Vision
Creating healthier communities, together

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

Values
Caring, Collaboration, Accountability, Innovation, Respect

BOARD OF DIRECTORS MEETING - OPEN
Wednesday, March 1, 2023
1700-1830
Virtual via Teams / C.1.229 Meeting Room (CMH)
Click here to join the meeting

Or call in (audio only)
(833) 827-2824 Canada (Toll-free)
Phone Conference ID: 616 547 107#

AGENDA

Agenda Item * indicates attachment / TBC – to be circulated	Page #	Time	Responsibility	Purpose
1. CALL TO ORDER		1700	N. Melchers	
1.1 Territorial Acknowledgement			N. Melchers	
1.2 Welcome			N. Melchers	
1.3 Confirmation of Quorum (7)			N. Melchers	Confirmation
1.4 Declarations of Conflict			N. Melchers	Declaration
1.5 Consent Agenda *(Any Board member may request that any item be removed from consent agenda and moved to the regular agenda)*			N. Melchers	Motion
1.5.1 Minutes of January 25, 2023*	3			
1.5.2 CEO Report*	12			
1.5.3 Governance Policy Summary* Policies for Approval: (track changes version found in Package 2) # – Policy Name 2-A-18 – Quality Committee Charter	17			
1.5.4 Board Work Plan 2022/23*	23			
1.5.5 Balanced Score Card 2022/23*	31			
1.6 Confirmation of Agenda	3		N. Melchers	Motion
2. PRESENTATIONS				
2.1 2023-2027 Accessibility Plan*	49	1710	D. Boughton	Motion
3. BUSINESS ARISING				
3.1 None				
4. NEW BUSINESS				
4.1 Chairs Update		1730		
4.1.1 Chairs Report*	71		N. Melchers	Information
4.1.2 Events Calendar*	73		N. Melchers	Information
4.2 Quality Committee Meeting Update		1735	D. Wilkinson	Information
4.2.1 QIP Focus Meeting Summary* (February 1, 2023)	76		D. Wilkinson	Information
4.2.2 Quality Committee Meeting Update* (February 15, 2023)	78		D. Wilkinson	Information
4.2.2.1 2023 Quality Improvement Plan (QIP) Metrics and Narrative*	81		D. Wilkinson	Motion
4.3 Digital Health Strategy Sub-Committee Update* (February 16, 2023)	92	1745	S. Alvarado	Information
4.4 Capital Projects Sub-Committee Update TBC (February 27, 2023)	94	1750	T. Dean	Information

Board Members: Nicola Melchers (Chair), Sara Alvarado, Tom Dean, Julia Goyal, Elaine Habicher, Monika Hempel, Miles Lauzon, Dr. Margaret McKinnon, David Pyper, Jody Stecho, Lynn Woeller, Diane Wilkinson

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

Agenda Item * indicates attachment / TBC – to be circulated	**Page #**	**Time**	**Responsibility**	**Purpose**
4.5 Resources Committee Update TBC (February 27, 2023)	96	1755	L. Woeller	Information
4.5.1 2023-24 Accountability Planning Submissions/Service Accountability Agreement Update*	100		L. Woeller	Motion
4.5.2 January 2023 Financial Statements and Year-End Forecast*	103		L. Woeller	Motion
4.6 Medical Advisory Committee Meeting Update* (February 8, 2023)	113	1805	Dr. W. Lee	Information
4.6.1 January Privileging and Credentialing*	116	1815	Dr. W. Lee	Motion
4.7 CEO Update	123	1820	P. Gaskin	Information
4.7.1 Innovation Fund Update*	124			
5. DATE OF NEXT MEETING	March 29, 2023 – Hybrid (Generative Session Only) April 26, 2023 – Hybrid			
6. ADJOURNMENT		1830	N. Melchers	Motion

Cambridge Memorial Hospital
BOARD OF DIRECTORS MEETING
Wednesday, January 25, 2023
OPEN SESSION

Minutes of the open session of the Board of Directors meeting, held in virtually on January 25, 2023

Present:

Ms. N. Melchers, Chair	Mr. T. Dean
Ms. L. Woeller	Dr. I. Morgan
Ms. M. Hempel	Dr. V. Miropolsky
Ms. D. Wilkinson	Ms. S. Pearsall
Ms. M. McKinnon	Dr. W. Lee
Ms. E. Habicher	Ms. S. Alvarado
Mr. M. Lauzon	Mr. P. Gaskin
Ms. D. Pyper	Ms. J. Stecho

Regrets:
Ms. J. Goyal

Staff Present:
S. Beckhoff, T. Clark

Guests:

Recorder: Ms. S. Fitzgerald

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1. CALL TO ORDER

Ms. Melchers called the meeting to order at 1700 hours.

1.1. **Territorial Acknowledgement**

The Chair presented the Territorial Acknowledgement.

1.2. **Welcome**

The Chair welcomed the members to the open session of the meeting.

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

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

1.4. **Conflict of Interest**

Board members were asked to declare any known conflicts of interest regarding this meeting. There being none the meeting continued as per usual.

1.5. **Consent Agenda**

Prior to approving the Consent Agenda, the Chair asked if any items required removal for further discussion. There were no items requested to be set aside.
The following amendments have been made to the Draft minutes from the November 30, 2022 meeting

Pg. 12, item 3.9 Sara Alvarado will be walking from Cambridge to Paris to raise funds for the new MRI. To date she has raised over $2k.

The consent agenda was approved with noted amendments.

1.3.1 Minutes of November 30, 2022
1.3.2 CEO Report
1.3.3 Policies for Approval
2-A-18 Quality Committee Charter
2-D-16 Meeting of Independent Directors and Committee Members
1.3.4 Board Work Plan
1.3.5 Balanced Scorecard 2022/23
1.3.6 Q3 CEO Certification of Compliance
1.3.7 Tri-Hospital Research Ethics Board (THREB) Annual Report & Terms of Reference

CARRIED (Stecho/McKinnon)

One member had a question as to if a deeper dive was completed on the reduced ALC numbers reflected in the balanced scorecard. Ms. Pearsall noted that the reduced number was a reflection of a number of ALC beds opening within the community.

1.6. **Confirmation of Agenda**

MOTION: (McKinnon/Wilkinson) **that,** the agenda be approved as amended. **CARRIED**

2. New Business

2.1. Chairs Update

2.1.1. Chairs Report

The Chair provided a summary of the Board highlights for December 2022 and January 2023.

Ms. Melchers thanked members of the Board for taking the time to participate and volunteer for events at the hospital.

The chair brought attention to the ICD memberships that are being offered to the directors. Currently (5) five members have responded with interest. Ms. Melchers encouraged the Board to take part in the membership program. A reminder that expression of interest is required by January 27, 2023.

Ms. Melchers shared reflections from the 7-Habits course that was attended in November 2022 as part of the Fall 2022 CMH Learning Lab education series. The Spring 2023CMH Learning Lab courses have been released and offered to the Board. Ms. Melchers highly recommends participation at a board level.

2.1.2. Events Calendar/Meeting Dates

The events calendar was reviewed.

2.2. Governance Committee

The Committee Chair provided the Board with highlights from the January 12, 2023 meeting as outlined in the pre-circulated briefing note summary. Ms. Stecho highlighted that the Committee welcomed Stephanie Pearsall, who joined the Governance committee as a guest and will continue to participate in meetings for education as part of her professional development.

The committee has begun some work to review the operational service agreements with the CMHF/CMHVA. Governance Committee will review the agreements and this work will be added to the work plan for review at least every 3 years.

2.3. **Audit Committee**

The Committee Chair provided the Board with highlights from the January 16, 2023 meeting as outlined in the pre-circulated briefing note summary. Representatives from KPMG presented the audit plan for the Committee's information. The audit approach, strategies for areas of significant risk and other areas of focus were highlighted.

The proposed 2022-23 audit fees were reviewed, and the Committee found the proposed fees to be acceptable.

The Audit Committee confirmed to the auditor that it was not aware of any instances of fraud, suspected fraud or non-compliance with laws and regulations at CMH.

2.4. **Quality Committee**

The Committee Chair provided the Board with highlights from the January 18, 2023 meeting as outlined in the pre-circulated briefing note summary. The Committee received two presentations from the pharmacy and medical day care.
Two staff Committee members have been appointed to the Quality Committee, Rob Howe and Kenneth Abogadil.

Staff is in communication with Ontario Health on the plan for the QIP for 23-24. A special QIP meeting is scheduled for February 1 at 0800

2.5. **Digital Health Strategy Sub-Committee**

The Committee Chair provided the Board with highlights from the January 19, 2023 meeting as outlined in the pre-circulated briefing note. CMH has been working in partnership with GRH and SMGH to engage professional services for the corporate services RFP, and an agreement has recently been signed with Deloitte to provide these advisory services.

The Subcommittee inquired about the affordability of a corporate solution in light of the estimated TCO for the clinical solution. Management is hopeful that a corporate solution could be within reach if the Ministry of Health responds favourably to ongoing advocacy for funding increases. A TCO estimate for the clinical and corporate solutions should be available by early fall 2023.

2.6. **Capital Projects Sub-Committee 2946**

The Committee Chair provided the Board with highlights from the January 23, 2023, meeting as outlined in the pre-circulated briefing notes. Phase 3 renovations continue to progress as per schedule. The substantial completion date remains unchanged at October 21, 2024. Presently there are no labour strike actions impacting the project.
A Facilities tour was conducted last week to tour the current construction activities within the hospital. Attendees noted how organized and clean the areas were. A special thanks to the CMH capital redevelopment team who organized the event. Members were able to visit a patient mock up room which was built to ensure any design deficiencies were mitigated prior to duplication any issue.
Reno work continues in 8 active areas of the hospital, and from a quality perspective no major deficiencies have been reported with close to 100 reviews.

2.7. **Resources 32.39**

The Committee Chair provided the Board with highlights from the January 23, 2023, meeting as outlined in the pre-circulated briefing notes.

Valerie Smith-Sellers was appointed as director of finance. Valerie participated at the Resources Committee on Monday night a presented a significant portion of the meeting and did an excellent job.

2.7.1. **December 2022 Financial Statements**

There is a $2.6M year to date surplus position at the end of December 2022, and the actual results are $3.6M favourable to budget. The surplus that is forecasted to March 31, 2023, is $1.1M. There is very little change from what was presented in November. The main drivers of the surplus remain primarily the same. The $6.3M from the PCOP reconciliation for 2019-2020 and 2020-21 remains outstanding. It has been fully vetted back and forth between the Ministry and CMH. According to management, it is just waiting for signature for finalization. Timing is unknown but management feels confident with the amount that has been calculated.

The committee asked about the financial impact of the Governments new proposed privatization of health care services. There will be no impact on the 2022-23 fiscal year. The impact on future years remains unknown at this time.

The committee also inquired about Impact of Bill 7 – the ability to move ALC patients further out of the region. To date no patients in the Waterloo Wellington region have been moved under bill 7.

MOTION: (Woeller/Lauzon) **that,** the Board of Directors receives the December 2022 financial statements as presented by management. **CARRIED**

2.7.2. **2023-24 Hospital and Community Accountability Planning Submissions 3622**

Previously these were handled through the LHIN and was a requirement that the Board approve before submission. The is no longer that requirement however CMH plans to continue to follow having Board approval for greater transparency to the community. At this point CMH has submitted a preliminary HAPS that shows a significant deficit to highlight the impact of losing incremental bed funding. That will not be the final HAPS submitted. CMH will submit a HAPS with a balanced budget. The Waterloo Wellington regional hospitals decided collaboratively to submit with this approach to emphasize to the Ministry, what the impact would be to lose the funding.

The committee inquired if 2% increase for salaries would be adequate. Management confirmed that all regional hospitals put in a 2-3% salary range.

MOTION: (Woeller/McKinnon) **that,** the Board of Directors approves a balanced 2023-24 Hospital Accountability Planning Submission (HAPS) and 2023-24 Community Accountability Planning Submission (CAPS) after feedback has been received from Ontario Health (OH). **CARRIED**

2.8. **Medical Advisory Committee 4250**

2.8.1. **December Meeting Summary**

The Chief of Staff provide a fulsome update from the December 14, 2022 MAC meeting as outlined in the pre-circulated briefing note. Dr. Lee highlighted the primary care diagnostic imaging quality initiative that supports primary care provider access to X-ray services at CMH.

2.8.2. **January Meeting Summary**

The Chief of Staff provide a fulsome update from the January 11, 2023 MAC meeting as outlined in the pre-circulated briefing note. Dr. Lee highlighted the primary care diagnostic imaging quality initiative that supports primary care provider access to X-ray services at CMH.

The Chiefs have been asked to present highlights from the Quality Committee department presentations. This is an opportunity for the Chiefs to share the great work from all areas and provide a forum for new ideas and quality initiatives.

Dr. Lee also brought attention to the work being completed, aimed to support leadership development in the medical leadership, including the Chief's 101 which is intended to support and build upon the information provide in the new Chief's orientation package.

2.8.3. **September Privileging and credentialing**

MOTION: that, the Board of Directors *approve the standard credentialing files from the November 2022 Credentials Committee meeting.* (Habicher/Dean)
CARRIED

CREDENTIALING FILES FOR REVIEW – NOVEMBER 2022

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended / Not Recommended
Dr. Raymond Gottschalk	Medicine Sleep Clinic	Respirology	Courtesy No Admitting	Resigning privileges effective Nov 1, 2022 due to new contract with sleep clinic	Dr. Augustin Nguyen	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Mark Hayward	Radiology	Radiologist	Locum	Requesting locum privileges from Nov 1, 2022 until June 30, 2023	Dr. Inga Isupov	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Steven Wong	Emergency		Locum	Resigning locum privileges effective January 31, 2023	Dr. Matthew Runnalls	☒ Recommended ☐ Recommended with comments ☐ Not Recommended

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended / Not Recommended
Dr. George Yuan	Medicine Sleep Clinic	Respirology	Courtesy No Admitting	Resigning privileges effective Nov 1, 2022 due to new contract with sleep clinic	Dr. Augustin Nguyen	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Natalie Kozij	Medicine Sleep Clinic	Respirology	Courtesy No Admitting	Resigning privileges effective Nov 1, 2022 due to new contract with sleep clinic	Dr. Augustin Nguyen	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Aftab Zafar	Surgery	Ophthalmology	Locum	Requesting locum privileges from Nov 21, 2022 – June 30, 2023	Dr. Lawrence Green	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Jonathan Chung	Radiology	Radiologist	Locum	Relinquishing locum privileges effective Oct 13, 2022	Dr. Inga Isupov	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Arkadij Grigorian	Radiology	Radiologist	Locum	Relinquishing locum privileges effective Oct 13, 2022	Dr. Inga Isupov	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Milton Wybenga	Anesthesia	Anesthesioloigst	Locum	Requesting an extension of locum privileges from Jan 1 – June 30, 2023	Dr. Laura Puopolo	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Brent Guy	Medicine	Internal Medicine	Locum	Requesting an extension of locum privileges from Nov 1, 2022 – June 30, 2023	Dr. Augustin Nguyen Dr. Jenny Legassie	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Ali Almhri	Medicine	Internal Medicine	Locum	Requesting an extension of locum privileges from Jan 1 – June 30, 2023	Dr. Augustin Nguyen	☒ Recommended ☐ Recommended with comments ☐ Not Recommended

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended / Not Recommended
Dr. Mohammed Farooqi	Medicine	Internal Medicine	Locum	Requesting an extension of locum privileges from Jan 1 – June 30, 2023	Dr. Augustin Nguyen	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Jatinder Juss	Medicine	Internal Medicine	Locum	Requesting an extension of locum privileges from Jan 1 – June 30, 2023	Dr. Augustin Nguyen	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Mitch Abrams	Radiology	Radiologist	Locum	Requesting an extension of locum privileges from Jan 1 – Dec 31, 2023	Dr. Inga Isupov	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Babak Maghdoori	Radiology	Radiologist	Locum	Requesting an extension of locum privileges from Jan 1 – Dec 31, 2023	Dr. Inga Isupov	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Keyur Shah	Radiology	Radiologist	Locum	Requesting an extension of locum privileges from Jan 1 – Dec 31, 2023	Dr. Inga Isupov	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Navneet Singh	Radiology	Radiologist	Locum	Requesting an extension of locum privileges from Jan 1 – Dec 31, 2023	Dr. Inga Isupov	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Peter Szpakowski	Radiology	Radiologist	Locum	Requesting an extension of locum privileges from Jan 1 – Dec 31, 2023	Dr. Inga Isupov	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Silvio Bruni	Radiology	Radiologist	Locum	Requesting an extension of locum privileges from Jan 1 – Dec 31, 2023	Dr. Inga Isupov	☒ Recommended ☐ Recommended with comments ☐ Not Recommended

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended / Not Recommended
Dr. Michael Chan	Radiology	Radiologist	Locum	Requesting an extension of locum privileges from Jan 1 – Dec 31, 2023	Dr. Inga Isupov	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Terence Menezes	Radiology	Radiologist	Locum	Requesting an extension of locum privileges from Jan 1 – Dec 31, 2023	Dr. Inga Isupov	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Nirav Patel	Radiology	Radiologist	Locum	Requesting an extension of locum privileges from Jan 1 – Dec 31, 2023	Dr. Inga Isupov	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Maryann Bushara	Radiology	Radiologist	Locum	Requesting an extension of locum privileges from Jan 1 – Dec 31, 2023	Dr. Inga Isupov	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Eric Durrant	Radiology	Radiologist	Locum	Requesting an extension of locum privileges from Jan 1 – Jun 30ert, 2023	Dr. Inga Isupov	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Mei (Lucy) Yang	Surgery	General Surgery	Associate	New hire effective Jan 9, 2023	Dr. Lawrence Green	☒ Recommended ☐ Recommended with comments ☐ Not Recommended
Dr. Duncan Cushnie	Surgery	Orthopedics	Locum	Requesting locum privilege to cover call Nov 12 & 13, 2022	Dr. Lawrence Green	☒ Recommended ☐ Recommended with comments ☐ Not Recommended

2.9. **CEO Update1:10**

The CEO shared some 5 star google reviews received from patients who visited CMH.

The CEO highlighted work that has been completed or in the process of being completed as it aligns to the strategic pillars of the CMH 2022-27 Strategic Plan. Sustain Financial Health – currently there is a request before the MOH/Ontario Health for permanent funding for 22 additional beds.

