigates risks

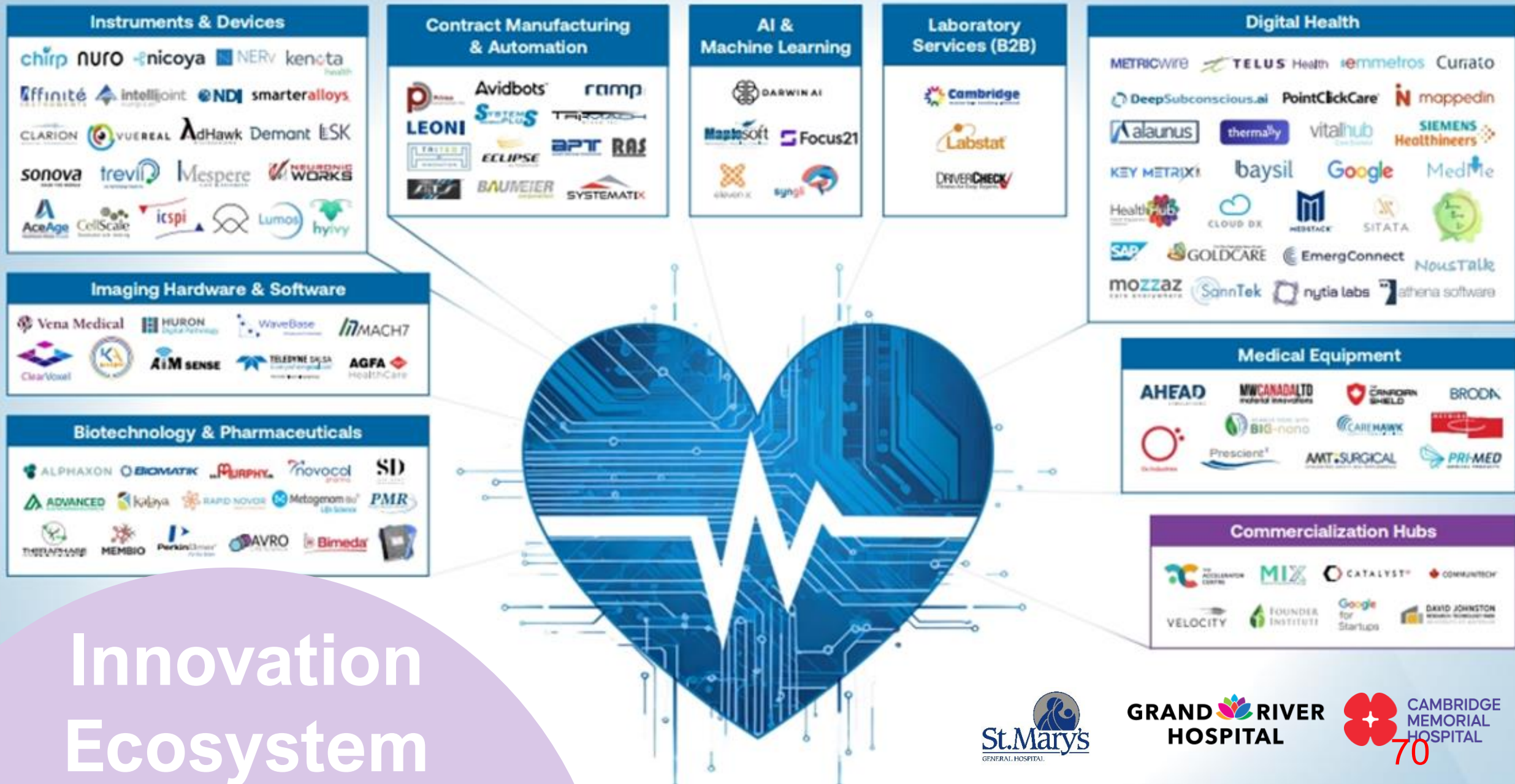
## Key Objectives / Actions

- Align and establish prioritization criteria to ensure innovation and research efforts are focus on the organization's strategic goals:
  - **Increase Joy in work** - Focus innovation and research addressing workflow challenges to create capacity for our teams
  - **Sustain Financial Health** - Use innovation to improve patient throughput, address wait-times and achieve strong value
  - **Elevate Partnerships in care** - Improve population health through research and innovation
  - **Advance Health Equity** - Use technology and innovation to ensure equitable care for all
  - **Reimagine Community** - Transform care through innovate technology and a culture that inspires innovation
- **Establish Innovation Office** - Form the office of innovation at CMH
- **Establish Governance and Best Practices** - Establish clear accountability and decision-making process for the Innovation Office. Develop robust infrastructure to support innovation and clinical trials that aligns with our ethics framework and strengthen coordination with Waterloo Wellington Research Ethics Board (WWREB).
- **Establish Innovation Process** - Implement Processes to guide innovation at CMH from problem identification, to ideation, to implementation, to spread to scale