Advance Health Equity – Profile for Indigenous Patient Navigator, working to welcome/integrate within CMH. A recent smudging took place at CMH and the Accessibility Plan is being finalized for the CMH Board of Directors at the March meeting.

Elevate Partnerships in Care – CMH has recently had meetings with Mayor Liggett, MPP Dixon and MPP Riddell. The Government announcement regarding the expansion of community based centres for cataracts, MRI/CT, endoscopy, hips & knees. Accreditation planning is underway and the results of the work life pulse & patient safety culture surveys are being analyzed.

Reimagine Community Health – Innovation Fund has launched with a January 31, 2023 deadline for submissions. Evaluations for the hospital information system (HIS) underway.

Increase Joy in Work – A $1500 increase in MH benefits was added for staff/physicians/midwives with positive feedback. Employee Council met in December and reviewed and endorsed the focus for 2023.

Mr. Pyper provided the board with some updates from the OHT Joint Board meeting that was held this week. Mr Pyper noted that during a roundtable discussion to highlight current project, the CMH Innovation Fund was highlighted.

3. ADJOURNENT

The meeting adjourned at 1811h. (Melchers/McKinnon)

4. DATE OF NEXT MEETING

The next scheduled meeting is March 1, 2023

Nicola Melchers	Patrick Gaskin
Board Director	Board Secretary
CMH Board of Directors	CMH Board of Directors

CMH President & CEO Report
March 2023
for CMH (Mar.), CMHF (Mar.), CMHVA (Mar.), MAC (Mar.)

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.

CMH celebrates Black History Month

- This year marked the 28th official Black History Month in Canada with the theme "*Ours to Tell*," giving us the opportunity to share inspirational stories of success, sacrifice, and triumph. Participating in this annual celebration unites us as Canadians and reminds us of the power that diversity can offer.
- At CMH, celebrated Black History Month with a brand new CMHnet page, full of resources featuring daily stories of Black Canadians that shaped our country by breaking down barriers. These trailblazing Canadians made our country more inclusive by challenging us to build an equitable and just society. Staff were also encouraged to participate by sharing their reflections, adding and/or reviewing recipes and making book recommendations.

Dr. Jennie Legassie, Deputy Chief of Staff

- We were very pleased to announce in February that Dr. Jenny Legassie accepted the role of Deputy Chief of Staff.
- Dr. Legassie is well known for her work as Chief of Hospitalist Medicine and Lead for General Internal Medicine. She has been with CMH since 2018 demonstrating a passion for Medicine and a commitment to teaching.
- During her tenure, Dr. Legassie has participated on many key organizational committees, including the Credentials Committee, Medical Advisory Committee and Conservable Bed Days Committee. This wealth of experiences with her knowledge and ideas will be an asset to her new role.

Maria Burzynski – Controller

- In January, we were pleased to announce Ms. Maria Burzynski accepted the position of Controller.
- Maria is a Chartered Professional Accountant (CPA) with over ten years of progressive financial experiences and expertise. She became a valued team member in 2018 when she joined CMH as Senior Financial Analyst.
- Maria was appointed Interim Controller of Finance in August 2022, taking responsibility for the supervision and management of the day-to-day activities and operations of the Finance team. Maria develops and maintains internal controls and procedures, as well as continuous process improvement initiatives.

Maria is also responsible for the development and implementation of complex costing models and the hospital budget.
- The interview team, consisting of Jennifer Visocchi, Director Pharmacy; Angela Schrum, Manager Clinical Scheduling and Ambulatory Services; Sandra Bradshaw, Manager Inpatient Surgery, Allied Health/Social Work; Todd Billings, Manager Purchasing; and Valerie Smith-Sellers, Director Finance, was impressed with Maria's financial experience, her attention to detail and her focus on staff.
- In spare time, she likes to travel, hike, spend time with family and friends, and eat good food. "My best hike yet has been a 4-day hike to Machu Picchu. I plan to cover some of the hikes in the Mighty Five National parks in Utah early this Summer."

Normalizing random acts of kindness

- *Random Acts of Kindness Day* is an unofficial holiday celebrated annually on February 17.
- The day is dedicated to performing random acts of kindness for others - without any expectation of receiving something in return. This Day is part of a larger movement that encourages people to be kind to one another as a way to make the world a better place. The idea behind the movement is that even small acts of kindness can make a big difference in someone's life and can help to create a more compassionate and caring world.
- Random Acts of Kindness Day is believed to have started in the United States in the 1990s. The holiday has since gained popularity around the world, with people and organizations celebrating it in various ways. Some individuals choose to perform random acts of kindness for strangers, while others focus on acts of kindness for friends, family members, or coworkers.
- The random acts can involve a wide range of activities, from buying a cup of coffee for a stranger, to volunteering at a local charity, to simply saying something kind to a friend or colleague, with the goal of making kindness the norm.

I-CCAIR Recognition Program refreshed

- *Valentine's Day* was celebrated with a sweet treat as a way to commend one another and draw attention to our CMH Values of Caring, Collaboration, Accountability, Innovation & Respect.
- Specifically, it was also a day to remind our staff to take a moment to share stories of their colleagues living our values through a simple I-CCAIR Recognition Program process.
- They can show their appreciation when they witness or experience someone living our values by completing a convenient online form.
- Staff were reminded that all submissions are accepted, with no deadlines to worry about.
- Once a month or when a number of nominations are received, they are all posted on CMHnet for inspiration.

- Once a month, the I-CCAIR Review Panel reviews all nominations and selects one as the “feature story,” to be celebrated at a surprise huddle with their team and Senior Leadership. In appreciation, the author and the recipient will both receive a $25 gift card.
- New this year, everyone receiving recognition will be invited to a semi-annual “I-CCAIR Breakfast” to celebrate

Town Hall planned

- In regards to a frank discussion thread that unfolded on the *What’s On Your Mind?* on-line forum of our intranet, I will be hosting an organization-wide town hall to address issues regarding to wages, salary increases, the impacts of legislation, court decisions and union contracts.
- This will be done after I meet with clerical staff that first brought these legitimate concerns forward in a manner that promoted discussion and a better understanding of one another’s views.
- Staff will have the option of participating live, remotely or accessing a recorded version of the session.

Paws for Celebration - Ember graduates!

- National Service Dogs celebrated the graduation of 40 dogs that passed their respective support programs in 2022.
- Of course, this included our very own Ember, who provides support for staff, physicians and volunteers at our hospital.
- Ember started her CMH career on May 24, 2022. Her role as a Facility Dog in a hospital is unique, supporting the mental health and well-being of our Staff, Physicians, Midwives and Volunteers. The program she is part of is called *CMH Paws*.
- You can follow Ember on Instagram and TikTok by searching for @CMHPAWS

VRE outbreak declared over

- The VRE outbreak on Medicine B (Wing C, Level 4) was declared over on February 6.
- First declared on Jan. 19, a total of five (5) patients were identified as healthcare-acquired positive cases.
- A hospital outbreak is declared when there is an increase of cases of VRE over baseline rate from one month to another.
- VRE swabbing occurred weekly since January 19 until two negative prevalence screens were made.
- VRE outbreaks are not reportable to Public Health and care partner visits were not restricted during this outbreak.
- Many thanks to all staff, especially our Environmental Services, for their efforts to contain and limit the outbreak.

Health Information Systems update

- Since before the pandemic, CMH has been looking at how it can support high quality care through information systems transformation. While the needed focus on COVID-19 paused this work, the organization renewed this effort over the past year to push forward and eventually invest in a new Health Information System (HIS).
- The approach taken was to go out to the vendor market for a solution that integrates clinical functionality across the hospital through a Request for Proposal (RFP). The RFP process ensures CMH fairly evaluates vendors' products against clinical needs, balancing department functionality, technical requirements, the hospital's role within the community and cost.
- It was very exciting to begin the evaluation process of the vendors in January, starting with high level reviews of the proposed solutions and their ability to meet current and future needs.
- The work that our organization is currently undergoing is to create a short list of two vendors that will demonstrate specific areas of functionality (e.g., Emergency, Pediatrics, Perioperative, Patient Engagement) to pre-defined groups of staff, medical staff and key stakeholders starting in March.
- While it is still early days, this is an exciting time for CMH as the organization begins to realize what a system transformation will mean for the hospital.

RACE covers 24/7

- As February 6, the Critical Care Program expanded its Critical Care Response Team, otherwise known as RACE (*Rapid Assessment Critical Event*) to provide 24/7 coverage.
- Led by a RACE RN, this specialized role supports patients and staff on inpatient units, not part of the Intensive Care Unit. They are a resource that can assist when a patient that meets the criteria for RACE. The RACE RN is also responsible for following any patients transferred from the ICU for a period of 48 hours. This specialized RN is dedicated and cannot be redeployed to assist with staffing elsewhere or to assist with inter-facility transfers.
- In addition to their clinical responsibilities the RACE RN will also be entering data into the Critical Care Information System (CCIS) which will populate required metrics and CCSO reports.
- This support is available when ICU reports staffing as base plus one (1) which indicates a RACE RN is available. While the goal is to maintain the RACE RN at all times, the only situation that would collapse this resource is if the RN is required to support the ICU.

Bridge2Learning: CMH's new learning management system

- CMH's Professional Practice team was excited to launch a new online learning platform – Bridge2Learning (B2L) at the end of January.
- B2L is much more flexible than the previous system. It can be accessed from home or at work. Furthermore, the hospital has the option to leverage education from other organizations and hospitals that use the same platform.

- As part of the hospital's commitment to ensure staff have their mandatory safety completed, it will compensate all staff needing to complete this learning with a one-time payment of four hours (shown as Training on your paystub at straight time, no overtime will apply) will be included on the March 10/23 pay date.

High School co-op students welcomed back

- After a three-year hiatus, CMH welcomed back high school co-op students this past fall, with each student completing their placement in January.
- CMH hosted seven co-op students throughout the organization, including in Volunteer Services, The Chief of Staff and President's Office, Diagnostic Imaging, Human Resources, and in Health Information Management.
- We are grateful to each of these areas, as well as to the co-op supervisors, for providing such an amazing and enriching experience for these young minds!
- Co-op opportunities provide valuable insight into many healthcare professions within our organization. These opportunities provide the impetus to positively influence a student's post-secondary choices and career path.
- We are very excited to welcome the next round of high school co-op student in March 2023!

BRIEFING NOTE

Date: February 23, 2023
Issue: Policy Review
Prepared for: Board of Directors
Purpose: ☒ Approval ☒ Discussion ☒ Information ☐ Seeking Direction
Prepared by: Stephanie Fitzgerald
Approved by: Patrick Gaskin

Attachments/Related Documents: Policies with Track Changes

Recommendation/Motion

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

2-A-18 Quality Committee Charter
*(*Track changes version can be found in package 2)*

Background

The following policy was reviewed at the November 10, 2022 Governance Committee meeting and approved at the November 30, 2022 Board of Directors meeting. Since that approval further updates were required.

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

Policy No.	Policy Name
2-A-18	Quality Committee Charter

BOARD MANUAL

SUBJECT: Quality Committee Charter	**NUMBER: 2-A-18**
SECTION: Structure, Roles and Responsibilities	**APPROVED BY: Board of Directors**
DATE: September 28, 2011	**REVISED/REVIEWED: May 29, 2013, October 30, 2013, May 27, 2015, May 24, 2017, January 29, 2020, May 26, 2021, Nov 30, 2022, January 25, 2023, March 1, 2023**

1. Application

This Charter shall apply to the Quality Committee (the "**Committee**") of the Board of the Cambridge Memorial Hospital (the "**Corporation**"). All capitalized terms not defined herein have the meaning set out in the Corporation's By-Laws.

2. Definitions

The "Quality Committee" operates under the authority of the Board and is the Quality Committee for the purposes of the *Excellent Care for All Act, 2010* ("the Act").

"Critical incident" means any unintended event that occurs when a patient receives treatment in the hospital that, (a) results in death, or serious disability, injury or harm to the patient, and (b) does not result primarily from the patient's underlying medical condition or from a known risk inherent in providing the treatment.

"Performance Metrics" means the Board approved organization performance metrics that provide an overview of the organization's performance in achieving quality, workplace safety as it relates to a quality metric, patient and staff satisfaction and such other performance metrics that the Board may approve from time to time.

3. Composition

(a) The Committee shall consist of the following voting members:

(i) up to five (5) voting members of the Board to ensure, pursuant to the regulations under the *Excellent Care for All Act* that one third of the members of the Quality Committee are voting members of the hospital board, one of whom shall be appointed Chair;

(ii) up to four (4) members from the broader community who are resident, employed or carrying on business in the Region of Waterloo, appointed by

the Board upon the recommendation of the Governance Committee;

(iii) a member of the Patient Family Advisory Committee (PFAC), appointed annually by PFAC;

(iv) the President and Chief Executive Officer (CEO);

(v) one member of the Medical Advisory Committee;

(vi) the Chief Nursing Executive; and

(vii) up to two hospital employee(s) who are not members of the College of Physicians and Surgeons of Ontario or the College of Nurses of Ontario.

Subject to the approval of the Board, the members of the Quality Committee referenced at paragraphs (iv) and (vi) may appoint a delegate to sit as a member of the Quality Committee in their stead.

(b) Non-voting resources to the Committee will include:

(i) Senior Director, Strategy, Performance & CIO; and

(ii) any other staff resources identified by the CEO in consultation with the Committee Chair.

(c) Members will be appointed annually by the Board with consideration given to re-appointing some members each year for the benefit of their knowledge and experience gained on the Committee.

4. Meetings

The Committee shall:

(a) meet at least four (4) times annually, or more frequently as circumstances dictate

(b) conduct all or part of any meeting in the absence of management, and it is the Committee's policy to include such a session on the agenda of each regularly-scheduled Committee meeting

(c) invite to its meetings any Director, member of management or such other persons as it deems appropriate in order to carry out its duties and responsibilities

(d) exclude from its meetings any persons it deems appropriate in order to carry out its responsibilities.

5. Specific Duties and Responsibilities

(a) *Excellent Care for All Act, 2010*

The Committee, in accordance with its responsibilities under the Act, shall:

(i) monitor and report to the Board on quality issues and on the overall quality of services provided in the Corporation, with reference to appropriate data including:

(a) Performance Metrics and other performance indicators used to

measure quality of care and services and patient safety;

(b) reports received from the Medical Advisory Committee identifying and making recommendations with respect to systemic or recurring quality of care issues;

(c) publicly reported patient safety indicators;

(d) critical incident; and

(e) annual program reviews of quality.

(ii) consider and make recommendations to the Board regarding quality improvement initiatives and policies;

(iii) ensure that best practices information supported by available scientific evidence is translated into materials that are distributed to employees and persons providing services within the health care organization, and to subsequently monitor the use of these materials by these people;

(iv) oversee the preparation of the Corporation's annual quality improvement plans;

(v) review and report to the Board on progress in achieving the goals of the quality improvement plan and the quality and safety plan;

(vi) oversee the establishment and monitoring of the patient declaration of values in collaboration with the Patient and Family Advisory Council;

(vii) oversee that a process is in place to collect and monitor patient and employee satisfaction (including staff and other persons working for or providing services within the organization), monitor the results of such surveys and, where applicable, the incorporation of the findings into the quality improvement targets;

(viii) develop and oversee the implementation of a policy that requires the posting of Board approved quality Performance Metrics and targets on the Corporation's public website; and

(ix) perform such other responsibilities as may be provided under regulations under the Act.

(b) Accreditation

The Committee shall:

(i) oversee the Corporation's plan to prepare for hospital-wide accreditation and, as relevant, for department/program specific accreditations; and

(ii) review accreditation reports and any plans required to be implemented to improve performance and correct deficiencies.

(c) Critical Incidents

The Committee shall:

(i) in accordance with Regulation 965 under the *Public Hospitals Act* receive from the Chief Executive Officer, at least twice a year, aggregate critical incident data related to the critical incidents occurring at the hospital since the previous aggregate data was provided to the Committee and the actions taken to mitigate the risks associated with any such incidents; and

(ii) annually review and report to the Board on the Corporation's system for ensuring that, at an appropriate time following the disclosure of a critical incident, there be disclosure as required by Regulation 965 under the *Public Hospitals Act* of the systemic steps, if any, the Corporation is taking or has taken to avoid or reduce the risk of further similar critical incidents.

(d) Oversight of Risk

The Committee shall:

(i) oversee risk management in the following assigned categories: accreditation, care, regulatory and teaching; and

(ii) oversee the appropriate progress and completion of plans to mitigate risks identified through the integrated risk management priority setting process and report annually to the Audit Committee.

(e) Organ Donation

The Committee shall:

(i) ensure that procedures are in place to encourage the donation of organs and tissues in accordance with the Board's responsibilities in the regulations under the *Public Hospitals Act*.

(f) Professional Staff Process

The Committee shall:

(i) Review at least every 3 years with the Chief of Staff the appointment and re-appointment process for the professional staff, including:

- Criteria for appointment;
- Application and re-application forms;
- Application and re-application process; and

- Processes for periodic reviews

6. General

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

(a) assisting the Board in the performance of the Board's governance role for the quality of patient care and service and reporting to the Board at each of its meetings;

(b) as and when requested by the Board, providing advice to the Board on the implications of budget proposals on the quality of care and services;

(c) as and when requested by the Board, providing advice to the Board on the quality and safety implications of the Hospital Annual Operating Plan and quality indicators proposed to be included in the Hospital's Service Accountability Agreement or in any other funding agreement;

(d) suggesting Board education and development relating to quality topics appropriate for Board level discussion and oversight;

(e) maintaining minutes or other records of meetings and activities of the Committee;

(f) having the authority, upon approval by the Board, to engage independent legal counsel, consultants or other advisors with respect to fulfilling its responsibilities and the Hospital corporation shall provide appropriate funding;

(g) conducting an annual evaluation of the Committee in which the Committee (and/or its individual members) reviews the Committee's performance for the preceding year for the purpose, among other things, of assessing whether it fulfilled the purposes and responsibilities stated in this Charter;

(h) providing an orientation for new committee members;

(i) assessing the adequacy of this Charter at least every three (3) years and submitting any proposed amendments to the Governance Committee and the Board for approval; and

(j) performing such other functions and tasks as may be assigned from time to time by the Board.

Agenda Item 1.5.4

BOARD WORK PLAN – 2022-23

Charter Section #4	Action *(Italics-comments)*	Committee Responsible	Sept	Oct	Nov	Jan	Mar	Apr	May	Jun
	Tone at the Top									
a-i, ii	➢ Approve CEO goals and objectives	Executive					√		√	√
	➢ Approve COS goals and objectives						√		√	√
	➢ Mid-year CEO assessment input from Board	Board			C					√
	➢ Mid-year COS assessment input from Board				C					√
	➢ Mid-year/Year-end CEO report and assessment	Executive					√			
	➢ Mid-year/Year-end COS report and assessment						√			
	➢ CEO evaluation/feedback – mid-year	Executive					√			
	➢ COS evaluation/feedback – mid-year						√			
a-iii	➢ CEO evaluation/feedback –year end and performance based compensation	Executive								√
	➢ COS evaluation/feedback –year end and performance based compensation									√
	➢ Reviewing the performance assessments of the VPs – summary report provided to the Board (as per policy 2-B-10)	Executive							√	
b	➢ Strategic Plan: approve process, participate in development, approve plan (done in 2022, will be done again in 2027)	Board	ND							
b	➢ Progress report on Strategic Plan (2x year Jan for 22-27 plan)	Board				C				√
b-iii-c	➢ Approve annual Quality Improvement Plan (QIP)	Quality					√			

✓ = Due ND = Not Due C = Complete I = In progress D = Delayed 24 February 2023

Agenda Item 1.5.4

BOARD WORK PLAN – 2022-23

Charter Section #4	Action *(Italics-comments)*	Committee Responsible	**Sept**	**Oct**	**Nov**	**Jan**	**Mar**	**Apr**	**May**	**Jun**
b-iii-c	➢ Review and approve the Hospital Services Accountability Agreement (H-SAA) ➢ Review and approve Multi-Sector Accountability Agreement (MSAA) ➢ Review and Approve Community Annual Planning Submission (CAPS) ➢ Review and Approve Hospital Accountability Planning Submission (HAPS)	Resources, Quality				 C C	√ √ √	√ √ √		
b-iii-C	➢ Monitor performance indicators and progress toward achieving the quality improvement plan	Quality			C	C			√	
c-i-B c-i-B	➢ Critical incidents report – (as per the *Excellent Care for All Act*). *(Brought forward to Board at each meeting – approved Nov 27, 2019)* ➢ Monitor, mitigate, decrease and respond to principal risks	Quality Audit			C				√ √	
c-i-E	➢ Review the functioning of the Corporation, in relation to the objects of the Corporation the Bylaw, Legislation, and the HSAA	Governance			C	C			√	√
	➢ Receive and review the Corporate Scorecard	Board	C	D	C	C	√	√	√	√
	➢ Declaration of Compliance with M-SAA Schedule F (due 90 days after fiscal year end)	Resources	C							√
c-i-F	➢ Declaration of Compliance with BPSAA Schedule A (due May 31 to the OH)	Resources							I	√
c-i-F c-i-F	➢ Receive and review quarterly the CEO certificate of compliance regarding the obligations for payments of salaries, wages, benefits, statutory deductions and financial statements	Resources	C		C		√	√		
	➢ Procedures to monitor and ensure compliance with applicable legislation and regulations	Audit							√	

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BOARD WORK PLAN – 2022-23

Charter Section #4	Action *(Italics-comments)*	Committee Responsible	Sept	Oct	Nov	Jan	Mar	Apr	May	Jun
c-ix-G	➢ Board Education Topics	Board								
	o Medical/Professional Staff Credentialing		D		C					
	o Health Human Resources				C					
	o Risk Management at CMH							√		
	➢ Board Generative Discussion Topics	Board								
	o DEI – What's the Boards Role		C							
	o Partnerships in Cambridge and Beyond			C			√			
	o Digital Health 2.0							√		
e-i-A	Receive a summary report on:									
	• CEO succession plan and process	Executive							√	
	• COS succession plan and process	Executive							√	
	• Succession plan for executive management and professional staff leadership	Executive								√
	Professional Staff									
f-i-A	➢ Ensure the effectiveness and fairness of the credentialing process	MAC/Quality								
f-i-B/C	➢ Monitor indicators of clinical outcomes, quality of service, patient safety and achievement of desired outcomes	MAC	C	D	C	C	√	√	√	√
f-i-C	➢ Make the final appointment, reappointment and privilege decisions for Medical/Professional Staff	Board	C	D	C	C	√	√	√	√
	➢ Oversee the Medical/Professional Staff through and with the MAC and COS	COS	C	D	C	C	√	√	√	√
	Build Relationships									

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BOARD WORK PLAN – 2022-23

Charter Section #4	Action *(Italics-comments)*	Committee Responsible	Sept	Oct	Nov	Jan	Mar	Apr	May	Jun
g	➢ Build and maintain good relationships with the Corporation's key stakeholders ➢ The Board shall build and maintain good relationships with the Corporation's key stakeholders including, without limitation, MOH, Ontario Health, community leaders, patients, employees, families, other health service providers and other key stakeholders, donors and the Cambridge Memorial Hospital Foundation (" Foundation") and the Cambridge Memorial Hospital Volunteers Association. ➢ Present Annual Volunteer Association Presentation	Board			D					
	Financial Viability									
h-i-A,C	➢ Review and approve multi-year capital strategy	Resources					√			
	➢ Review and approve multi-year information technology strategy	Resources							√	
h-i-A,C h-i-A, B	➢ Review and approve annual operating plan – service changes, operating plan, capital plan, salary increases, material amendments to benefit plans, programs and policies	Resources/ Quality				I	√			
h-i-A	➢ Approve the year-end financial statements	Board							√	
i-i-C	➢ Approve key financial objectives that support the corporation's financial needs (including capital allocations and expenditures) (*assumptions for following year budget)*	Resources				I	√			
	➢ Review of management programs to oversee compliance with financial principles and policies	Resources							√	
	➢ Affirm signing officers for upcoming year	Board								√
	➢ Semi-Annual Distribution of Psychiatric Sessional and Stipend Funding	Resources	C					√		
	Board Effectiveness									

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Agenda Item 1.5.4

BOARD WORK PLAN – 2022-23

Charter Section #4	Action *(Italics-comments)*	Committee Responsible	Sept	Oct	Nov	Jan	Mar	Apr	May	Jun
i	➢ Establish Board Work Plan	Board	C							
i-i-A	➢ Ensure Board Members adhere to corporate governance principles and guidelines ➢ Declaration of conflict agreement signed by Directors	Governance								√
i-i-B	➢ Ensure the Board's own effectiveness and efficiency, including monitoring the effectiveness of individual Directors and Board officers and employing a process for Board renewal that embraces evaluation and continuous improvement	Governance/ Board								√
i-i-C	➢ Ensure compliance with audit and accounting principles	Audit							√	
i-i-D	➢ Periodically review and revise governance policies, processes and structures as appropriate	Governance	C		C	C	√	√	√	
	➢ Review Progress on ABCDE Goals *(Director & Chair meet during July/August to establish goals for upcoming Board cycle)*	Board			C		√			√
	Fundraising									
k	➢ Support fundraising initiatives including donor cultivation activities. *(through Foundation Report and Upcoming Events)*	Foundation	C	D	C	C	√	√	√	√
	***Public Hospitals Act* required programs**									
l-i-A	➢ Ensure that an occupational health and safety program and a health surveillance program are established and require accountability on a regular basis	Audit					Next due 2021			
l-i-B	➢ Ensure that policies are in place to encourage and facilitate organ procurement and donation	Quality								√

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BOARD WORK PLAN – 2022-23

Charter Section #4	Action *(Italics-comments)*	Committee Responsible	**Sept**	**Oct**	**Nov**	**Jan**	**Mar**	**Apr**	**May**	**Jun**
l-i-C	➢ Ensure that the Chief Executive Officer, Nursing Management, Medical/Professional staff, and employees of the Hospital develop plans to deal with emergency situations and the failure to provide services in the Hospital	Quality			C					
	Recruitment									
n	➢ Approve Interview Committee membership (noted in By-law)	Governance			C					
	➢ Review recommendations for new Directors, non-director committee members (2-D-20)	Governance							√	
	➢ Conduct the election of officers (2-D-18)	Governance								√
	➢ Review evaluation results and improvement plans for the Board, the Board Chair (by the Governance Chair), Board committees, committee chairs (2-D-40) ➢ Review committee reports on work plan achievements (2-A-16)	Governance Governance							√ √	

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ON GOING AS NEEDED

Charter Section #4	Charter Item	Action *(Italics-comments)*	Committee Responsible	Current Year 2020-21
i-i-E	Board Effectiveness	Compliance with the By-Law	Governance	Refresh of By-Law 1 to be completed by June 2021
c-i-A, B	Corporate Performance	Ensure there are systems in place to identify, monitor, mitigate, decrease and respond to the principal risks to the Corporation: o financial o quality o patient/workplace safety	Audit, Resources Quality	
c-i-C	Corporate Performance	Oversee implementation of internal control and management information systems to oversee the achievement of the performance metrics	Resources	
c-i-D	Corporate Performance	Processes in place to monitor and continuously improve upon the performance metrics	Resources/ Quality	
c-i-G	Corporate Performance	Policies providing direction for the CEO and COS in the management of the day-to-day processes within the hospital	Governance/ Executive	
d-ii-A,B	CEO and COS	Select the CEO, delegate responsibility and authority, and require accountability to the Board	Executive	
d-ii-C	CEO and COS	Policy and process for the performance evaluation and compensation of the CEO (up for review 2022)	Governance/ Executive	(January 30, 2019) 2-D-50
d-ii-D, E	CEO and COS	Select the COS, delegate responsibility and authority, and require accountability to the Board	Executive	Completed Sept 2020
d-ii-F	CEO and COS	Policy and process for the performance evaluation and compensation of the COS (up for review 2022)	Governance/ Executive	(January 30, 2019) 2-D-50
h	Financial Viability	Approve collective bargaining agreements	Board	
h	Financial Viability	Approve capital projects	Resources	

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ON GOING AS NEEDED – Led by CEO/COS – reported in CEO report/Quality Presentations

Charter Section #4	Charter Item	Action *(Italics-comments)*	Committee Responsible
j-i-A	Communication and Community Relationships	Establish processes for community engagement to receive public input on material issues	Board oversight Led by CEO
j-i-B	Communication and Community Relationships	Promote effective collaboration and engagement between the Corporation and its community, particularly as it relates to organizational planning, mission and vision	Board oversight Led by CEO/COS and Chair
j-i-C	Communication and Community Relationships	Work collaboratively with other community agencies and institutions in meeting the healthcare needs of the community	Board oversight Led by CEO/COS Quality
j-i-D	Communication and Community Relationships	Maintain information on the website	Board oversight Led by CEO
j-i-E	Communication and Community Relationships	Establish a communication policy for the Corporation; review periodically (2-D-11 – reviewed April 2019, next review 2022)	Board oversight Led by CEO
m	Communications Policy	Oversee the maintenance of effective stakeholder relations through the Corporation's communications policy and programs (updated communication plan (2020-2023) to be approved by Board in 2021)	Board oversight Led by CEO

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BRIEFING NOTE

Date: February 21, 2023
Issue: Corporate Scorecard February Update
Prepared for: Board of Directors
Purpose: ☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction
Prepared by: Kyle Leslie, Director Operational Excellence
Approved by: Mari Iromoto, Senior Director of Strategy, Performance & CIO

Attachments/Related Documents: Appendix A Scorecard and Action Plans

Alignment with 2022/23 CMH Priorities:

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

Executive Summary

The Cambridge Memorial Hospital (CMH) Corporate Scorecard is a performance monitoring tool that is updated annually to track progress and outcomes on CMH's most important in year priorities. **Appendix A** includes the corporate scorecard and action plans as well as our "watch" Indicators.

Background

The CMH Corporate Scorecard has been updated for fiscal year 2022-23 to reflect indicators that are aligned to the most important in year strategic initiatives. Indicators on the scorecard are either aligned to the in-year Quality Improvement Plan (QIP) / Collaborative QIP (cQIP) or the highest in year risks identified through the Integrated Risk Management (IRM) process.

The scorecard indicators are aligned to the 2022-2027 strategic pillars:

- Elevate Partnerships in Care
- Reimagine Community Health
- Sustain Financial Health
- Advance Health Equity
- Increase Joy in Work

Analysis

Quality Improvement Plan / Collaborative Quality Improvement Plan indicators:

- **Percent ALC Days**- This indicator measures the Alternative Level of Care (ALC) days expressed as a percentage of all inpatient days. This indicator is a priority for the hospital and the CND OHT to reduce the number of days' patients spend in hospital unnecessarily. "ALC" refers to care that would be better provided in a setting other than the hospital such as long term care or home with support. If we are successful at reducing this percentage, it indicates patients are receiving better more appropriate care by being in the right care setting more often. This indicator is currently at a "Red" status. There was a significant increase in ALC patient days due to health system pressure throughout the pandemic.

- **Mental Health and Addictions Related Care**- This indicator is intended to measure rates of emergency department visits as first point of contact for mental health and addictions related care. The goal is to establish a baseline understanding of people's ability to access supports in the community and or early support before the need for emergency department care. To establish a baseline understanding we have begun monitoring repeat emergency department visits for mental health and addictions related care for patients with four or more visits in a 365-day period. A lower number for this indicator is better as it means patients have access to the support they need in the community to prevent the need for emergency care. Currently this indicator is at a "Green" status as it has improved compared to previous fiscal year- however we are still investigating and learning the trends with this indicator.

- **Vacancy Rate-** This indicator monitors total vacancies for permanent full-time and part-time positions as a rate of our total permanent full-time and part-time positions. A lower rate means that we have a lower number of permanent full-time and part-time positions that are vacant. Our goal is to ensure appropriate staffing levels by constantly monitoring and working to reduce vacancies. This indicator has improved since the start of this fiscal year and is currently at a "Green" status.

Watch Indicators aligned to Quality Committee:

The watch scorecard has been refreshed to capture all CIHI publically reported indicators. This refresh added nine new indicators to our watch scorecard:

1) **30-day all patient readmission rate to hospital –** This indicator captures urgent returns to hospital within 30 days of initial discharge. The indicator is intended to monitor the coordination and follow-up of care for patients after discharge. Currently CMH is performing well on this indicator compared to CIHI benchmarks (community hospital, Ontario performance)

2) **Hip fracture surgery within 48 hours-** This indicator measures the percentage of patients that receive hip fracture surgery within 48 hours of being admitted to hospital. The indicator is intended to ensure an appropriate wait time for this surgery as long wait-times for patients with hip fracture are associated with higher risk of complications following surgery. Currently CMH is performing on par with CIHI benchmarks (community hospital, Ontario performance).

3) **30-day in-hospital deaths following major surgery-** This indicator monitors the rate of in-hospital deaths within 30 days of a major surgery per 100 major surgical cases. The indicator is intended to increase awareness of surgical safety and act as a signal for quality investigation. Currently CMH is performing on par with CIHI benchmarks (community hospital, Ontario performance)

4) **In-hospital Sepsis per 1000 discharges-** This indicator monitors the extent to which acute care hospitals are effective at preventing the development of sepsis. Currently CMH is under performing on this indicator compared to CIHI Benchmarks (community hospital, Ontario performance). A root cause analysis of this indicator is currently underway.

5) **30 day medical patients readmitted to hospital-** This indicator monitors medical patients readmitted to hospital within 30 days of initial discharge. The indicator is intended to monitor coordination and follow-up of care after discharge. Currently CMH is performing well compared to CIHI benchmarks (community hospital, Ontario performance).

6) **30 day- obstetric patients readmitted to hospital-**This indicator monitors obstetric patients readmitted to hospital within 30 days of initial discharge. The indicator is intended to monitor coordination and follow-up of care after discharge. Currently CMH is performing on par with CIHI benchmarks (community hospital, Ontario performance)

7) **Obstetric Trauma (With instrument)-** This indicator monitors the rate of obstetric traumas per 100 instrument assisted deliveries. This indicator is used as a flag to identify areas for improvement in the care process. Currently CMH is performing well compared to CIHI benchmarks (community hospital, Ontario performance)

8) **30 day pediatric Patients readmitted to hospital-** This indicator monitors the urgent readmissions for pediatric patients within 30 days of initial discharge**.** The indicator is intended to monitor follow-up and coordination of care on discharge. Currently CMH is performing below benchmark performance compared to CIHI benchmarks (community hospital, Ontario performance). A root cause analysis is currently being conducted for this indicator.

9) **30 day surgical patients readmitted to hospital-** This indicator monitors the readmissions for inpatient surgical patients within 30 days of initial discharge**.** The indicator is intended to monitor follow-up and coordination of care on discharge. Currently CMH is performing on par with CIHI benchmarks (community hospital, Ontario performance).

Resource Committee Indicators:

- **Conservable Bed Days** – This indicator measures the total acute patient days over the benchmark length of stay by Case Mix Group (CMG). For example, if a patient grouped to the CHF CMG had an acute LOS of ten days and the benchmark for the CHF CMG is five days, five conservable bed days would be associated with the case. The goal for this initiative is to ensure we are maintaining an appropriate acute length of stay for our patients based on care needs. Currently this indicator is at a "red" status meaning we are not meeting our performance target.

- **Post Construction Occupancy Plan (PCOP) Growth-** The PCOP is our planned growth for clinical activity. The indicators on the scorecard aligned to PCOP measure the growth over our 16/17 base volumes. Every patient discharged has an associated weighted case. The weighted case assigned to the discharge reflects the resource intensity of the case. For Acute IP, Day Surgery and Emergency Department, PCOP growth is measured by growth in weighted cases. IP Mental Health Care is measured differently and measured by growth in in-patient days. The weighted cases targets set initially for fiscal year 2022/2023 assumed full COVID recovery. Year to date we have not achieved our weighted cases target for Acute IP or Day Surgery. This is due to surgical capacity not reaching full capacity and reduced weighted cases from medical programs due to high ALC rates.

  For the Acute IP PCOP bucket, year to date we are short approximately 926 weighted cases from meeting initial budgeted growth for 2022/23. YTD this is approximately ($4M) short of the initial budgeted target. We will not achieve our full weighted case target for this fiscal year; our goal is to strive to meet the monthly weighted case target by end of fiscal as this will be the weighted cases we want to be achieving monthly for 2023/2024 to achieve our budgeted PCOP growth for acute IP activity. Our last month of coded data was December which moved to a 'yellow' status meaning moving towards target.

  Day surgery activity has ramped up significantly compared to 21/22. YTD we are 474 weighted cases short of initial 22/23 target, this translates to approximately ($2.1M). This is due to capacity and health human resource pressures preventing us from reaching full OR capacity. The goal again is to reach the monthly target by year end as this will be the volume we want to be achieving for 2023/2024.