## Success Measures

- Office of Research and Innovation established as central contact for Research and Innovation
- Policies and processes to guide innovation establish

# Waterloo's Health Innovation Ecosystem



# Innovation Ecosystem

## Why does this matter?

- Innovation can not happen in isolation, it is the result of bringing teams internal, external and customers together to solve complex problems
- Partnerships and collaborations establish access to diverse thinking and expertise
- Collaborations allow for pooling of resources and funding opportunities
- By working together through collaborations and partnerships we can accelerate the deployment of Research and Innovation resulting in a streamlined approach to enhancing care and operational efficiency

## Success Measures

- Number of innovative and research projects conducted with partners
- Number of projects that include patient co-design
- Number of student placements
- Value creation from innovation efforts- funding, return on investments, productivity improvements
- Established and sustainable funding for CMH innovation

## Key Objectives / Actions

- **Build Patient Partners** - Include patients as partners on research and innovation projects to elevate co-design
- **Establish Academic Partnerships** - Formally establish partnerships with Universities and Colleges and develop programs that integrate students into research and innovation projects
- **Elevate joint research and innovation with partner healthcare organizations** - Leverage partner hospitals to conduct joint research and innovation in target areas such as population health, health equity and community health needs
- **Innovate with industry Partners** - Engage with external partners to explore and develop innovative solutions for operational and productivity improvements to enhance efficiency and patient care
- **Establish Funding Opportunities** - Pursue and implement varied funding strategies for innovation to ideate, fund and scale innovation-including grants and open innovation forms to co-developed solutions



# Innovation Culture



# Innovation Culture

## Why does this matter?

- Create an environment that values creativity, experimentation and continuous learning
- Research leads to advancements in practices, technology and processes ultimately enhancing patient outcomes and quality of care
- Cultures that foster learning founded by research and innovation attract top talent and maintain a competitive edge
- Innovation and research allows hospitals to address top challenges in healthcare such as population health, productivity, disease prevention and health disparities

## Key Objectives / Actions

- **Grow Staff Led Innovations** - Continue to grow and elevate the staff innovation fund, increase opportunities for staff and physicians to innovate
- **Enhance knowledge and understanding of Innovation** - Create education materials to promote staff innovation and hospital research
- **Track Innovation** - Establish tracking system for innovative projects
- **Staff Competencies** - Build innovation as a core competency and embed into Value Based Conversation and Achievement Competency Assessments
- **Reward and Recognition for Innovation** - Recognize and reward staff for innovation initiatives

## Success Measures

- Number of innovation ideas from staff
- Number of staff inspired innovation projects
- Number of Staff Innovation workshops and attendance
- Projects showcased annually at CMH innovation fair





# Scale and Spread



# Scale and Spread

## Why does this matter?

- Scaling and spreading innovation is crucial because healthcare systems must adapt to challenges like increasing patient demand, resource constraints and the need for improved quality and efficiency
- Scaling and spreading innovation leads to operational efficiency by optimizing resources, reducing waste and by improving the overall efficiency of hospital operations and the healthcare system

## Key Objectives / Actions

- **Change Management and Project Management** - To Support the scale and spread of innovation we will establish a robust change management framework which will be supported by our project management team
- **Intellectual property strategy** - Establish policies and processes to effectively manage intellectual property to establish competitive advantages
- **Build the CMH Innovation Brand** - Showcase our innovations through publications, conferences, presentations and establish and hold the CMH innovation fair to showcase success in research and innovation at CMH.

## Success Measures

- Number of publications
- Number of conference presentations
- Established framework to manage change and scale innovation
- Number of innovations scaled and spread internally as well as externally to enhance efficiency and care across Waterloo Region and beyond