  Emergency department weighted cases have been down compared to last fiscal year. There was some pick-up in October however Nov and December continue to be short of target. Year to date we are approximately 29 weighted cases short of initial budgeted target.

- **Quality Based Procedures-** The QBP indicators monitor our completed QBP volumes compared to our total funded QBP volumes. Currently year to date we are exceeding our bundle care volumes which gives an estimated positive funding variance of $438K. However, we are falling short in our ministry of health QBP funding by about (-$2.2M). These two QBP buckets can be "netted", which means we estimate year to date we have a negative variance of about (-$1.8M) from our total funded volumes.

- **Vacancy Rate-** This indicator monitors total vacancies for permanent full time and part-time positions as a rate of our total permanent full-time and part-time positions. A lower rate means that we have a lower number of permanent full-time and part-time positions that are vacant. Our goal is to ensure appropriate staffing levels by constantly monitoring

and working to reduce vacancies. This indicator has improved since the start of this fiscal year and is currently at a “Green” status.

- **Staff Wellness-** This indicator is monitored through our staff pulse surveys. The indicator will be updated to reflect the most recent Worklife Pulse Survey Results.

Resource Committee Watch Indicators

Currently two watch indicators aligned to Resource Committee are at a “Red” Status.

- **Overtime Hours Per Pay Period-**This indicator monitors the average overtime hours per pay period per month. When the average number of hours per pay period goes down, staff will be working less overtime. The driver to overtime is vacancies and sick-time. Currently this indicator is at a “red” status.

- **Sick Hours Per Pay Period-** This indicator monitors the average sick hours per pay period per month. When the average sick hours per pay period goes down, there will be less staff off unable to work due to illness. Currently this indicator is at a “red’ status.

Appendix A- Corporate Scorecard

CMH Corporate Scorecard FY 2022-2023

CMH Corporate Scorecard, FY2022/2023

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Strategic Pillar	Description	Indicator	Alignment	Unit of Measure	Prior Year	YTD	Target	Trend	Yend Proj	Period
Elevate Partnerships in Care	Elevate Partnerships in Care highlights the importance of collaboration across all levels to ensure the highest quality and safest care experience.	Conservable Bed Days	IRM	%	35.2	36.7	30.0		◆	Dec-22
		Percent ALC Days (closed cases)	Qip/cqip	%	18.8	28.0	27.0		◆	Dec-22
Reimagine Community Health	Reimagine Community health demonstrates how we will use innovation and embrace transformation to improve the way we deliver healthcare.	Acute Inpatient	IRM	Weighted Cases	5,435.6	5320.3 (-$4.2M)	6,246.0		◆	Dec-22
		Day surgery	IRM	Weighted Cases	1,295.0	1731.8 (-$2.1M)	2,205.0		◆	Dec-22
		Emergency Department	IRM	Weighted Cases	1,999.0	1852.2 ($130K)	1,881.0		▲	Dec-22
		IP Mental Health	IRM	Days	6,984.0	6778 (+$315K)	6,400.0		●	Jan-23
Sustain Financial Health	Sustain Financial Health shows our dedication to not only keeping a balanced budget but also building a strong foundation for investment and growth.	Bundled Care Volumes	IRM	Procedures	504.0	658 (+$438K)	606.8		●	Dec-22
		Cancer Care Ontario Volumes	IRM	Procedures	369.0	352 (-$72K)	292.4		▲	Dec-22
		Ministry of Health Volumes	IRM	Procedures	1,935.0	2911 ($-2.2M)	3,075.3		◆	Dec-22
Advance Health Equity	Advance Health Equity promotes the need for diversity, equity, and inclusion to increase equitable access to healthcare and support a work culture where every individual can reach their full potential.	Repeat emergency department visits for Mental Health Care (Average patients per month with four or more visits in 365 days)	Qip/cqip	Patients	15.2	12.7	13.0		●	Dec-22
Increase Joy in Work	Increase Joy in Work reflects our commitment to improving the well-being of our team by creating meaningful and enabling work environments.	Organization Wide Vacancy Rate	IRM/QIP	%	12.5	10.7	12.0		●	Jan-23
		Staff Wellness	IRM	%positive	40.0	35.0	40.0		▲	Feb-22

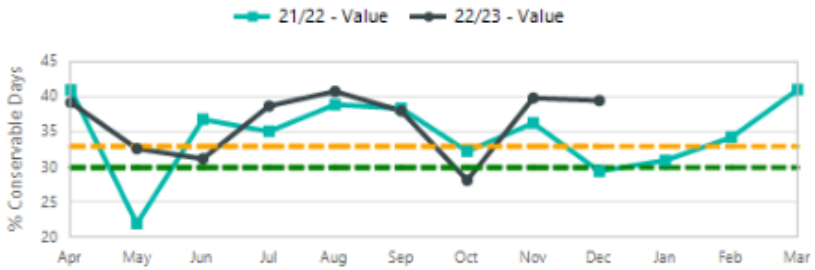
On Target ● 4
At Risk ▲ 3
Not likely to meet year end target ◆ 5

Elevate Partnerships in Care

Conservable Bed Days

Executive Sponsor: Winnie Lee

Operations Leads: April McCulloch



Previous Fiscal Year	Target	Current (FYTD Dec 22)	YearEnd Projection
35.2	30.0	36.7	◆

Definition	The total patient days over the benchmark LOS by HIG (conservable days) as a percentage of the total acute patient days for patients discharged from MEDA, MEDB, MEDC
Formula	Total conservable bed days per month divided by the total acute patient days in a month multiplied by 100
Data Source	Discharge Abstract Database (DAD)

FY	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
22/23	39.2	32.7	31.2	38.7	40.8	38.0	28.2	39.9	39.5			
21/22	41.0	22.0	36.8	35.1	38.9	38.4	32.3	36.3	29.5	31.0	34.3	41.1

Edit Commentary

Analysis of last reporting period	What was accomplished last month?	What will be accomplished next month?
Hospital Inpatient Groups (HIG) with the highest conservable bed days include: 1) Heart failure without coronary angiogram 2)Chronic Obstructive Pulmonary Disease 3)Other / unspecified sepsis shock	Tactics being worked on: 1 Sub-committee / working group formed to execute tactics 2 Identified top HIG for focused review, CHF without angiogram 3 Recirculation of TOP HIGs with LOS to nursing, plan to print for physicians on in-patient units	1 Development of A3 to establish clear goal and problem statements. Through these discussions and stages of A3 development we have identified two "buckets" - typical LOS and atypical LOS. Focus at this time will be on the typical "bucket". Review of data and presentation of this data to make it meaningful for all staff and physicians. Conservable Bed Day committee meeting every two weeks at this time to complete this work. 2. Upon completion of A3 review to determine if opportunity to establish HOMR into review of patients that are deemed palliative/end of life. Facilitate goals of care discussions with a focus on ED and admission avoidance.

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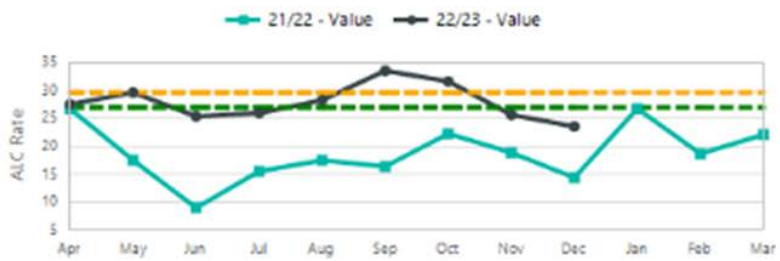
Elevate Partnerships in Care

Percent ALC Days (closed cases)



Executive Sponsor: Stephanie Pearsall

Operations Leads: April McCulloch

Previous Fiscal Year	Target	Current (FYTD Dec 22)	YearEnd Projection
18.8	27.0	28.0	◆

Definition	The Alternate Level of Care (ALC) rate for closed cases is the sum of ALC patient days for discharged patients over the total patient days for patients discharged in the period. An ALC day is a day accrued by a patient who originally was admitted for acute care, and has now completed the acute care phase of their care plan and is waiting for a more appropriate level of care placement while continuing to occupy an acute care bed.
Formula	The total number of ALC patient days divided by total patient days (excluding newborn/obstetrics), multiplied by 100
Data Source	Discharge Abstract Database (DAD)

FY	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
22/23	27.6	29.7	25.4	26.0	28.4	33.6	31.7	25.7	23.6			
21/22	26.8	17.5	9.0	15.6	17.5	16.4	22.3	18.9	14.4	26.8	18.7	22.1

Edit Commentary

Analysis of last reporting period	What was accomplished last month?	What will be accomplished next month?
ALC Patient days to total patient days continues to be higher this fiscal year compared to last fiscal year. Currently the largest volume for ALC is for home care and long term care which accounts for over 50 Percent of our ALC volume.	Tactics currently being worked on: 1) Continued review of Long Stay patients without ALC coding, this tactic will increase ALC days as there are currently long stay patients that were missed being identified as ALC, long term this will improve our discharge process and utilization of beds 2) Work to improve communication between HCCSS Coordinators and CMH team regarding discharge planning with focus on cases that could be discharged from hospital but remain in hospital because of no support in the community. 3) Continued weekly ALC rounds with HCCSS team at CMH	1. Focused review of current ALC report/list with a goal to increase transparency and awareness of barriers to discharge and status of applications. Current report is created manually and resides with one individual. Reviewing opportunities to create automated report that can be viewed by all practitioners. 2. Review of definition of ALC with physicians and front line staff. Use of ALC may not always be reflective of need for ALC destination (LTC, Rehab, home with supports)

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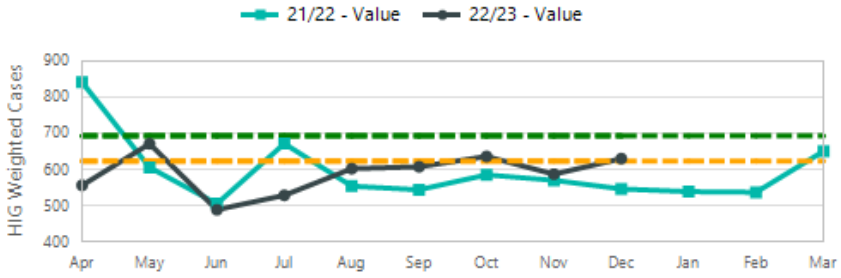
Reimagine Community Health

Acute Inpatient



Executive Sponsor: Trevor Clark

Operations Leads: Kyle Leslie

Previous Fiscal Year	Target	Current (FYTD Dec 22)	YearEnd Projection
5435.6	6246.0	5320.3	◆

Definition	The total weighted cases for Acute inpatients
Formula	Sum of total HIG weighted cases for patients discharged from Acute inpatients
Data Source	DAD (CIHI)

FY	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
22/23	557.7	672.3	490.2	530.0	603.7	609.0	637.5	588.4	631.5			
21/22	842.3	607.3	506.7	672.9	555.3	545.4	586.6	571.5	547.6	540.3	538.6	651.7

Edit Commentary

Analysis of last reporting period	What was accomplished last month?	What will be accomplished next month?
YTD weighted cases have been lower than initial budgeted weighted cases due to: surgical ramp-up, ALC volume	1) Clinical Operational Excellence Committee working to review audited cases that impact weighted cases 2) Weighted Cases and QBP leadership meetings have restarted monthly in September to monitor performance and to identify action items 3) Clinical services growth planning underway, this work will identify areas of growth for weighted cases 4) Finance and decision support beginning to forecast weighted case activity for 23/24 5) Computer assisted coding fully implemented	1) Incomplete record notification process trial to clinicians was successful, spreading to all clinicians (Complete) 2) Continue with data quality audits 3) Continue with planning for 23/24 weighted cases budget with input from clinical services growth plan

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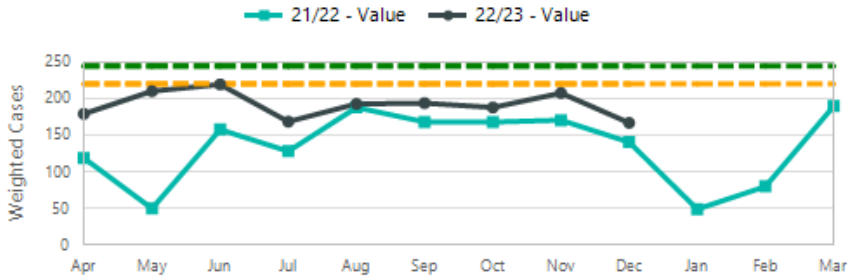
Reimagine Community Health

Day surgery



FY	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
22/23	179.8	210.8	220.0	169.1	193.4	194.5	188.5	208.2	167.5			
21/22	119.5	50.4	158.3	128.7	188.5	168.8	168.6	171.2	141.1	49.6	80.6	190.3

Executive Sponsor: Trevor Clark

Operations Leads: Kyle Leslie

Previous Fiscal Year	Target	Current (FYTD Dec 22)	YearEnd Projection
1295.0	2205.0	1731.8	◆

Definition	This indicator measures the Day Surgey weighted cases for completed in a given month
Formula	Total Day Surgey weighted cases divided by number of months
Data Source	DAD (CIHI)

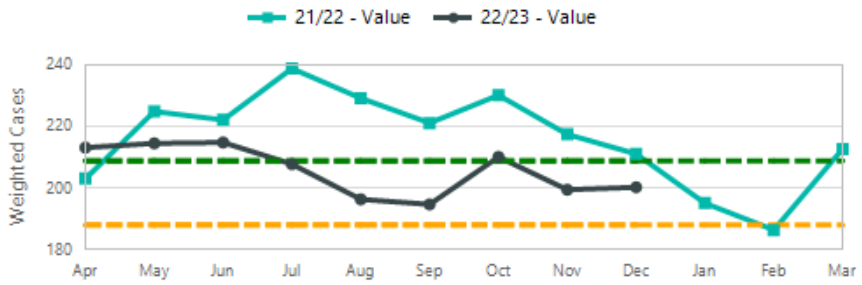
Edit Commentary

Analysis of last reporting period	What was accomplished last month?	What will be accomplished next month?
1) Currently operating rooms are running at 78 Percent of pre-pandemic capacity 2) As ramp-up continues and capacity increases Day surgery weighted cases will continue to increase	1) Focus has been on completing CCO and QBP volumes with current OR capacity and addressing long waiters from the surgical wait list 2) Continued focus on HHR capacity	1) Settling into new space with increased joy for staff and patients 2)pediatric elective patients had been on hold related to the provincial pediatric surge directive. SDC and Peds staff working to start pediatric cases again.

Last Updated: 2/6/2023 12:25:31 PM

Reimagine Community Health

Emergency Department



Executive Sponsor: Trevor Clark

Operations Leads: Kyle Leslie

Previous Fiscal Year	Target	Current (FYTD Dec 22)	YearEnd Projection
1999.0	1881.0	1852.2	▲

Definition	This indicator measures the ED weighted cases for completed in a given month
Formula	Total ED weighted cases divided by number of months
Data Source	DAD (CIHI)

FY	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
22/23	213.3	214.7	214.9	207.9	196.5	194.8	210.2	199.6	200.4			
21/22	203.2	225.0	222.2	239.0	229.3	221.2	230.3	217.6	211.2	195.2	186.5	212.9

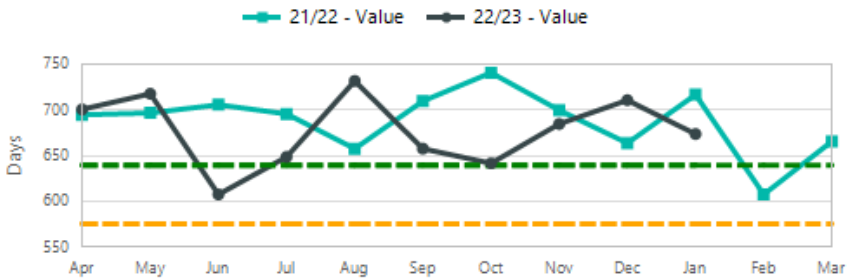
Edit Commentary

Analysis of last reporting period	What was accomplished last month?	What will be accomplished next month?
Emergency Department weighted cases saw a decline to yellow status in July and August.	During this timeframe, ED was experiencing significant staffing challenges. A banner and explanation on increased wait times were added to the CMH website. We fear we are over correcting now.	Communications and ED leadership will remove the banner on the CMH website as well as add additional information regarding options for care similar to our partner hospitals. We expect we will return the visit volume to green levels.

Last Updated: 11/11/2022 9:13:20 AM

Reimagine Community Health

IP Mental Health



Executive Sponsor: Rita Sharratt

Operations Leads: Stephanie Pearsall

Previous Fiscal Year	Target	Current (FYTD Jan 23)	YearEnd Projection
6984.0	6400.0	6778.0	

Definition	The number of patient days in the mental health inpatient department
Formula	The number of patient days in the mental health inpatient department
Data Source	Meditech(GL)

FY	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
22/23	701	718	608	649	732	658	642	685	711	674		
21/22	695	697	706	696	658	710	741	700	664	717	608	666

Edit Commentary

Analysis of last reporting period	What was accomplished last month?	What will be accomplished next month?
IP MH saw a dip in patient days in August. CMH saw a drop in the ability to assist partner hospitals with patient admissions. We had been very successful in keeping this metric green by accepting transfers from partner hospitals. Please note, most acute patients commence their stay on IPMH utilizing the Psychiatric Care Unit (PCU) initially. There are 5 beds in this area, and as patients stabilize they are moved to the general unit.	Due to some very complex and aggressive patient admissions - 3 of these 5 psychiatric care unit beds are now ALC patients awaiting complex permanent care in the community. Therefore, MH is not able to offer admissions to partner hospitals as easily as prior months.	It is hoped that through stabilization of these patients, that may allow some movement of these 3 patients to the main unit. However, at present, this does not look promising. The unit staff and psychiatrists continue to work with community partners to move these patients as soon as possible. We remain hopeful to move this metric back to the green status.

Last Updated: 10/11/2022 8:55:13 AM

Sustain Financial Health

Cambridge Memorial Hospital
Corporate Scorecard FY 2022/2023

Quality Based Procedure - Bundled Care Volumes

Year End Projection:

Executive Sponsor: Stephanie Pearsall

Operations Leads: Irene Harder

Quality Based Procedure	YTD Volume	YTD Current Target	YTD Variance	YE Projected Volume	YE Target Volume	YTD Dollar Variance	YE Dollar Variance
Shoulder (Arthroplasties)	37	31	6	49	41	$50,881.25	$67,841.67
Unilateral Hip Replacement	249	218	32	332	290	$280,822.50	$374,430.00
Unilateral Knee Replacement	372	359	14	496	478	$109,552.50	$146,070.00
Total	658	607	51	877	809	$441,256.25	$588,341.67

YTD Period: 2022-12-01 Indicators Details/Components Action Plan Updated: 2023-02-06 11:44

Definition	Number of Ministry of Health Quality Based Procedures performed
Formula	Number of Ministry of Health Quality Based Procedures performed
Target	Performance target varies per Quality Based Procedure

Edit Commentary

Analysis of last reporting period	What was accomplished last month?	What will be accomplished next month?
OR Continues at 78 Percent pre-pandemic capacity. Bundled care cases continue to exceed targets in all three categories. Continued Human Health resource challenge impact continuing at 78 Percent .	1) Hip and Knee volume exceeded target. 2) American Operating Room Nurses Certified OR Course (AORN) course continues with the 3 RNs in their clinical placement. 3) Anesthesia HHR stabilizing 4) PACU staffing stabillizing 5) OR floor repairs continue ahead of schedule with no impact to OR capactiy.	1) Continue to focus efforts on Stabilize HHR pressures to proceed with surgical ramp-up 2) Will increase to 85 Percent OR capacity 3) Execute strategies to increase QBP - Extending OR blocks if able to staff. Barrier / Risk -OR floor repairs low risk to impact. - un-known HHR and sick-time impacting resumption to 100 Percent capacity

Sustain Financial Health

Cambridge Memorial Hospital
Corporate Scorecard FY 2022/2023

Quality Based Procedure - Cancer Care Ontario

Year End Projection:

Executive Sponsor: Stephanie Pearsall

Operations Leads: Irene Harder

Quality Based Procedure	YTD Volume	YTD Current Target	YTD Variance	YE Projected Volume	YE Target Volume	YTD Dollar Variance	YE Dollar Variance
Abdominal (Other)	12	4	8	16	5	$27,142.21	$36,189.61
Breast - Delayed Reconstruction	20	19	1	27	25	$4,454.22	$5,938.96
Breast - Immediate Reconstruction	14	12	2	19	16	$18,892.83	$25,190.43
Breast - No Reconstruction	111	101	11	148	134	$32,652.83	$43,537.10
Colorectal	42	62	(20)	56	83	($240,931.99)	($321,242.66)
Endocrine (Other)	6	1	5	8	1	$20,765.90	$27,687.87
Gastric	2	2	0	3	3	($2,590.60)	($3,454.13)
Genitourinary (GU)	14	21	(7)	19	28	($66,393.37)	($88,524.49)
Gynae (Other)	42	25	17	56	33	$74,108.93	$98,811.91
Gynae (Prophylactic Oophorectomy)	4	4	0	5	5	$724.00	$965.33
HNK (DC)	4	0	4	5	0	$28,141.56	$37,522.08
HNK (Other)	14	11	3	19	15	$9,877.22	$13,169.63
Prostate	5	4	1	7	5	$10,519.75	$14,026.33
Skin (Lymph Node)	14	8	7	19	10	$18,071.23	$24,094.97
Soft Tissue	32	12	20	43	16	$35,871.26	$47,828.35
Thyroid	16	26	(10)	21	34	($40,848.43)	($54,464.58)
Total	352	310	42	469	413	($69,542.46)	($92,723.28)

YTD Period: 2022-12-01 Indicators Details/Components Action Plan Updated: 2023-02-21 04:16

Definition	Number of Ministry of Health Quality Based Procedures performed
Formula	Number of Ministry of Health Quality Based Procedures performed
Target	Performance target varies per Quality Based Procedure

Edit Commentary

Analysis of last reporting period	What was accomplished last month?	What will be accomplished next month?
Currently on target and meeting CCO volumes other than colorectal	1) Maintained CCO cases within Wait 2 priority target 2)New colorectal surgeon recruited and started at CMH 2) Wait-lists updated at surgeon offices and cases being booked to ensure designated "long waiter" patients are having their surgeries completed.	Continued OR time and prioritization of CCO volumes.

Sustain Financial Health

Cambridge Memorial Hospital
Corporate Scorecard FY 2022/2023

Quality Based Procedure - LHIN

Year End Projection:

Executive Sponsor: Stephanie Pearsall

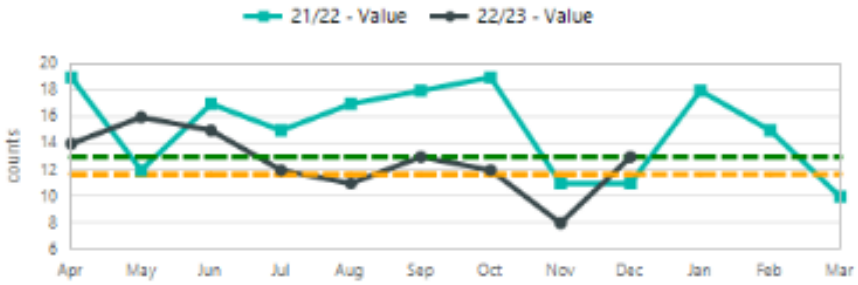
Operations Leads: Irene Harder

Quality Based Procedure	YTD Volume	YTD Current Target	YTD Variance	YE Projected Volume	YE Target Volume	YTD Dollar Variance	YE Dollar Variance
Cataract Bilateral	126	0	126	168	0	$82,782.00	$110,376.00
Cataract Non-Routine	3	5	(2)	4	6	($1,648.50)	($2,198.00)
Cataract Routine	1,761	1,624	137	2,348	2,165	$66,978.00	$89,304.00
CHF	147	221	(74)	196	295	($571,873.50)	($762,498.00)
COPD	145	279	(134)	193	372	($904,768.00)	($1,206,357.33)
Hip Fracture	107	110	(3)	143	147	($37,443.25)	($49,924.33)
Knee Arthroscopy (Degenerative Meniscus and Joint)	71	163	(92)	95	217	($129,000.50)	($172,000.67)
Knee Arthroscopy (Ligament and Patella)	13	36	(23)	17	48	($72,312.00)	($96,416.00)
Knee Arthroscopy (Other Meniscus and Joint)	35	78	(43)	47	104	($59,211.00)	($78,948.00)
Non-Cancer Hysterectomy (Laparoscopic (via Incision))	16	21	(5)	21	28	($24,340.00)	($32,453.33)
Non-Cancer Hysterectomy (Laparoscopically Assisted Vaginal)	2	15	(13)	3	20	($62,907.00)	($83,876.00)
Non-Cancer Hysterectomy (Open Abdominal)	25	53	(28)	33	71	($141,447.75)	($188,597.00)
Non-Cancer Hysterectomy (Outpatient)	41	1	40	55	1	$202,497.75	$269,997.00
Non-Cancer Hysterectomy (Vaginal)	25	36	(11)	33	48	($53,559.00)	($71,412.00)
Non-Emergent Spine (Non-Instrumented)	59	0	59	79	0	$166,557.00	$222,076.00
Pneumonia	79	174	(95)	105	232	($657,590.00)	($876,786.67)
Shoulder (Other)	22	47	(25)	29	62	($67,228.00)	($89,637.33)
Shoulder (Repairs)	159	141	18	212	188	$53,334.00	$71,112.00
Shoulder (Reverse Arthroplasties)	27	21	6	36	28	$58,602.00	$78,136.00
Stroke, Hemorrhagic	6	1	5	8	1	$53,823.00	$71,764.00
Stroke, Ischemic & Unspecified	12	14	(2)	16	18	($4,630.50)	($6,174.00)
Stroke, TIA	2	6	(4)	3	8	($10,576.00)	($14,101.33)
Tonsillectomy	39	121	(82)	52	161	($129,083.25)	($172,111.00)
Total	2,922	3,165	(243)	3,896	4,220	($2,243,044.50)	($2,990,726.00)

Analysis of last reporting period	What was accomplished last month?	What will be accomplished next month?
1) Cataracts exceeding target 2) urgent QBPs- COPD, HIP fracture, pneumonia - short of target 3) Knee Arthroscopy - short and OH reviewing as no longer best practice	1) Clear Vision Partnership live going well- contributing to exceeding targets 2) Ongoing data quality checks through coding software to pick-up missed urgent QBPS	1) Maintain additional cataract volumes 2) Continue to monitor data quality for urgent QBPs

Advance Health Equity

Repeat emergency department visits for Mental Health Care (Average patients per month with four or more visits in 365 days)



Executive Sponsor: Stephanie Pearsall

Operations Leads: Rita Sharratt

Previous Fiscal Year	Target	Current (FYTD Dec 22)	YearEnd Projection
15.2	13.0	12.7	

Definition	Number of patients who have four or more repeat unscheduled visits to the emergency department in the last 12 months
Formula	Sum of the number of the number of patients who visited the ED in the current month who had four our more visits in the last 12 months
Data Source	National Ambulatory Care Reporting System (NACRS) (ICD-10-CA Mental Health or Substance Abuse Condition)

FY	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
22/23	14.0	16.0	15.0	12.0	11.0	13.0	12.0	8.0	13.0			
21/22	19.0	12.0	17.0	15.0	17.0	18.0	19.0	11.0	11.0	18.0	15.0	10.0

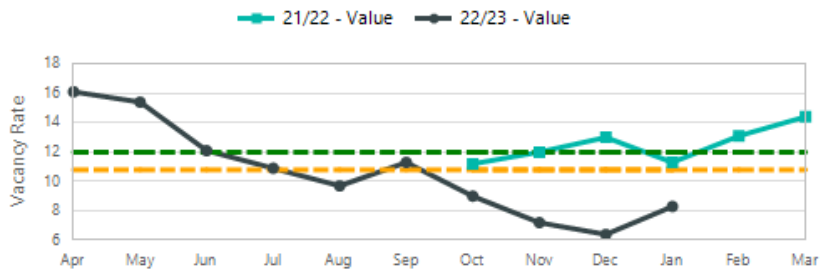
Edit Commentary

Analysis of last reporting period	What was accomplished last month?	What will be accomplished next month?
This indicator measures the number of patients that visit each month that have had more than four visits for mental health related care in 365 days. For fiscal year 22/23 from April to December we have average 12.7 patients per month who visit the ED with four or more MH related ED visits. This is a improvement from 21/22 which was 15.2.	The indicator was developed in collaboration with the CND OHT and with feedback from other OHTs on proxy measures that are being used. A meeting occurred with CND OHT representatives in late January to develop further actions.	1) CMH Decision Support will develop a health template to be forwarded to CND OHT representatives that include the social determinants of health for the patients identified in the dashboard. 2) The social determinants of health to be included in the health template include: patient presenting concern and discharge disposition; indicator if the patient has a primary care provider; patient CTAS level; indicator if the patient has a home; indicator if the patient is followed by any community resources

Last Updated: 2/8/2023 2:55:04 PM

Increase Joy at Work

Organization Wide Vacancy Rate



Executive Sponsor: Trevor Clark

Operations Leads: Susan Toth

Previous Fiscal Year	Target	Current (FYTD Jan 23)	YearEnd Projection
12.5	12.0	10.7	

Definition	This indicator measures the organization wide vacancy rate for permanent full time and part time staff
Formula	Vacancy Rate for FT & PT Permanent Positions = [FT & PT permanent positions vacancies / (FT & PT permanent positions vacancies + FT & PT permanent employee headcount)] * 100
Data Source	ICIMs Vacancy Report and Meditech Payroll

FY	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
22/23	16.1	15.4	12.1	10.9	9.7	11.3	9.0	7.2	6.4	8.3		
21/22							11.2	12.0	13.0	11.3	13.1	14.4

Edit Commentary

Analysis of last reporting period	What was accomplished last month?	What will be accomplished next month?
Continued improvement in our vacancy rate. As of February 6, 2023 we have 130 vacancies. We have engaged in Ministry programs to support recruitment and retention.	1) Agreement with SEIU Office and Clerical to move all current clerks and all new hires to maximum of scale 2) 3 RNs successfully supported to be trained in the American Operating Room Program (AORN) 3) Athoc clinical scheduling system live 4) Huddle refresh	1)Posting and training 4 RPNs for the AORN program 2)Review of recruitment support structure and engage stakeholder 3)improvements to corporate and clinical onboarding 4)Student conversion sgtrategy to engage 287 students currently at CMH over winter,2023 (increase from total of 158 students in 2022)

Last Updated: 2/7/2023 5:27:33 PM

CAMBRIDGE MEMORIAL HOSPITAL

CMH Watch Indicators FY2022-2023

2-9-2023 4:15:07 PM

Strategic Pilar	Indicator	Alignment	Unit of Measure	Prior Year	YTD	Target	Trend	Yend Proj	Period
Patient and People Focused	Patient Experience- Enough Information at Discharge	QC	%	51.3	51.1	54.0			Jan-22
	Patient Experience- Would you recommend CMH?	QC	%	69.7	64.6	61.2			Jan-22
Prove Patients Matter Most	ED - Length Of Stay Admitted Patients, 90th Percentile	QC	hours	36.2	55.7	27.0		◆	Dec-22
	ED - Time To PIA, 90th percentile	QC	hours	4.2	5.8	3.0		◆	Dec-22
Safe, Effective, Accessible	30 Day Readmission Rate for CHF patients	QC	%	13.2	14.5	14.0		▲	Nov-22
	30 Day Readmission Rate for COPD patients	QC	%	15.0	17.1	15.5		▲	Nov-22
	30 Day All Patients Readmission Rate	QC	%	8.1	5.9	9.1		●	Oct-22
	Hip Fracture Surgery Within 48 Hours	QC	%	89.8	91.1	90.0		▲	Oct-22
	30 - Day In-Hospital Deaths Following Major Surgery	QC	per 100	1.3	1.7	2.1		▲	Oct-22
	Hospital Standardized Mortality Ratio (HSMR all cases)	QC	Ratio	89.6	85.6	100.0		●	Nov-22
	In-Hospital Sepsis	QC	per 1,000	7.3	9.5	3.9		◆	Oct-22
	30-Day Medical Patients Readmitted to Hospital	QC	%	12.0	10.1	13.6		●	Oct-22
	Medication errors incidence per 1000 patient days	QC	per 1,000	6.3	3.0	4.0		●	Dec-22
	Medication Reconciliation at Admit	QC	%	96.0	92.0	100.0		▲	Jan-23
	Medication Reconciliation at Discharge	QC	%	91.0	91.0	100.0		▲	Jan-23
	30 day -Obstetric Patients Readmitted to Hospital	QC	%	1.1	1.0	1.1		▲	Oct-22
	Obstetric Trauma (With Instrument)	QC	per 100	14.6	12.7	15.4		●	Oct-22
	Time To IP bed 90th Percentile	QC	hours	26.9	47.0	19.0		◆	Dec-22
	30 - Day Pediatric Patients Readmitted to Hospital	QC	%	6.2	8.5	6.2		◆	Oct-22
	Rate of fall incidence per 1000 patient days	QC	Per 1,000	4.6	2.7	4.0		●	Dec-22
	30- Day Surgical Patients Readmitted to Hospital	QC	%	6.1	3.5	6.1		●	Oct-22
Increase Joy in Work	Overtime Hours (average per pay period)	RC	hours	2,548.0	3,367.8	837.0		◆	Jan-23
	Sick Hours (average per pay period)	RC	month	2,980.1	3,919.7	1,940.0		◆	Jan-23
	Workplace Violence Reported Incidents	RC	%	3.2	3.3	12.0		●	Jan-23

BRIEFING NOTE

Date: February 17, 2023
Issue: Accessibility Plan – Multi-Year Accessibility Plan 2023 - 2028
Prepared for: Board of Directors
Purpose: ☒ Approval ☐ Discussion ☐ Information ☐ Seeking Direction
Prepared by: David Boughton, Senior Director Capital Projects / CRO
Approved by: Patrick Gaskin President & CEO

Attachments/Related Documents: Multi Year Accessibility Plan 2023-2028

Alignment with 2022/23 CMH Priorities:

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

Recommendation/Motion

Board of Directors
Following review and discussion of the information provided, the Board of Directors approves the adoption of the 2023-2028 Multi Year Accessibility Plan.

Background

The Accessibility for Ontarians with Disabilities, Act 2005 (AODA) has been developed to ensure a fully accessible Ontario by 2025. Compliance is mandatory; organizations may be fined for non-compliance. The Legislation provides guidance to Cambridge Memorial Hospital and acts as a tool against which we measure ourselves to ensure we are publicly meeting legislative requirements.

As part of the Act, Cambridge Memorial Hospital is obligated to develop multi-year accessibility plans that will ensure compliance against the Act.

The CMH Accessibility Committee (CMHAC), mandated by CMH to ensure compliance with the AODA is comprised of a multi-disciplinary team that includes community representation and staff. The committee meets quarterly and is responsible for the development of its multi-year plan.

ACCESSIBILITY PLAN

CAMBRIDGE MEMORIAL HOSPITAL

2023-2028

Report Compiled by:
CMH Accessibility Committee
David Boughton, Senior Director, Chair CMHAC

Report Submitted by:
David Boughton, Senior Director of Capital Redevelopment

Approved by:
Patrick Gaskin, CEO (Date TBD) CMH
Board of Directors (Date TBD)

This publication is available on the Hospital's websites at:

http://www.cmh.org

Alternative formats available upon request.

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Message from the CEO

Cambridge Memorial Hospital is in the final phase of a multi-year Capital Redevelopment Project that will be completed in the fall of 2024. The initial phases of the Project provided many opportunities to support us in fulfilling tthe hospital's accessibility obligations. As we progress through the final phase of our redevelopment, the renovations of Wing B, we will ensure the accessibility of the facilities, enhancing the lives of all those that use the services. Over the past five years, we have advanced our work in creating a more equitable and accessible hospital.

The 2023-2028 Accessibility Plan builds upon the excellent work undertaken in our previous plans. It has been developed with input from community members, staff and volunteers and with resources offered from both our municipal and provincial governments. It leverages the construction work associated with our current Capital Redevelopment Project to address the physical barriers that have limited our ability to be fully accessible. It is aligned and forms an integral part of our 2022-2027 Strategic Plan.

It is a privilege to provide exceptional acute care services to the people of Cambridge and North Dumfries. Furthermore, it is equally important to ensure that the care we deliver is accessible to all. Removing barriers is a priority for us and promotes our vision of creating healthier communities, together. As CEO, it is both a pleasure and honour to present the 2023-2028 Accessibility Plan to you. Please take a moment to review the details of the plan and, as always, your continued support, encouragement and feedback is welcomed.