## 2024 - 2027 Research and Innovation Work Plan - To be Updated Regularly to Align with Organizational Priorities

Item	Priority Themes and Actions	2024/2025				2025/2026				2026/2027				aligned 2025/2026 KPIs
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Strategy and Governance														
1	Research and Innovation Office : Incorporate the Research and Innovation Office into the organizational structure to centralize research and development efforts.													1) Number of RIIC meetings held, target 8 for 25/26  2) Percentage on track with 2025 / 2026 work plan, target 100%
2	CMH Research and Innovation Impact Committee (RIIC) : Initiate the RIIC in Q2 2024/25 as an administrative liaison to the Waterloo Wellington Research Ethics Board, with a continuous improvement plan for ongoing													
3	RIIC Approval and Review Authority : Designate the RIIC to oversee advanced analytics, automated decision-making, and artificial intelligence solutions, ensuring adherence to ethical standards, risk management, privacy, security, and monitoring protocols.													
4	Innovation Maturity Assessment : Engage EY to conduct a comprehensive current state assessment of innovation maturity, identifying gaps for future action.													
5	Research and Innovation Plan : Develop and finalize the Research and Innovation Plan and associated work plans, aligning definitions with CMH's values.													
6	Prioritization Framework Development : Create a prioritization framework for innovations, including evaluation criteria and tools to ensure alignment with CMH's strategic goals and priorities.													
7	Innovation Portfolio Definition : Define innovation priorities and investments for 2025/26 and 2026/27 using the established CMH innovation definition.													
8	CMH Innovation Design Process : Develop a clear, comprehensive design process to facilitate innovative solutions, including guidelines for idea generation, prioritization, and execution.													
9	Intellectual Property Strategy : Formulate an intellectual property strategy that defines ownership, encourages employee contributions, and outlines methodologies for collaboration and commercialization within CMH or through ecosystem partnerships.													
10	Innovation Scorecard Implementation : Implement a scorecard to monitor the progress of innovation initiatives against strategic goals.													
11	Role Definition Clarity : Define clear roles and responsibilities for innovation resources, such as Research and Innovation Office Lead, Project Manager, Unit Manager, Directors, etc.													
12	CMH Innovation Processes Education : Conduct education sessions on CMH's innovation processes to ensure understanding and engagement across the organization.													
13	Innovation Framework Integration : Align the innovation framework with refreshed project management/change frameworks to enhance integration and efficiency.													
14	Research Current State Assessment: Conduct a comprehensive current state assessment of research processes at CMH and establish an associated action plan to elevate and enhance research practices at CMH.													
15	Resourcing and Capacity: Assess current capacity and identify resources required to drive innovation and research initiatives forward in alignment with organizational priorities													



## 2024 - 2027 Research and Innovation Work Plan - To be Updated Regularly to Align with Organizational Priorities

Item		Priority Themes and Actions				2024/2025				2025/2026				2026/2027				aligned 2025/2026 KPIs
						Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Innovation Ecosystem																		
16	External Website Establishment : Develop an external website to promote the hospital's innovation initiatives, enhancing visibility and engagement.																1) Number of new partnerships formed. Target for 25/26 is at least 2 formal partnerships within the innovation ecosystem.  2) Number of CMH hosted innovation events- Target at least 1 for 25/26	
17	Formal Partnership Initiatives : Establish formal partnerships with Velocity, Communitech, MACcellerate, and UW to expand the network of innovation collaborations.																	
18	Staff Innovation Ideas : Work with partners to develop processes for maximizing staff-generated ideas that do not succeed through CMH's internal innovation fund.																	
19	Innovation Events Hosting : Organize and host regular innovation events in collaboration with ecosystem partners, fostering a culture of continuous improvement and learning.																	
20	Ecosystem Liaison Role Enhancement : Elevate the role of Innovation Lead to act as an active liaison between CMH and its ecosystem partners.																	
21	Innovation Lab Development : Create an innovation lab – either virtual or physical – to provide dedicated space for innovative projects.																	
22	Technology Evaluation Framework : Establish a framework for evaluating new technologies, integrating it into the broader digital health plan.																	
23	Collaboration with Partner Hospitals: Enhance collaboration and coordination of innovation efforts with WRHN, including participation and coordination of innovation events, community of practice (Future of Health) and sharing methodologies, policies and tools																	

## 2024 - 2027 Research and Innovation Work Plan - To be Updated Regularly to Align with Organizational Priorities

Item	Priority Themes and Actions	2024/2025				2025/2026				2026/2027				aligned 2025/2026 KPIs
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Innovation Culture														
24	<b>Staff Innovation Fund and Workshops</b> : Relaunch staff innovation funds, conduct bite size workshops to promote innovation thinking													1) Number of huddles and staff ideas generated at huddle. Target 10 staff ideas for 25/26 from various departments to be executed and completed  2) Successful completion of 4 staff innovation fund projects for 25/26 with each project having specific value generate and outcomes being tracked  3) Identification and tracking of key staff engagement metrics linked to innovation plan: enough time to do job, able to make improvements in how job is done, If I make a mistake it will not be held against me
25	<b>Unit Quality and Operations Councils:</b> Refresh and rebrand the CMH Quality and Operations Councils to foster a culture of psychological safety, encouraging open sharing of lessons learned and debriefing of failures. This will promote a learning environment that supports continuous improvement.													
26	<b>Unit Huddles:</b> Refresh CMH Huddles as a key mechanism to drive innovation culture at the unit level. Establish a clear process for managing and addressing staff ideas during these huddles.													
27	<b>Innovation Spotlight Program:</b> Establish an Innovation Spotlight program to highlight and celebrate innovations led at the unit level, showcased through huddles and Quality and Operations Councils. Introduce a CMH Team Innovation Award to recognize outstanding contributions.													
28	<b>Staff Innovation Pitches:</b> For top areas of focus for innovation, hold open pitch forms where any staff member can and pitch ideas for improvement to the leads and sponsors for an initiative													
29	<b>Innovation Fair Refresh</b> : Enhance the CMH staff innovation fair to highlight advancements in hospital innovation, celebrating projects from the CMH Staff Innovation Fund.													
30	<b>Leadership Training Programs</b> : Develop an innovation training/coaching program for leaders to foster a culture of continuous improvement													
31	<b>Pilot Innovation Time</b> : Implement a pilot program allowing staff dedicated time for innovative thinking and project development.													
Scale and Spread														
32	<b>Comprehensive Communication Strategy:</b> Collaborate with communications department and implement a comprehensive communications strategy to promote innovation and engage with employees, patients, physicians, donors and the community													1) Number of formal communications promoting innovation- Target 4 for 25/26  2) Number of innovation projects scaled and spread at CMH, Target 1 for 25/26
33	<b>Project Close Framework:</b> Integrate a robust evaluation tool into the standardized project close framework to identify innovation projects with potential for scaling and spreading. Additionally, utilize standard project management tools for budgeting and scoping these projects to ensure they are well-prepared for broader implementation.													
34	<b>Collaborative PM Huddles:</b> Enhance collaborative project management (PM) huddles to embed an innovative mindset and tools for identifying and prioritizing innovation projects. Increase collaboration among core project teams, including IT, Data Science, Facilities, and others.													