Sincerely,
Patrick Gaskin, CEO
Cambridge Memorial Hospital

Introduction

Cambridge Memorial Hospital is on the Haldimand Tract. After the American Revolution, the tract was granted by the British to the Six Nations of the Grand River and the Mississaugas of the Credit First nations as compensation for their role in the war and for the loss of their traditional lands in upstate New York.

Of the 950,000 acres granted to the Haudenosaunee, less than 5 percent remains Six Nations land. Only 6,100 acres remain Mississaugas of the Credit land. We thank the:

Anishinaabe (AH-Nee-SHee-nah-bay)
Haudenosaunee (Ho-denno-show-knee)
and the Chonnonton (Tchuh-nawn-ton) for hosting us on their land.

For many years, Cambridge Memorial Hospital has been working to become a more accessible hospital by identifying, removing, and preventing barriers that interfere with access to goods, services and opportunities for patients, visitors, staff, and volunteers.

When the Accessibility for Ontarians with Disabilities Act (AODA 2005) was enacted, it provided specific regulations with timelines for all organizations and employers to follow and provisions for accountability. One of the provisions identified in the Integrated Accessibility Standards Regulation (IASR) of the AODA 2005 was the requirement to develop a multiyear accessibility plan (the Plan), to assist the organization in meeting the needs of people with disabilities by using the Regulations of the AODA 2005 as a guide to reach this goal.

This multi-year plan provides a high-level overview of our strategy to continue to meet and exceed the standards in the regulation. It reflects the continued commitment to build a culture of accessibility for members of this community, considering the diverse types of visible and non-visible disabilities.

In keeping with the AODA 2005, this plan was created in consultation with our Accessibility Committee, including representatives from the Hospital, the local community, and employees living with disabilities. In addition, a variety of internal stakeholders from across all member organizations has been consulted and involved in the planning process.

We are committed to providing equal treatment to people with disabilities with respect to the use and benefit of services, programs, goods, and facilities. We are committed to providing people with visible or non-visible disabilities with the same services, in the same place and in similar ways to all other patients, clients and employees.

We welcome your support and your comments as we strive to make this Hospital the most accessible health care institution in the Waterloo Region.

By sending an email to PatientRelations@cmh.org, our team will be pleased to hear from you. And finally, we invite you to embrace our Mission Statement “An exceptional healthcare organization keeping people at the heart of all we do” as it complements the Hospital’s vision of “Creating healthier communities, together.”

Summary of the Objectives

The following is a summary of the objectives as recommended and endorsed by the appropriate departments at Cambridge Memorial Hospital. The objectives are aligned and embrace our 5-year strategic plan.

The areas of focus are as follow:

1. Employment, includes building community partnerships, targeted recruitment, and job accommodation for staff with disabilities.
2. Information and Communication, focusing on inclusion of persons with disabilities, increasing the knowledge in our leadership team.
3. Customer Service Training, focusing on AODA regulations and professional development.

4. Built Environment, considering accessibility-related designs, accessible washrooms, and accessibility audits.

Each objective has specific project targets and identification of the departments responsible for meeting those targets.

Description of Cambridge Memorial Hospital

Cambridge Memorial Hospital (CMH) has a distinguished and valued history. As a cornerstone for acute care services in the Waterloo Region, CMH has been driven by its desire to serve its community with outstanding services and care. CMH has proven that challenging work by providers who care, a clear dedication to the patient and a willingness to be innovative can lead to great achievements. CMH is regarded for its high-quality care was awarded the highest level of accreditation-by-Accreditation Canada in 2019 and is a Registered Nurses Association of Ontario) RNAO Best Practice Organization.

The hospital is undergoing a major Capital Redevelopment Project, the largest single investment in health care in Cambridge's history. Slated to be finished in 2024, the project has seen the addition of a new state-of-the-art patient care wing (opened January 2020) and is completing renovations to the existing inpatient wing. Once finished, core services will be expanded, and specialty services added to better meet the growing health care needs of the community. For more information, visit Cambridge Memorial Hospital .

Cambridge Memorial Hospital is a large community hospital with more than 1,440 dedicated and skilled health care professionals, technicians and staff providing primarily primary and secondary services to residents of Cambridge, the township of North Dumfries and the Region of Waterloo. CMH has an annual operating budget of approximately $181 million. With 190 beds and large ambulatory care departments, CMH provides critical care, surgical, medical, obstetrics and pediatric inpatient and outpatient programs and schedule 1 mental health services.

Summary statistics from 2021/22 are presented below:

- Employees 1,440
- Medical Staff 250
- Volunteers 500
- Total Patient Days 59,711
- Inpatient Admissions 10,322
- Emergency Department Visits 46,124
- Ambulatory Clinic Visits 64,342
- Newborns 1,578

Cambridge Memorial Hospital Vision

Creating healthier communities, together

Cambridge Memorial Hospital Mission

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

Why Accessible health care is important

Healthcare involves everyone, not just healthcare professionals. With one (1) in seven (7) individuals living with a disability, it is important that our services, products, and environment are accessible. Using the Accessibility for Ontarians with Disabilities Act (AODA 2005) as our main tool, the Hospital is not only committing resources to meet the obligations but is always looking for ways to improve. Collaboration and true partnership both within and beyond our walls are essential for ensuring everyone's healthcare needs are met. This includes empowering patients, families, and care partners by providing them with the information, tools, and resources to be active partners in their care.

Communication of the Plan

Cambridge Memorial Hospital is pleased to present our multi-year Accessibility Plan which was approved by its Board of Directors on (Date TBD).

The Hospital's Accessibility Plan is posted on the CMH website: Cambridge Memorial Hospital - Accessibility.

Printed copies are available from the Public Affairs & Communications Department or Patient Experience Lead. On request, the Plan is available in electronic form or large print.

Any accessibility issues can be submitted to the hospital utilizing the contact information provided on the CMH website. We welcome any questions or comments you may have about the multi-year Plan.

Barrier Identification Methodologies

One of the most efficient ways for the Hospital to become aware of the presence of barriers is through the eyes of staff, volunteers, and patients. As they make their way around the Hospital, they become aware of barriers through personal observations or as identified by visitors to the Hospital.

Continuous accessibility audits are another mechanism employed by the Hospital. Recent examples include the audit performed in 2021 following the opening of our newly constructed Wing A. CMH appreciates the need for ongoing site audits and surveys, particularly within the climate of evolving legislative acts, regulations, building codes, policies, and the like. For this reason, CMH has and will continue to undertake annual site audits of its facilities and operations in search of improved accessibility.

The Hospital engages with the community to understand their needs and expectations and collects their feedback. The feedback and recommendations are used by the Hospital for planning and prioritizing accessibility projects.

As part of CMH's accessibility initiatives, contact information for patients, visitors, and staff to communicate accessibility barriers to the Chair of the Accessibility Committee and/or the Patient Experience Lead is now available on the CMH web page Cambridge Memorial Hospital.

Regardless of the method that these accessibility issues are brought forward, verbal or in writing, these concerns regarding barriers to accessibility are reviewed by the Accessibility Committee. This feedback is used to generate recommendations for the removal of identified barriers, to advance project renovation requests, or to undertake operational initiatives to resolve these specific accessibility issues.

The Accessibility Committee has used the following barrier-identification methodologies in the development of its current Accessibility Plan:

Methodology	***Description***	***Status / Action***
Barrier Identification Survey 2021	A hospital wide survey by department to identify barriers to persons with disabilities.	Submitted to Senior Management for approval. Incorporated into barrier remediation initiatives.
Patient Survey	Our patient satisfaction survey provides an opportunity for patients to rate their satisfaction with hospital services.	Feedback collated. Incorporated into barrier remediation initiatives.
Patient Relations and Safety Specialists' Report	Report received by the Accessibility Committee. Feedback incorporated into identified barriers.	Feedback collated and included in Accessibility Plan.
Accessibility feedback link on CMH Internet and Intranet	Link for the public and staff to raise Accessibility concerns with the Accessibility Committee Chair and the Patient Relations and Safety Specialists.	Feedback collated and included in Accessibility Plan. Incorporated into barrier remediation initiatives.

Methodology	***Description***	***Status / Action***
Building Planning Audit	Architectural Consultants engaged to review the proposed Capital Redevelopment Project for compliance with Integrated Accessibility Standards Regulation 191/11 (IASR).	Feedback and identified areas of concern have been rectified and incorporated into building construction.

Barrier-Free Development

CMH continues to consider the requirements of persons with disabilities in all architectural aspects of construction of its facilities and site. As we move forward with the current Capital Redevelopment Project, the project has availed us of the opportunity to improve the existing facility and site to address accessibility related issues.

Wherever possible, CMH will improve accessibility related issues or remove barriers when undertaking renovation projects. CMH will continue to utilize as one of its key planning lenses the lens of accessibility to ensure that barrier related concerns are front and centre in all our planning activities being undertaken.

Review and Monitoring of the Plan

The review of existing and new policies, practices and procedures are ongoing at CMH and will continue throughout the 2023-2028 multi-year Accessibility Plan.

CMH currently has a “corporate accessibility policy” that deals with a variety of accessibility related subjects. These specific policies are reviewed every 3 years to incorporate new legislative changes and ensure their applicability and relevance for CMH’s ongoing operations. All policies were last updated in November, 2020 and will undergo a review as part of our 2023-28 multi-year Accessibility Plan in 2023.

In addition to the related accessibility policy noted above, it is an objective of CMH’s Accessibility Committee’s terms of reference to;

“Undertake review of all proposed or updated organizational policies from an accessibility lens / point of view.”

These reviews ensure that the objectives of the policy align with our organization’s accessibility goals and objectives.

Accessibility Accomplishments (Previous Multi Year Plan)

Location / Area	Barrier	Solution	Date Completed
General	Information and Communication	Upon finalization of the 2018-2022 Plan, undertake the following: Communications broadcast reiterating the need and reason for Cambridge Memorial Hospital Accessibility Plan. Email broadcast to reference Plan, link to Plan on Cambridge Memorial Hospital website.	Completed in January 2019
General	Education and Training	As part of the initiation of the new multiyear Plan, undertake updated Cambridge Memorial Hospital Accessibility LMS learning module with staff.	Accessibility at CMH has been implemented and included in the New Hire training package through our revised internal training system
General	Education and Training	Implement a yearlong “Accessibility This Month” topic at all staff huddles, via email communications (e-cast) to cover such topics as 24hr translation services availability, etc.	Completed
General	Education and Training	Develop and undertake a 2018 Accessibility Week – Lunch & Learns with Community Agency(s).	Completed
General	Education and Training	Cambridge Memorial Hospital Accessibility Committee terms of reference have been revised to ensure ongoing education of committee members in the areas of accessibility to ensure alignment, conscientiousness of barriers being identified, and initiative being undertaken.	TOR updated in 2019 2nd update will be completed in 2022 (Review period of every three years)
General	Corporate Accessibility Policies Update	Review of policies related to accessibility to ensure compliance with evolving regulations.	Completed
General	Unknown Accessibility Barriers	Undertake an accessibility audit as has been undertaken in the past to identify any new or emerging issues; particularly as it relates to interim relocations and construction of Phase 3.	Completed using external consultant certified in AODA requirements
Built Environment	Physical / Architectural Undertake	Utilize community members that have previously volunteered their services to form a team to undertake a review of the newly completed Wing A,	Wing A completion was delayed until January 2020 – Due to the current pandemic this item was deferred and completed using an external

Location / Area	Barrier	Solution	Date Completed
	Community Review of New Wing A – Acute Care Facility	to assess how well planning initiatives were undertaken and to determine if any additional accessibility related barriers have become evident.	consultant during the Accessibility Audit in April 2021
Built Environment	Wheelchair Access at Ambulatory Care Entrance	There is currently a curb that exists and does not allow patients to travel down the ramp on a protected sidewalk. Planning solution to be developed and considered as part of Phase 3 redevelopment works.	Completed
Built Environment	Preventative and Emergency Maintenance of Accessible Elements in Public Spaces	Cambridge Memorial Hospital to undertake the development of: Procedures for preventative and emergency maintenance of the accessible elements in public spaces Procedures for dealing with temporary disruptions when accessible elements required under this part are not in working order. S.80(44) of the ISAR	Completed
Information and Communications	Continued Continuity in Accessibility to Web Content, Cambridge Memorial Hospital Website	Cambridge Memorial Hospital is developing a training plan to educate all the website editors on how to ensure the content they produce is accessible prior to posting to ensure it conforms to current and near future WCAG standards.	Website editors have been trained on how to check to ensure documents meet accessibility standards Prior to posting
Information and Communications	Communications TTY in Emergency	Cambridge Memorial Hospital Clinical Team to collaborate with community resources, nurse management to validate effectiveness and provision of TTY service.	Completed December 2021
Information and Communications	Ensure Cambridge Memorial Hospital Website Documents are Readable by Individuals with Disabilities and Videos Include Accessibility Standards.	Develop guidelines to create accessible Microsoft Office documents Train website editors Identify other software in use for website (example Adobe InDesign) and provide guidelines Provide resources or additional software to check full accessibility before posting.	Completed March 2022

1.

Location / Area	Barrier	Solution	Date Completed
Information and Communications	Ensure Cambridge Memorial Hospital Intranet Documents are Posted with Full Accessibility and Videos Align with Accessibility Standards	Identify documents not up to accessibility standards Train website editors Post Guidelines to Create Accessible Microsoft Office Documents on the intranet Identify other software in use for website (example Adobe InDesign) and provide guidelines Provide resources or additional software to check full accessibility before posting. Correct the documents and repost.	Completed March 2022
Information and Communications	Cambridge Memorial Hospital Best Practice in Developing Accessible Documents	Corporate wide planning – education Communicate to managers / physicians / volunteers Post on the Intranet guidelines to create accessible Microsoft Office documents Develop Learning Management System (LMS) training modules (Human Resources to support) Investigate and enable accessibility check by default in Microsoft software Identify other software in use to create resources and or information for patients and make accessible Provide resources or additional software to check full accessibility if necessary.	Completed March 2022
Information and Communications	All Internet and Intranet Websites and Web Content Must Meet WCAG 2.0 Level AA	Train website and intranet editors to create documents from posting to conform to WCAG 2.0 Level AA Ensure website and intranet meet the standards for WCAG 2.0 Level AA	Completed 2021
Information and Communications	Ability to Self-Register at Self Service Kiosks	Ensure any kiosks have accessibility features	Completed 2022
Information and Communications	Specific Accessibility Information on Website	Cambridge Memorial Hospital to develop the websites Accessibility Services section detailed information to inform patients of accessibility provisions within the hospital (i.e., voice announcement on elevators, TTY provisions, interpreter services, accessible entrance locations,	Completed December 2021

1.

Location / Area	Barrier	Solution	Date Completed
		assistive devices/locations, location of wheelchairs, and others)	
Information and Communications	Communication with Patients with Disability Procedures for Patients in the Community with a Disability to Communicate with Cambridge Memorial Hospital	Collaborate with community resources to establish an effective means of communication that meet the accessibility needs of our community; whether TTY, or the need to consider other options/services. Preparation of policy and procedures for staff.	Completed December 2021
Community (Transportation)	Community Access to Hospital via Regional Transit Services	Review Public Transit Light Rail plans with Region of Waterloo / City Planners to ensure routes and stops support accessible public transit to and from the hospital.	Completed – Both stops that support access to the Hospital support accessible public transit.
*** Note: For Accessibility related initiatives undertaken prior to 2018, please refer to the multi-year Plan for 2013-2017**			

Barrier Identification

Based on the results of the above noted methodologies and ongoing compliance requirements associated with the Integrated Accessibility Regulation 191/11, Customer Service Regulation 429-07, ODA (2001) and AODA (2005) requirements the Accessibility Committee proposes that the following initiatives be undertaken as part of its multi-year accessibility Plan.

Remediation Plan 2023-2028

Employment

CMH is committed to advance Health Equity, promote the need for diversity, equity, and inclusion and increase equitable access to healthcare and support a work culture where every individual can reach their full potential.

By expanding our partnerships to include key organizations providing employment support to persons with disabilities this under-utilized and skilled workforce will allow the Hospital to bring in new energy and perspectives to an already vibrant and recognized workforce.

Employment	*Description*	*Responsibility*	*Timeline*
Community Partners	Develop partnerships with community organizations to share ideas, resources, and knowledge.	Accessibility Committee	Sept 2023
Community Partners	Develop partnerships with community organizations who support persons with disabilities in job searches.	Human Resources	Jan 2024
Community Partners	Provide Mentorship support for job seekers e.g., coaching event.	Human Resources	Jan 2024
Recruitment	Increase knowledge of leaders regarding the hiring of persons with disabilities.	Human Resources	Jan 2024

1.

Employment	Description	Responsibility	Timeline
Accessibility Committee TOR	Review the current accessibility committee structure and include more community and staff members who have disabilities.	Accessibility Committee	Annually by May each Year

Information and Communication

Elevate Partnerships in Care highlights the importance of collaboration across all levels to ensure the highest quality and safest care experience. By inviting staff or volunteers with disabilities to participate in the recording of videos or testimonials in promotional articles. Their involvement in this capacity will further demonstrate that the Hospital is an employer of choice, inviting people with disabilities to consider it as an ideal place to work and to volunteer.

Information and Communication	Description	Responsibility	Timeline
Visibility of persons with disabilities	Increase the participation of persons with disabilities when creating CMH or program promotional opportunities.	Corporate Communications	Jul 2023
Recruitment	Increase knowledge of leaders regarding the hiring of persons with disabilities.	Human Resources	Aug 2023
General	Develop an information and communications campaign to share CMH's new multi-year Plan, including: Communications broadcast reiterating the need and reason for CMH Accessibility Plan. Email broadcast to reference Plan and link the current Plan on the CMH website.	Corporate Communications	Apr 2023
Policy Review	Review and update current CMH accessibility policies regarding current or changing regulations. Confirm the current policies still meet the	Accessibility Committee	Nov 2023

Information and Communication	Description	Responsibility	Timeline
	requirements for accessibility and are aligned to our organizational goals.		
Internal Signage and Wayfinding	Carry out a full review of the current wayfinding and Signage around the hospital paying special attention to the inclusion of Braille	Accessibility Committee	Mar 2024
Internet web site	Update the Cambridge Memorial Hospital customer websites with additional content and clarity	Corporate Communications	Aug 2023

Customer Service Standard

As per Section seven (7) of the AODA Regulations, the Hospital is obligated to provide 'Customer Service' training to all staff and volunteers. New employees and volunteers must complete the online training within the first three months of starting work. As the Hospital becomes more aware of the needs of its patient and staff population, it provides a fantastic opportunity to consider and design new training modules to meet those needs.