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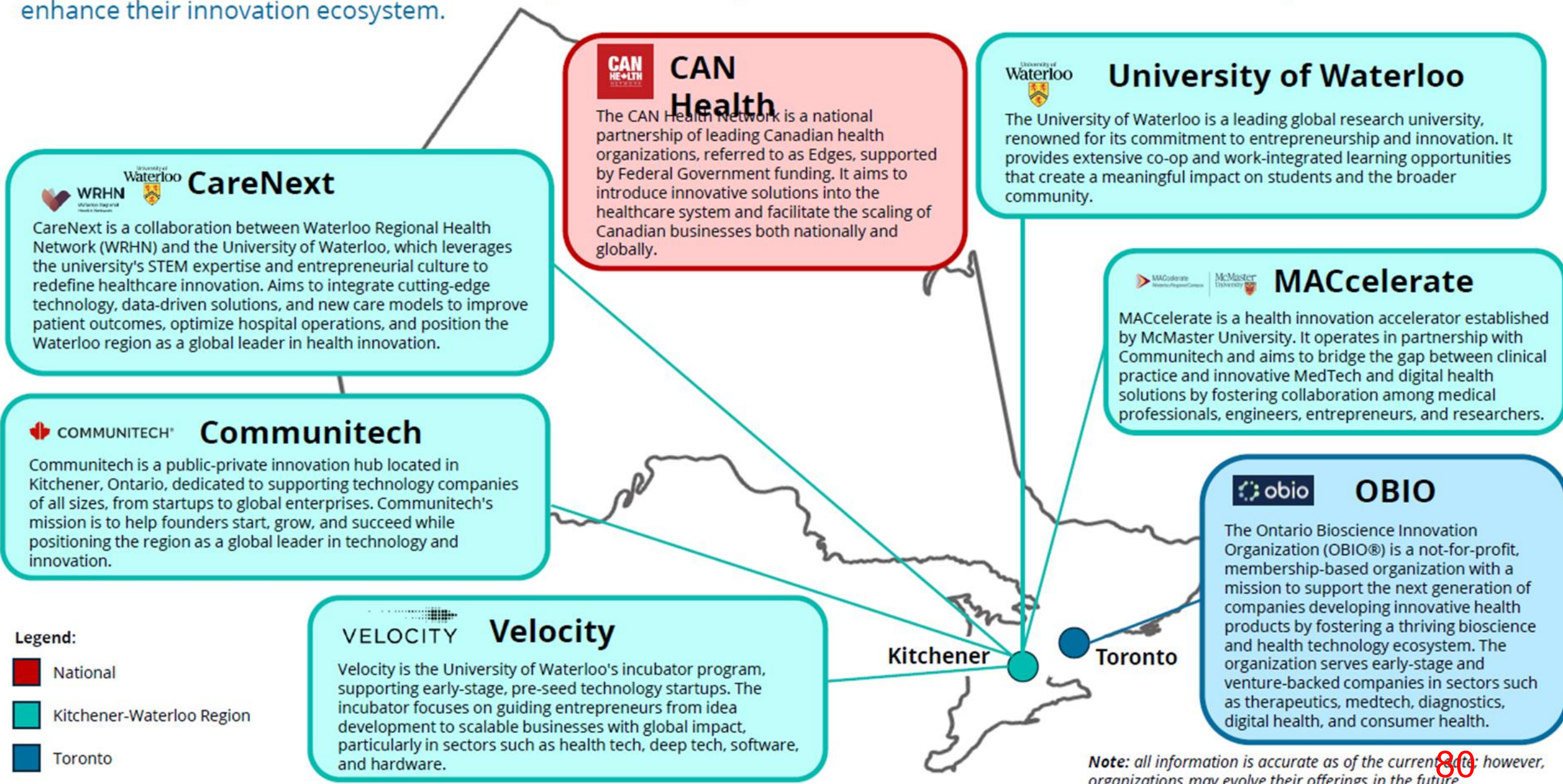
# Appendix