One of the key pillars in the CMH Strategic Plan is Health Equity to promote, provide and maintain an environment where respect, independence, and dignity are always demonstrated to everyone.

Customer Service	Description	Responsibility	Timeline
AODA Training	As part of the initiation of the new multi-year Plan due to roll out in Jan 2023, undertake updated CMH Accessibility LMS learning module with staff.	Professional Practice	Jan 2023
AODA Training	Undertake a review of the AODA training provided as part of the CMH LMS system and confirm it addresses the current AODA requirements.	Accessibility Committee	Jul 2023

1.

Customer Service	Description	Responsibility	Timeline
AODA Training	CMHAC terms of reference are revised every three years to ensure ongoing education of committee members.	Accessibility Committee	Apr 2025
Recruitment	Increase knowledge of leaders regarding the hiring of persons with disabilities.	Human Resources	Aug 2023

Built Environment

The hospital is undergoing a major Capital Redevelopment Project, the largest single investment in health care in Cambridge's history. Slated to be finished in 2024, the project has seen the addition of a new state-of-the-art patient care wing (opened January 2020) and when completed renovations to the existing inpatient wing. Once finished, core services will be expanded, and specialty services added to better meet the growing health care needs of the community.

Built Environment	Description	Responsibility	Timeline
Capital Redevelopment Phase III	Review accessibility features / design of the inpatient wing with the involvement of community partners and AODA specialist Consultants considering best practice and AODA standards and guidelines.	CRP Planning	March 2025
Accessible Washrooms	Carry out review of the current designated accessible washrooms focusing on those identified in the 2021 review and correct, if possible, any noted issues in respect to the current ADOA regulations.	Corporate Planning	Apr 2024

1.

Built Environment	Description	Responsibility	Timeline
Alarms, Alerts and Codes	Carry out a review of the current practice for alerts / alarms and codes to ensure that individuals who are hard of hearing are made aware using visual means. Implement findings of the review.	Facilities Management	Apr 2024
Unknown Accessibility Barriers	Undertake an accessibility audit as has been undertaken in the past to identify any new or emerging issues; particularly as it relates to the completion of Phase 3 of the major Capital Redevelopment Renovation Project.	Facilities Management	Apr 2024
Tactile Walking Surface Indicators (TWSI)	Carry out review of all means of egress, access, and paths of travel through the Hospital to identify where any areas require TWSI to be installed.	Facilities Management	Apr 2024

BRIEFING NOTE

Date: February 23, 2023
Issue: Chairs Report
Prepared for: Board of Directors
Purpose: ☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction
Prepared by: Stephanie Fitzgerald
Approved by: Nicola Melchers

Attachments/Related Documents: None

Board Highlights

ICD Board Membership

I am happy to announce that the CMH Board memberships are now live with the Institute of Corporate Directors (ICD). Each Board member who enrolled should have now received an email with login credentials. If you haven't received your email, please reach out to Stephanie Fitzgerald and she will work with ICD. There are excellent board resources on the site www.icd.ca located under the board resources tab.

CMH Site Visits

Monika Hempel joined Liane Barefoot, Director Patient Experience, Risk & Quality and Lisa Costa, Privacy and Risk Lead to better understand the evolution of IRM at CMH.

CMH Reveal – Springtime in Paris

Several Board members have purchased tickets to attend the Springtime in Paris, CMH Foundation event, to help raise funds for Diagnostic Imaging needs at CMH. Thank you to all those who have purchased tickets to the event and see you all there!

OHA Member Briefing and Dialogue Session
On January 30, 2023, Patrick Gaskin and I attended a Dialogue Session hosted by the Ontario Hospital Association (OHA). The aim of the engagement sessions was to provide an update on OHA advocacy, including efforts to advance solutions to HHR challenges and pre-budget advocacy, and to share further details related to collective bargaining. These sessions follow on the OHA's commitment to ongoing communication and engagement in the time ahead.

Waterloo Hospitals Collaborative Committee
I attended the meeting of this committee with Dr. Lee and Patrick on February 23, 2023. This group involves the CEOs, COSs, and Board members from the 3 Waterloo Region hospitals to discuss opportunities for collaboration. The group has not met for several years (due to the pandemic). We spent some time reviewing the history and work of the committee and will bring forward some suggestions on how to approach the work ahead at a future CMH Board meeting

Events Calendar 2022-23

Board/Committee Meetings and Event Dates	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Sep (2023)
Board of Directors 5:00pm – 8:00pm	28	26	30		25		1/29	26	24	28		27
Board Education Topics												
Medical/Professional Staff Credentialing			30									
Health Human Resources			30									
Risk Management at CMH								26				
Board Generative Discussion Topics												
DEI – What's the Boards Role	28											
Partnerships in Cambridge and Beyond		26					29					
Digital Health 2.0 - TBD												
Meeting with City Council and CMH Board of Directors - TBD											TBD	
Joint CMH/CMHF/CMHVA Board Meeting - TBD												
➢ **Quality Committee** 7:00 am – 9:00am	21	19	16		18	15		19	17	21		
➢ **Quality Committee QIP Meeting** 7:00 am – 9:00 am						1						
➢ **Resources Committee** 5:00pm – 7:30pm	19		29		23	27		24	23	26		
➢ **Capital Projects Sub - Committee** 4:00pm – 5:00pm	19		29		23	27		24	23	26		
➢ **Digital Health Strategy Sub - Committee** 5:00pm – 6:30pm	16		17		19	16		20	18	15		
➢ **Governance Committee** 4:30pm – 6:30pm	13		10		12		23		18			
➢ **Audit Committee** 5:00pm-6:30pm					17			25	24			
➢ **Executive Committee** 5:00pm – 6:30pm			17				16		17			

Events Calendar 2022-23

Board/Committee Meetings and Event Dates	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Sep (2023)
➢ **OHT Joint Board Committee** 5:30pm – 7:30pm – Virtual Zoom meeting												
2022-23 Events												
➢ Staff Holiday Lunch – December 15, 2022				15								
➢ Career Achievement - TBD												
➢ Chamber Business Awards - TBD												
➢ CMHF Diversity Dinner – October 20, 2022		20										
➢ CMH Staff BBQ - TBD												
➢ CMH Staff & Family Appreciation Day – TBD												
➢ CMH Golf Invitational CMH INVITATIONAL - Cambridge Memorial Hospital Foundation (cmhfoundation.ca)	26											
➢ CMH Reveal Springtime In Paris March 3, 2023 @ Tapestry Hall https://cmhfoundation.ca/event/reveal-2/							3					
➢ CMH Phase 3 Construction Tour – January 18, 2023 @ 5:00pm					18							
Board Education Opportunities												
Governors Education Sessions												
➢ Governance Essentials for New Directors – *Monika Hempel/Miles Lauzon* Governance Building Blocks Governance Roles and Responsibilities Governance and Management		17 24 31										

Events Calendar 2022-23

Board/Committee Meetings and Event Dates	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Sep (2023)
• *CMH Leadership Learning Lab –* o *Project Management for the Unofficial PM* o *Crucial Conversations – Lynn Woeller* o *7 Habits of Highly Effective People – Nicola Melchers* o *Me2You DISC Profile – Diane Wilkinson* o *Guiding Organizational Change* o *5 Choices* *Mental Health First Aid*		26	14/15 29/30		24/25	24	14/15	2 27	9/11 16			

BRIEFING NOTE

Date: February 2, 2023
Issue: Meeting Summary - Quality Committee – QIP Focus meeting, February 1, 2023 – 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

Alignment with 2022/23 CMH Priorities:

A meeting of the Quality Committee took place on Wednesday, February 1, 2023 at 0800 hours

Present:	Ms. D. Wilkinson (Chair), Mr. K. Abogadil, Ms. C. Bulla, Ms. N. Gandhi, Mr. P. Gaskin Ms. J. Goyal, Mr. R. Howe, Dr. W. Lee, Ms. A. McCarthy, Ms. T. Mohtsham, Ms. S. Pearsall, Mr. D. Pyper
Staff:	Ms. L. Barefoot, Ms. M. Iromoto
Guests:	Ms. K. Chamberlain
Regrets:	Mr. M. Adair, Ms. M. Hempel, Ms. M. McKinnon

Committee Recommendations/Reports – Board Approval Sought
None

Committee Motions/Recommendations/Report – Board Approval Not Sought
None

Committee Matters – For information only
1. **Declaration of Conflict:** As voting members on the Quality Committee, a conflict of interest was declared by Mr. Gaskin, Ms. Pearsall and Dr. Lee on metrics related to performance based compensation
2. **Quality Improvement Plan (QIP) – Planning Process**: The purpose of the February 1, 2023 meeting was to provide Committee members an understanding of the QIP, annual reporting cycle, metrics and CMH performance indicators. Following this meeting, and based on the feedback from the Committee members, a draft 2023-24 QIP will be

prepared for the February 15, 2023 Quality Committee meeting for approval before proceeding to the March 1, 2023 Board meeting for final approval.

3. **QIP 2023-24 Metrics:** Ms. Barefoot reviewed the 2022-23 metrics and the proposed 2023 QIP metrics including the rationale for inclusion and non-selection. Detailed discussions ensued while reviewing each of the metrics. See package 2.
4. **QIP 2023-24 Narrative:** The QIP narrative questions were provided to the Committee with a request for feedback and input prior to the February 15, 2023 Quality meeting.

BRIEFING NOTE

Date: February 16, 2023
Issue: Meeting Summary - Quality Committee, February 16, 2023 – 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, Chair of Quality Committee, and Stephanie Pearsall, Vice President of Clinical Programs & CNE

Attachments/Related Documents:

- **Quality Improvement Plan (QIP) – Metrics and Narrative, Agenda Item 4.2.2.1**

A meeting of the Quality Committee took place on Wednesday, February 15, 2023 at 0700h.

Attendees:	Ms. D. Wilkinson (Chair), Ms. A. McCarthy, Ms. M. Hempel, Ms. N. Gandhi, Ms. J. Goyal, Ms. C. Bulla, Mr. M. Adair, Ms. S. Pearsall, Ms. M. McKinnon, Dr. W. Lee, Ms. T. Mohtsham, Mr. P. Gaskin, Mr. R. Howe, Mr. K. Abogadil
Regrets:	Mr. D. Pyper
Staff:	Ms. M. Iromoto, Ms. L. Barefoot
Guests:	Ms. H. Byrne, Ms. J. Backler, Ms. N. Evans, Mr. D. Boughton, Mr. D. Parker, Ms. R. Sharratt, Dr. M. Runnalls

Committee Recommendations/Reports – Board Approval Sought

That, the Board of Directors approves approves the two (2) 2023 Quality Improvement Plan (QIP) Metrics: Reduce the average number of patients per month with 4 or more ED visits for MH care in the past 365 days from 12.7 to 11.0; and reduce the ALC rate from 28.0% to 27.0%.

That, the Board of Directors approves the 2023 Quality Improvement Plan (QIP) Narrative.

Approved Committee Recommendations/Motions:

MOTION: (Gandhi/Goyal) **that**, the Quality Committee endorses the two (2) 2023 Quality Improvement Plan (QIP) Metrics as presented, and forward to the Board of Directors for approval. **CARRIED**

MOTION: (Hempel/McCarthy) **that**, the Quality Committee endorses the 2023 Quality Improvement Plan (QIP) Narrative, with modifications, and forward to the Board of Directors for approval. **CARRIED**

Committee Motions/Recommendations/Report – Board Approval Not Sought

The Minutes of February 1, 2023 were approved with amendments: Mr. Adair was present at the February 1, 2023 meeting but inadvertently excluded, and the meeting date in the minutes was corrected to February 1, 2023. **MOTION**: (Gandhi/Goyal). **CARRIED**.

Committee Matters – For information only

1. **2023 Quality Improvement Plan (QIP) Metrics:** At the February 1, 2023 QIP planning meeting, the draft 2023 QIP Metrics were presented. Following a review of metrics, a proposed motion was forwarded to Quality Committee on February 15, 2023 meeting. The Quality Committee endorsed the following two (2) 2023 Quality Improvement Plan (QIP) Metrics as presented, and will forward to the Board of Directors for approval: 1) Reduce the average number of patients per month with 4 or more ED visits for MH care in the past 365 days from 12.7 to 11.0; and 2) Reduce the ALC rate from 28.0% to 27.0%. (See agenda item 4.2.2.1)
2. **2023 Quality Improvement Plan (QIP) Narrative:** The Quality Committee endorsed the 2023 Quality Improvement Plan (QIP) Narrative with additional comments provided at the meeting. (See agenda item 4.2.2.1)
3. **Professional Practice:** Ms. Backler directed the Committee members to the previously circulated presentation (see Package 2) and highlighted the Strategic Plan and 5-year Professional Practice Plan. Ms. Byrne shared a story about a respiratory therapy student placement and the subsequent hiring of the student and a fellow student from a positive experience at CMH.
4. **Food Services:** A program overview was provided (see Package 2). Ms. Evans share a patient story about a younger patient with certain food restrictions. The FS team invited the whole family in for a taste test, Gluten-free menu. The experience was reassuring for both family and patient. The parents thanked the FS team for their care, interest and dedication to patient wellness.
5. **Follow-up of Staff Representation on Quality Committee Care (MDC)**: The updated Board Policy #2-D-21 will be forwarded to the Governance Committee for review prior to the Board of Directors for final approval. The update requests the participation of up to 2 staff members on the Committee.
6. **Quality Committee Charter**: Mr. Gaskin will forward a copy of the revised Quality Committee Charter to the Board of Directors on March 1, 2023, for approval. Mr. Gaskin referred to the Section 5, (a), iii) of the Charter, noting changes related to the composition and responsibilities and duties.
7. **Annual Review of Emergency (ED) Return Visit Quality Program:** Dr. Runnalls and Ms. Sharratt gave an overview of the ED Return Visit Quality Program (see Package 2). Discussions took place about the on-going work assist MH patients arriving in the ED; the unique needs of these patients, community supports available and challenges.
8. **Corporate Scorecard**: Ms. Iromoto provided an update on the Corporate Scorecard and Watch Metrics.

9. CNE Report: Ms. Pearsall provided a clinical programs update (see Package 2).
10. MAC Report: Dr. Lee provided a report from MAC.

BRIEFING NOTE

Date: February 9, 2023
Issue: Quality Improvement Plan (QIP) 2023 – Metrics and Narrative
Prepared for: Quality Committee
Purpose: ☒ Approval ☐ Discussion ☐ Information ☐ Seeking Direction
Prepared by: Liane Barefoot, Director Patient Experience, Quality, Risk, Privacy & IPAC Chief Privacy Officer
Approved by: Mari Iromoto, Senior Director Strategy & Performance &CIO
Stephanie Pearsall, Vice President Clinical Programs & CNE

Attachments/Related Documents: Appendix 1 – QIP 2023 - Narrative
Appendix 2 – QIP 2023 – Priorities by Sector

Alignment with 2022/23 CMH Priorities:

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

Recommendation/Motions

2023 QIP Metrics for Approval

Proposed motion, **that** the Quality Committee endorses the two (2) 2023 Quality Improvement Plan (QIP) Metrics as presented below, and forward to the Board of Directors for approval.

1. Reduce the average number of patients per month with 4 or more ED visits for MH care in the past 365 days from 12.7 to 11.0
2. Reduce the ALC rate from 28.0% to 27.0%

2023 QIP Narrative for Approval

Proposed motion, **that** the Quality Committee endorses the 2023 Quality Improvement Plan (QIP) Narrative as presented in Appendix 1, and forward to the Board of Directors for approval.

Background

Ontario Health (OH) has resurrected the requirement for Hospitals to develop a QIP for 2023/24 and to have it uploaded to the Navigator by March 31, 2023.

As discussed at the February 1, 2023 QIP planning meeting and presented in Appendix 2 there are no Mandatory indicators for Hospitals or the OHTs for 2023/24. There are Priority indicators for Hospitals, and OHTs are 'strongly encouraged' to continue work on the five (5) indicators that were designated Mandatory in 2022/23. In addition to the work plan (metrics) all Hospitals will be required to upload a Narrative to the Navigator with answers to questions provided by OH.

The following indicators were discussed at the February 1, 2023 QIP planning meeting including current CMH performance where available, and rationale for including or omitting each metric from the 2023 QIP as presented below.

Indicator Discussed	Include	Omit
ALC Rate – CMH Patients	√	
ALC Throughput		√
Average # Patients Per Month to ED for MH Care > 4 in past 365 days	√	
Vacancy Rate		√
Patient Experience – Enough information at Discharge		√
#Workplace Violence Incidents		√
Medication Reconciliation at Discharge	More details to be provided at the February 15, 2023 Quality Committee Meeting	

Medication Reconciliation at Discharge Analysis

At the February 1, 2023 QIP planning meeting it was presented that the overall corporate results for Medication Reconciliation at Discharge had fallen slightly from 2021 (91.2%) to 2022 (90.2%) and upon further investigation this was being driven by the surgical program. Management committed to a deeper analysis of the surgical program results with final recommendation to Quality Committee members which are both presented below.

The Medicine program accounts for 28% of all discharges and the Surgical program accounts for a similar amount at 26% of all discharges. Medication Reconciliation at Discharge has been consistently below the target of 95% since June 2021 in the Surgical program; while the Medicine program has consistently been at, or above target for all of 2021 and 2022.

Admitted same day surgery patients, of which greater than 80% are orthopedic surgeries, are less likely to have medication reconciliation completed. Admitted same day orthopedic surgery patients are making up an increased proportion of total discharged patients (8% in 2021; 13% in 2022). Orthopedic Surgery accounts for ~45% of all surgical discharges and within orthopedics the % medication reconciliation fell

from 89% in 2021 to 77% in 2022. Looking more closely at the admitted same day orthopedic surgery patients, medication reconciliation was 33% in 2021 and 28% in 2022. Conversely when the length of stay is greater than 1 day for orthopedic surgery patients the medication reconciliation was 98% in 2021 and 94% in 2022.

General surgery accounts for ~ 20% of all surgical discharges and the medication reconciliation compliance fell slightly from 93% in 2021 to 89% in 2022.