## Additional Information

- Strategic Market Connections
- Regional Innovation Work - Build a Better Day
- Example CMH Innovation Projects

# Identified Strategic Market Connections Opportunities

The following organizations were identified as potential strategic market connectors whom CMH could form a partnership with to enhance their innovation ecosystem.





# Regional Collaborative Innovation – Creating a Better Working Day Collaboration

## 1. MODERNIZED SYSTEMS AND AI INTEGRATION

### Next Generation Health Information Systems

- **New Health Information System (HIS)** at CMH aims to modernize clinical documentation and patient safety by providing a unified patient health record.
- **Project Elevate** at SMGH and GRH has improved the Electronic Medical Record (EMR) system, enhancing efficiency and accuracy in patient information handling.
- **Adaptive Medical History Project** at GRH, launching in September 2024 and funded by CAN Health, will streamline care by gathering patient histories ahead of appointments, ensuring better information flow and patient-focused care



## 3. CUTTING-EDGE PARTNERSHIPS



### University of Waterloo (Graham Seed Fund Research Projects)

- **Robotic Biohazardous Waste Handling at CMH:** Enhancing laboratory safety.
- **Optimal OR Scheduling at CMH:** Using AI and Advanced analytics to increase OR utilization
- **Acute Stroke Treatment Optimization at GRH:** Improving door-to-needle time.
- **Advanced Radiation Treatment Planning at GRH:** Enhancing skin delineation for breast and head & neck cancers.

### Communitech Fast Track Health Solutions Showcase

The three hospitals partnered with the Communitech Fast Track Health program to identify three key challenges and engage with the Canadian startup ecosystem. Six Canadian technology companies were selected from over 40 submissions to pitch their innovations and vie for an opportunity to partner with healthcare organizations across Canada. These solutions included remote healthcare management, staffing solutions and AI-powered assistants for physicians and are now being considered as part of our efforts to modernize systems with AI integration.



## 2. IMPROVED SCHEDULING AND WORKFORCE MANAGEMENT

### Innovative Staffing Solutions

- **Central Staffing Office Model at SMGH:** Exploring centralized staffing to optimize scheduling and resource management.
- **BookJane Automated Call-In System at SMGH:** Efficiently filling vacant shifts through automation, reducing administrative burden.
- **Clinical Externs Program:** Offering valuable experience to medical learners and creating a pipeline for permanent positions.



### Streamlined Recruitment and Onboarding

- **Revamped Recruitment Process at CMH:** A streamlined approach has led to a surge in new hires and record-low job openings.
- **AI-Assisted Hiring at CMH:** Leveraging AI to automate candidate screening, ensuring fair and efficient hiring practices while reinforcing commitment to equity, diversity, and inclusion.
- **Workforce Planning Solution:** Providing staff with self-service scheduling options, set for 2025.

### Creating a Better Working Day: Top 10 Initiatives

Healthcare institutions in the Waterloo/Wellington region recognized the need for collaborative efforts to address common challenges and improve healthcare delivery. Through a comprehensive process that engaged front-line team members, the EY Better Day report identified 10 key areas for improvement within our hospitals:

- 1) Improved Patient Charting
- 2) Modernized systems
- 3) Patient tracking
- 4) Improved scheduling
- 5) Regional staff pooling
- 6) Clinical shift hand-off
- 7) Reduce non-clinical duties to clinical staff
- 8) Physician charting integration
- 9) New staff on-boarding
- 10) Streamlined recruitment process



Since the report was created CMH has continued to develop and deploy innovative solutions to address these challenges with the aim to Increase Joy in Work.

# CMH Innovation

patient and staff inspired innovation



**CMH AI Powered Applicant Screening Platform-** Reduce Human Bias in hiring and administrative burden-Enhance workforce productivity **Saved Approx. \$75K and hours of leader time**



**CMH AI Powered ICU acuity and staff resource Tool-** Match care needs and staffing requirements- **better staffing decisions**



**Scribe AI** – Enhancing provider and patient experience while improving medical documentation and reducing administrative burden- **initial 4 week pilot saved >500 physician mins initial 3 week trial**



**CMH Assist- AI Powered Chatbot-** used for unstructured data analysis- knowledge center – helps teams understand their data – **Enhance workforce productivity**



**OR Optimization Collaboration with UW** to enhance OR scheduling Efficiency and Optimize OR resources-**Award Wining AI algorithm**



**CMH- Real Time Flow Information System-** streamline communication among care team and enhance patient flow-**Saved > \$40K per year**





Figure 1: Value Stream Mapping Session with Operating Rooms, Data Analytics and Project Management Office Teams



Figure 2: CMH and University of Waterloo Project Teams



Chart 1: CMH Long Waiters Waiting for Surgical Procedures Performance Indicator



THURSDAY, APRIL 3, 2025

# ORchestrate wins the first prize in the MGTE Capstone Design Awards

CMH staff and University of Waterloo capstone students co-developed ORchestrate. A solution that tackles Operating Room scheduling, and uses Mixed-Integer-Programming, heuristics, and simulation to optimize CMH's block scheduling frameworks.

# Board Chair's Report – May & June 2025



## Message From the Chair

As summer approaches, I take a moment to reflect on another highly productive and successful year for our Board. Each one of you brings invaluable expertise and dedication that is crucial in guiding CMH toward achieving its mission, vision, and values.

I extend my sincere thanks to each Director for your outstanding contributions throughout the year. Your actions have exemplified the CMH values of Caring, Collaboration, Accountability, Innovation, and Respect.

Let us carry this momentum forward as we step into the new season, united by our shared passion to positively impact our community's health and wellbeing.

Thank you once again for your unwavering dedication and support.



# Board Chair's Report – May 2025

## The Role of the Hospital Board in Emergency Preparedness

On May 30, 2025, Diane Wilkinson, Paulo Brasil, Miles Lauzon, and Bill Conway joined CMH staff for a viewing session of the presentation titled "The Role of the Hospital Board in Emergency Preparedness." This session was part of a broader conference organized by HIROC focused on emergency preparedness.

The presentations highlighted key areas of emergency preparedness oversight, offered insights into effective communication and collaboration between boards and hospital leadership, evaluated the board's role in risk management and decision-making, and explored how boards can ensure that emergency preparedness plans are regularly reviewed, tested, and updated.



## Grand Rounds – Feeding and Fluid Support in Clinical Care: The Role of Artificial Nutrition and Hydration

Tom Dean and Julia Goyal joined Grand Rounds, presented by Dr. Ellie Thompson, Deputy Chief of Hospital Medicine and Inpatient General Oncologist. The presentation focused on options for nutrition and hydration management, including practical considerations such as care settings. It explored the risks and benefits of various interventions and discussed the ethical and moral challenges physicians face when counseling patients and families to make informed decisions about artificial nutrition and hydration at the end of life..

# Board Chair's Report – June 2025

**Lunch & Learn: Understanding Indigenous Perspectives**

On June 9, 2025, CMH hosted its first session of a quarterly Indigenous Lunch & Learn, focusing on understanding Indigenous perspectives. Tom Dean joined CMH staff for an hour-long session exploring various aspects of Indigenous Reconciliation. The event was led by Veronica Guido, the Director of Indigenous Partnerships & Strategies at Mohawk Medbuy (MMC).

The presentation introduced the concept of reconciliation, discussed the impact of colonialism on Indigenous health and wellbeing, explored the importance of language use, and highlighted ways to build allyship in healthcare with Indigenous Peoples.



**Sara Alvarado's Walk to Paris 2025**

A huge thank you to Sara Alvarado for organizing another successful Walk to Paris, raising \$8,000.00 for the CMH Foundation. This brings the events total to \$19,000 over the past three years. This years walk to Paris took place on June 8 on a beautiful sunny morning – joined by fellow Board members Julia Goyal, Lynn Woeller, Nicola Melchers, and members of the community who came together to support CMH.





# Board Chair's Report – June 2025

**Board Social**

On June 10, 2025, the CMH Board, alongside the CMH Foundation Board and the CMH Volunteer Association, gathered for an engaging Board Social. The event was a success, with attendees participating a lively games of BINGO while enjoying the opportunity to connect more personally with fellow members from all three boards. This informal setting not only strengthened relationships but also created a positive atmosphere conducive to future teamwork and shared endeavors.





# Board Chair's Report – June 2025



**CMH Staff BBQ**

On June 12, 2025, members of our Board joined CMH for an exciting Sizzlin’ Season Opener Summer BBQ! Dressed in their favorite sports attire, our Directors lent a helping hand and enthusiastically supported the event. Thank you to everyone who attended and contributed to the day's festivities. It was a beautiful sunny day filled with fun and team spirit.



# Board Chair's Report – June 2025

**CMH Foundation Ambassador/Board Roundtable Social**

On June 18, 2025 Diane Wilkinson, Sara Alvarado, Bill Conway, Tom Dean, Julia Goyal and Miles Lauzon, joined by former Directors, Al van Leeuwen, Sherry Piester, and Don Pavey gathered for the CMH Foundations Ambassador/Board Roundtable Social. The evening included updates from Patrick Gaskin, CMH President and CMHF Executive Director Lisa Short along with Dr. Smriti Nayan, Physician Medical Education Lead.





# BRIEFING NOTE

**Date:** June 19, 2025  
**Issue:** Quality Committee Report to the Board of Directors, June 18, 2025 – OPEN  
**Prepared for:** Board of Directors  
**Purpose:** ☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction  
**Prepared by:** Iris Anderson, Administrative Assistant to Clinical Programs  
**Approved by:** Diane Wilkinson, Quality Committee Chair

**Attachments/Related Documents:** None

A meeting of the Quality Committee took place on Wednesday, June 18, 2025 at 0700h.

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

Staff Present: L. Barefoot, M. Iromoto

Guests: Dr. J. Bourgeois, Dr. I. Isupov, B. Courteau, Dr. G. Nguyen, Dr. J. Legassie,

Observers: S. Beckhoff, A. Schrum, K. Baldock

Regrets: P. Gaskin, A. McCarthy

Recorder: I. Anderson

## Committee Matters – For information only

### 1. Program Presentations:

**Diagnostic Imaging and Diagnostic Cardiology Services Programs (including Patient and Staff Stories):** The Committee members were directed to the circulated presentation. The Director of Laboratory Medicine, Diagnostic Imaging and Diagnostic Cardiology Services provided a summary and gave some key highlights about the program:

- Diagnostic Imaging program completed over 127,000 exams in the past fiscal year, marking a 14,000 exam increase or almost 13% from the previous year.
- CT exams saw a significant rise of nearly 33%, totaling over 29,000 exams. This increase is attributed to orders from all patient types, especially inpatients and emergency patients, reflecting the complex and acute needs of served patients.

- Ultrasound Exams increased 9.4% with more than 24,000 performed, highlighting internal growth and support provided to regional partnerships such as the Liver Health Clinic.
- X-ray volume exceeded 50,000 exams, an almost 10% increase, underscoring its central role in fast-tracked care across the hospital.
- The program operates at a high level of efficiency while maintaining quality and patient-centered care, indicating trust from the community and clinicians.
- Risks and mitigation strategies include smarter scheduling practices and advocating for small increases in FTEs to manage growing CT demand and other referrals.
- Forward planning includes addressing infrastructure needs such as MRI equipment upgrades and preparing the future facility drawings.
- Financial challenges are managed through advocacy within the region, leveraging innovation funds, and internal cost-saving measures like negotiating service contracts.
- Change fatigue is recognized as a risk, with staff engagement and resilience-building initiatives in place to manage upcoming changes effectively.

The Deputy Chief of Diagnostic Imaging spoke about Wait Times:

- The discussion covered wait times for various medical imaging modalities was a key area of interest.
- There has been significant growth in most imaging modalities, particularly within the past year.
- Efforts are ongoing to balance and reduce wait times weekly across all modalities.
- CT and MRI focus on meeting provincial targets for priority three scans successfully.
- Mammography wait times have increased due to expanded screening for 40-50-year-olds, leading to more follow-up imaging needs.
- The department is addressing challenges by triaging cases based on urgency

One Committee member asked about advocating for portable MRIs or whether such requests are handled internally through financial planning. The Chief of Diagnostic Imaging responded, indicating that while portable MRI technology is innovative and currently being tested in certain academic centers like Toronto and Moose Jaw due to its benefits for remote areas, it remains a learning process. The Chief of Diagnostic Imaging acknowledged the DI leadership team and the department's commitment to innovation, ensuring they stay ahead of technological advancements like portable MRIs once these become more standardized and financially viable. Further discussion focused on the ongoing efforts within the department to balance current equipment needs with future innovations in medical imaging technology.

The staff story of the Diagnostic Imaging clerk managing a scheduling conflict for a patient was highlighted. These unique connections are what make these narratives so impactful and memorable.

Another question was raised regarding a decrease in bone mineral density testing this year, which is slightly down compared to previous years. The inquiry continued with speculation on whether the reason for this could be related to more individuals getting tests within their community rather than at hospitals. The Director of Laboratory Medicine, Diagnostic Imaging and Diagnostic Cardiology noted that there could be multiple factors contributing to this trend, including reduced demand or differences in



community uptake of such services. Additionally, while there are no wait times, an AI tool designed for timely bone imaging and identifying patients at high risk appears underutilized. Over a year into deploying this technology, discussions have been held regarding a project aimed at reducing administrative burdens. A draft agreement is pending to be shared, which would allow booking appointments directly when the AI tool indicates a patient's need for imaging. This approach aims to enhance accessibility and prevent fractures in the community, a prospect that has generated excitement about its implementation.

The Director provided highlights about the Diagnostic Cardiology Department.

Despite being a small but mighty team, the Diagnostic Cardiology department has accomplished several significant milestones. One of the key achievements is reaching 100% compliance in the Accreditation Canada Echo Cardiography Quality Improvement program (this was a challenging journey marked by staffing issues and changes in mindset to facilitate investment in new technology and improved training for our staff). This effort was driven by the need to meet updated Accreditation Canada standards. To achieve this goal, management formed a dedicated group of physicians and a senior technologist with an external partner, to develop and implement a plan to address opportunities for improvement. This collaboration presented to staff to best practices but also increased their confidence in resuming specialized services. The initiative allowed Diagnostic Cardiology to resume offering in-house Echo services, expanding community access and ensuring comprehensive patient care.

The Chief of Internal Medicine discussed navigating the accreditation process, noting that it was quite onerous with changes made a few years ago by the governing body of Accreditation Canada. The team successfully adapted to these new guidelines and requirements. The team is now focusing on new initiatives and restarting past services which were delayed due to retirements during the pandemic. The team is optimistic about recruiting another cardiologist with specialized expertise. Despite the challenges posed by remote diagnostic programs in the community, expanding these core services within the hospital will not only enhance patient care but also aid in recruiting additional cardiologists needed for an aging patient demographic. This initiative is expected to support a sustainable medical practice while meeting the evolving needs of the community and the hospital.

**Laboratory (including Patient and Staff Stories):** The Chief of Pathology directed the Committee members to the pre-circulated presentation, highlighting wait times. Discussion also focused on growth applies across all sectors, from the volume and complexity of tests coming through.

In the recent period, CMH has seen approximately 62% of the total number of tests that came through previously, translating to about 972,000 tests compared to 600,000 in 2023. This increase in volume has been accompanied by a notable rise in patient complexity, with more specialized testing being requested by internal medicine physicians, particularly those in Endocrinology and Liver clinics. The growth in these areas not only increases the number of tests but also diversifies the types required to serve our clinicians and patients effectively within the community.

Despite maximizing staffing levels, CMH has managed to introduce several efficiencies through automation and staff optimization. The current focus has been on managing



post-biopsy tests from various new programs and with the increase in the number of CT scans performed this also has led to increase in biopsies due to findings. With these ongoing changes, CMH anticipates continued growth in specific areas like liver biopsies and oncology needs, particularly from the regionally recognized breast cancer program. The challenge moving forward is to sustain these improvements while preparing for the future demands on pathology resources.

The Chief of Pathology also spoke of the recent recruitment of many talented individuals contributing to the energy and expertise of the team.

A short discussion ensued about financial support. Although laboratory services do not generate revenue for the hospital directly, the Lab utilizes the financial support received with meticulous care and efficiency.

The Director added that leveraging technology to address significant challenges efficiently, plays a crucial role in this process. The Lab strives for clinical appropriateness through initiatives like the "Choosing Wisely" campaign.

The development of several new innovative systems was reported. The Director described the mechanisms of:

- Pail Opening System (a hands-free mechanism that automates the safe removal of specimen container lids)
- Waste Disposal System (an integrated platform designed for ergonomic waste handling and minimal manual strain)
- Mobile Robotic Manipulator (an autonomous robotic assistant can navigate and interact with lab specimens)

Several Committee members commended the Lab team for attention to detail and alignment in all areas discussed.

2. **Annual Quality Survey Results PFAC update:** A copy of the briefing note was included in the pre-circulated meeting material. Management gave a recap of the activities and accomplishments of the PFAC from September 2024 to June 2025: 1) PFAC celebrated its 10<sup>th</sup> anniversary in December 2024 with a celebration at CMH; 2) After a 2 ½ year journey and transitioning to Qualtrics (Patient Experience Surveys), response rates are stabilizing. CMH is now one of ten early adopter hospitals for benchmarking in the province. This position allows CMH to provide valuable feedback on the platform's functionalities and enhancements as they become available. Further updates will be provided as additional features and improvements are released; 3) Staffing changes within the Patient Experience Office require some stabilization over the summer. The Chair of PFAC (C. Bulla) added the Patient Declaration of Values project was successfully completed; staff feedback was highly positive due to the collaborative and empowering process. There have been numerous discussions around enhancing patient access to their health records via Pocket Health or Connect My Health. There is strong support for broadening these avenues to give patients more options in accessing their information while minimizing any barriers that might exist. Lastly, positive feedback was received regarding ED Flow, particularly praising the engagement of ED leadership with PFAC members, which allowed valuable input on improving patient care and providing educational content for comfort measures. **See package 2.**

3. **Quality Monitoring Scorecard:** The Committee members were directed to the previously circulated Quality Monitoring Scorecard. The actual number of OB trauma with instrumentation cases was requested from Management. *(Further information can be found under agenda item 1.5.8)*
4. **OHT Quarterly Report:** The Committee members were directed to the previously circulated OHT Monthly Operating Plan Status Report. **See package 2.**