Finally, off service Medicine patients on the Surgical program account for ~ 10% of all discharges. Medication reconciliation compliance in this sub-group fell slightly from 90% in 2021 to 86% in 2022. Of note, medication reconciliation of Medical patients on the Medicine units has been at, or above the 95% target for all of 2021 and 2022.

Surgical program management in collaboration with Pharmacy have starting looking more closely at the data and are in early discussions about focused efforts to address the surgical program medication reconciliation at discharge.

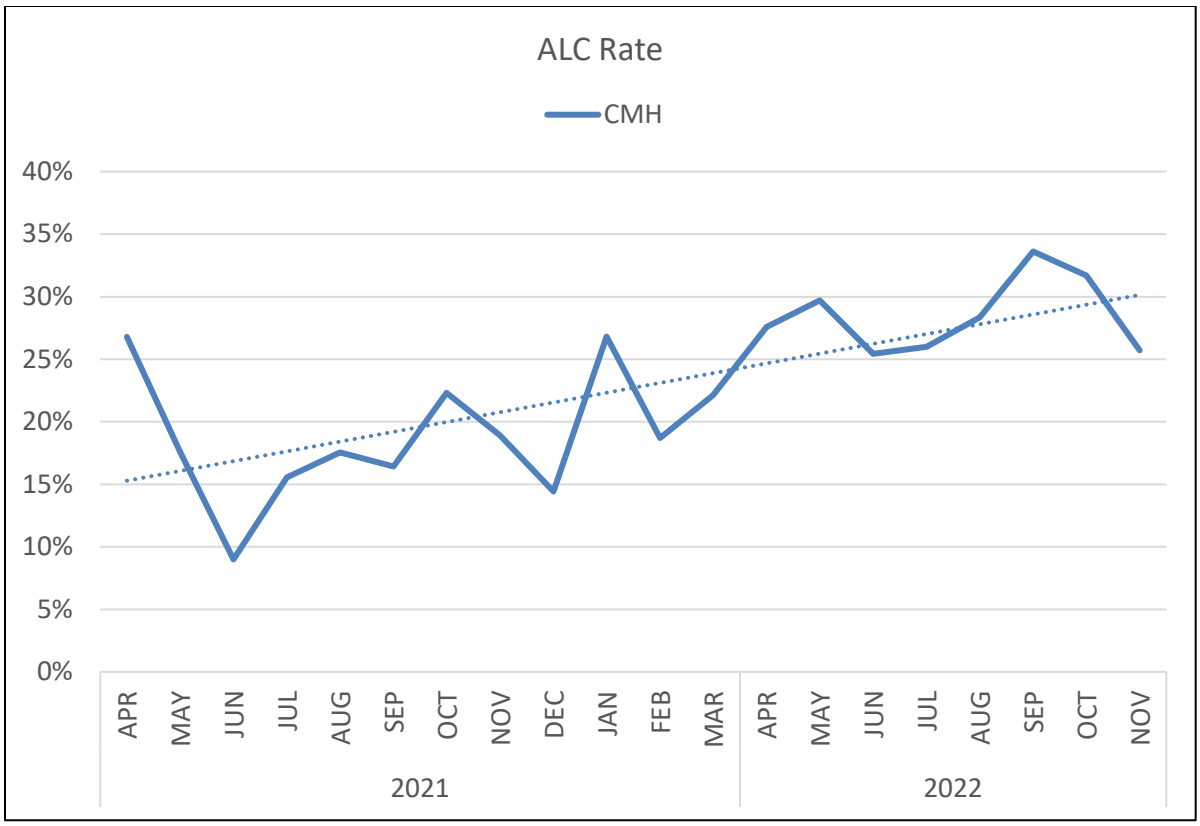
Given the overall corporate medication reconciliation at discharge remains above 90%, and that there are very specific areas identified within the surgical program to target improvement efforts, management is recommending to OMIT this metric from the 2023 QIP.

QIP 2023 Target Recommendations

ALC Rate

As presented at the February 1, 2023 special QIP planning meeting the CMH ALC rate continues to trend upwards above the current target of 27%. Hospital ALC rate is a proxy measure for the broader healthcare system. This overlapping indicator with the OHT signals CMH's commitment to work with our system partners to ensure patients are moving to their intended destination in a timely manner. The ALC Throughput indicator presented FYI to Quality Committee members on February 1, 2023 will assist CMH in targeting improvement strategies.

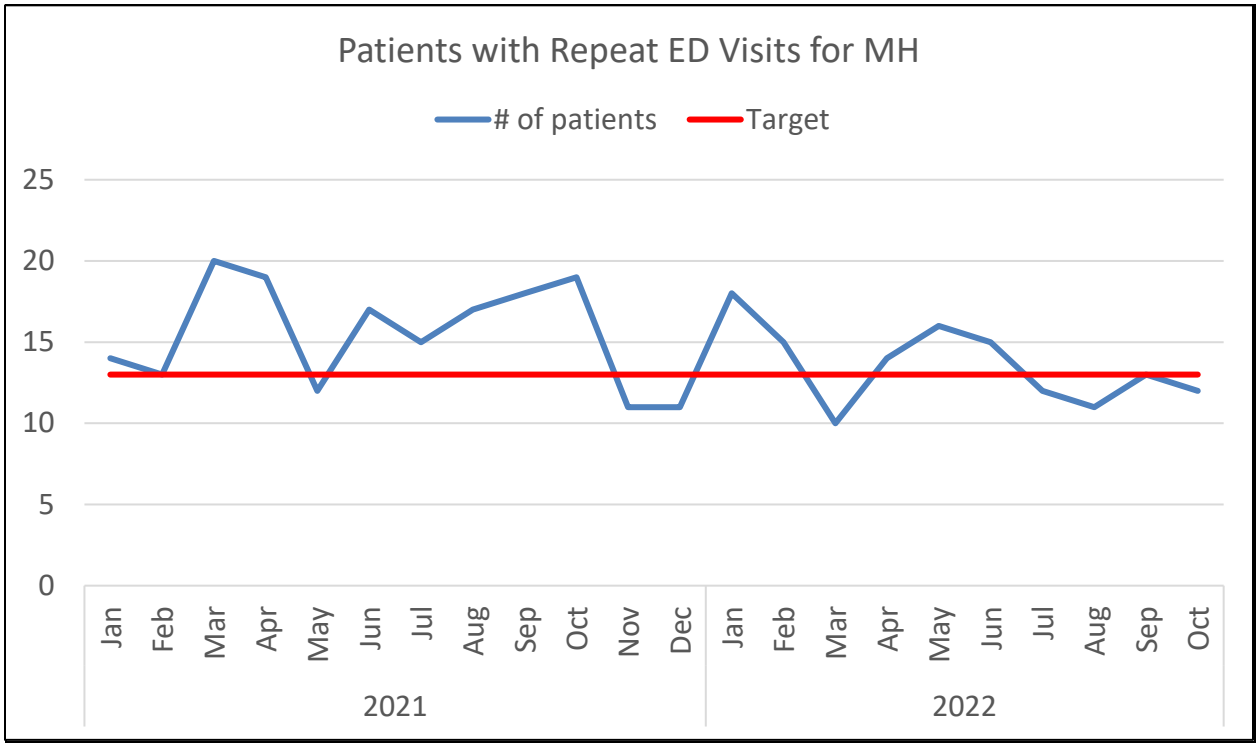
Given the tension between our current performance above target and ongoing system pressures, management is recommending leaving the target unchanged for this metric at 27% which will still require substantive collaborative effort to achieve.



Average Number of Patients Per Month with 4 or More ED Visits for MH Care in Past 365 Days

As presented at the February 1, 2023 special QIP meeting this metric is a proxy measure for the OHT indicator which relies on significantly delayed OHIP billing data. The CMH/CND OHT proxy measure is aligned to that of KW4 OHT.

Pre-pandemic in 2019 the monthly average for this metric was 12.5 patients per month. This metric has been trending down since spring 2022 aligned to enhanced community access (family physicians, programs etc.). We are currently sitting at a monthly average of 12.7, slightly above pre-pandemic. Throughout out the pandemic as pictured below many months were above 15 and as high as 20. Management is recommending setting a target of 11.0 for this metric which is an improvement of less than 2 ED visits less per month.



Narrative
The QIP Narrative is complimentary to the work plan (metrics) and contains standard questions for all organizations. The Narrative, along with the work plan are posted externally on the CMH website and therefore need to be written at a level intended for the public. The QIP 2023 Narrative is presented as Appendix 1.

Next Steps
Final QIP 2023 including metrics with targets and narrative endorsed by Quality Committee members.

Final QIP 2023 including metrics with targets and narrative to the Board of Directors on March 1, 2023 for approval.

Once approved by the Board of Directors, the final QIP 2023 including metrics with targets and narrative loaded into the OH Navigator prior to March 31, 2023.

QIP 2023 Narrative

Overview Introduce your QIP with a brief overview of your areas of focus and quality improvement initiatives that you think a member of the public would like to know about. We are interested in hearing about what is important to you. You may wish to include a description of how you are working to improve care within your organization or an achievement your organization is most proud of. Tell us about your corporate strategy and how QIP reporting aligns with your strategic plan. This opening paragraph will set the context for what you will be working toward through your QIP.

Cambridge Memorial Hospital (CMH) is an acute care facility situated on the traditional territories for the Anishinaabe, the Haudenosaunee, and the Chonnonton that offers a full complement of healthcare services for residents of what is now knowns as Cambridge and North Dumfries within the Region of Waterloo.

As a collaborative partner within the Cambridge North Dumfries Ontario Health Team (CND-OHT), CMH is proud to be a values-based, community-focused hospital that emphasizes patient and family centered care. In 2019, CMH was accredited with Exemplary Standing by Accreditation Canada, for demonstrating excellence in quality and patient safety.

To meet the increasing needs of our community, CMH is committed to growing our programs and services.

- Recently, CMH advanced into the final phase of our Capital Redevelopment Plan which includes a fully renovated patient care tower, laboratory and diagnostic imaging departments. Completion is anticipated in Fall of 2024.
- In October 2022, CMH became the first hospital to introduce Endoscopic Ultrasound to the region. This medical technology will have a significant impact on our patients, providing up to 450 people a year access to this innovative care closer to home.
- In April 2022, a multi-disciplinary team at CMH became the first in Waterloo Wellington to use Magseed localization to remove breast lesions. This exciting step forward for breast cancer care in our region contributes to CMH's legacy to offer complete, integrated breast care for our community.

In June 2022, after consulting with over 1,400 people from our community, the CMH Board of Directors approved a new 2022-27 Strategic Plan titled *reimagineCMH*, which includes a refreshed Vision, Mission, and five (5) Strategic Pillars.

- The Vision describes our aspirations for the future: "Creating healthier communities, together."
- The Mission describes how we will attain it: "A healthcare organization keeping people at the heart of all we do."
- Over the next five (5) years, the way we think, plan and act will be guided by five (5) Strategic Pillars: Advance Health Equity, Elevate Partnerships in Care, Reimagine Community Health, Increase Joy in Work, and Sustain Financial Health.

Despite changes to our strategic framework, the core values of Caring, Collaboration, Accountability, Innovation, and Respect remain unchanged as they are foundational to our goals, behaviours, and interactions.

Patient/client/resident engagement and partnering Describe how you have co-designed initiatives related to QIPs with diverse representation from patients/clients/residents. Please provide 1 to 2 examples of these initiatives, including how you gathered and incorporated experience feedback from patients/clients/residents and caregivers. Co-design means involving patients in the design process and working with them to understand their met and unmet needs.

Partnering with patients, care partners, and the community is essential to all of CMH's planning processes and is reinforced through our corporate Vision: "Creating healthier communities, together." To support these efforts CMH is a corporate and active member of the Beryl Institute, a globally recognized community committed to transforming the human experience in healthcare.

CMH's Patient and Family Advisory Council (PFAC) was first formed in December 2014 and was the first hospital Patient and Family Council in the Waterloo Wellington region. The purpose of the council is to provide a patient perspective to CMH decision making on hospital wide issues such as policies, resources, and strategic direction. Over the past year CMH has added a PFAC member to the Quality Committee of the Board, to the selection team for our new hospital information system (HIS), and self-selected to have a Patient Surveyor in our upcoming 2023 Accreditation assessment.

At CMH, we proudly share and celebrate compliments we receive from patients and care partners across the organization. Patient stories and quotes are an important reminder of the lasting impact staff have at vulnerable times in the lives of people we serve. Patient complaints offer a unique opportunity to critically evaluate how and why we are doing what we do.

Below are two (2) examples of co-designed initiatives over the past year:

- Care partners (visitors) are an important part of a patient's health journey. Hospital visitor restrictions throughout COVID-19 significantly impacted this support system for patients. In March 2022, we began welcoming in-person care partners back into the hospital. Two PFAC members have attend our regular multi-disciplinary Visitor Meetings ensuring that individual and collective patient voices are represented and have shaped our practices including the transition from active to passive screening.
- Largely prompted by a complaint, CMH has recently partnered with Voyce, a tablet-based translation service with access to over 200 languages (including American Sign Language), to provide patients with on demand access to medical interpreters via video in a matter of minutes. Individual patients, providers, and community partner organizations provided input into the implementation plan and have praised our efforts to reduce barriers to healthcare delivery.

Provider experience Our consultations revealed a significant concern with health care providers' (regulated and unregulated) experiences in the current environment (e.g. burnout related to decreased staffing levels). In this section, please describe your organization's experience with these challenges and the ways you are supporting health care workers. How do you engage health care workers in identifying opportunities for improvement?

Health human resource (HHR) challenges currently exist within and beyond the walls of CMH. In 2019, CMH established an Employee Engagement Council and adopted the Institute for Healthcare Improvement's (IHI) "Joy in Work" framework. This framework identifies nine

dimensions to help promote a happy, healthy, and productive workplace. The initial 2019 Employee Engagement Strategy was developed in partnership with the Employee Engagement Council members and focused on four of the nine dimensions: Physical & Psychological Safety, Camaraderie & Teamwork, Choice & Autonomy, and Meaning & Purpose.

Building on this important pre-pandemic work and to signify our commitment to the well-being of all employees, physicians, midwives and volunteers, CMH has identified Joy in Work as one of the strategic pillars in our 2022-27 Strategic Plan. This pillar reflects the organizational priority of creating meaningful and enabling work environments by supporting their physical, psychological, and spiritual health.

CMH has conducted multiple pulse surveys of staff throughout the pandemic and pivoted responses accordingly. In the early days of the pandemic staff told us they were worried about having the appropriate protective equipment to do their job; more recent surveys are showing the lasting impact of working in healthcare through a pandemic on work-life balance.

Workplace violence prevention A health system with a culture of quality creates conditions for staff to thrive, and ensuring their safety is one element of this. By addressing violence and incivility in our organizations, we will be creating safer environments for our workers and improving patient care. Describe how workplace violence prevention is a priority for your organization. For example, is it reflected in your strategic plan, how is it measured, do you report on it to your board, have you made significant investments to improve in this area? What are you planning to do differently this year? When providers are involved in a workplace violence incident, what mechanisms are in place to ensure they receive support, resources, and follow up?

CMH has a steadfast commitment to workplace violence prevention and at the foundation of this is training and staff support for reporting. A resurrected workplace violence prevention working committee (Code White committee) consisting of cross representation from multiple departments has convened with a focus on training, reporting, and supporting staff. A new in-house train the trainer model is in the process of being developed that will ensure staff have timely access to training and re-training at regular intervals. This internal expertise will act as resources for staff and leaders.

With workplace violence having a history of being underreported in the healthcare sector, it is critical for us to promote a just culture that supports reporting of any and all aspects of violence.

Patient safety NEW To help support quality improvement, enhance a safe and just culture, and improve the success of incident analysis, explain what processes are in place at your organization to learn from patient safety incidents? How do you share learnings back to team members and patients/residents/families to prevent future recurrences? Examples can include: Patient stories – use to drive change & fuel action and/or M & M Rounds.

Patient safety and high-quality care is a priority nationally, provincially and within CMH. During the upcoming year CMH will be assessed against national Accreditation Canada standards that emphasize patient safety best practices. To signify our commitment to perpetual patient safety, the tagline for our Accreditation assessment is: Ready. Everyday.

To foster an environment that is transparent and collaborative, we recognize the importance of sharing our experiences, including patient safety incidents, with teams to promote and encourage system level improvements.

Below are a few examples of how we learn from patient safety incidents and use them to drive change in the throughout the hospital:

- Chart reviews
- Discussions at department huddles
- Incorporating anonymized case studies into learning modules for staff
- Sharing and having discussions with PFAC

Patient safety is monitored at all levels of the organization. At the unit/departmental level improvement initiatives and incidents are discussed at huddles. At the program level patient safety metrics are reviewed by multi-disciplinary councils. The Quality Committee of the Board has a scorecard that includes multiple patient safety indicators, and receives a monthly update if any critical incidents have occurred. Annually, each program presents to Quality Committee of the Board including a patient story that illustrates accolades or potential gap(s) identified and the mitigation plan that was implemented.

Health Equity NEW We are seeking to understand how organizations are recognizing and reducing disparities of health outcomes, access, and experiences of diverse populations, including Indigenous Peoples; Black, racialized, and 2SLGBTQIA+ communities; Francophone populations; high-priority populations; and older adults in their quality improvement efforts. How is your organization working to promote health equity? Describe how your organization is collecting sociodemographic data, including race-based data. Where possible, please provide examples of how your organization has implemented a strategy that focuses on non-medical social needs such as those related to culture/cultural barriers, income, food security, housing, health literacy, and social connection.

Advance Health Equity is one of the five Strategic Pillars in our 2022-27 Strategic Plan. We recognize that equity is not only important for our patients, families, and care partners but also our staff, physicians, midwives, and volunteers. This pillar promotes equitable access to health care and supporting a work culture where every individual can reach their full potential. CMH is also an Employee Partner with the Canadian Centre for Diversity and Inclusion (CCDI) who provides access to resources supporting us on our diversity and inclusion journey. CMH has recently hired an Inclusion Lead to spearhead this work across the organization. As we look into future years, DEI will be at the forefront of decision-making as we build out our new Health Information System (HIS).

Below is a list of other organizational level initiatives that are currently in place or under development related to advancing health equity:

- Formed a Diversity Council comprised of staff, physicians, and midwives from different areas of the hospital that are representative of a broad range of allies and equity seeking groups
- Developed a DEI calendar and respective corporate communications to celebrate holidays and events at an organizational level
- Incorporated more inclusive language and images in corporate materials

- Created an online repository of DEI tools, resources, and training opportunities for staff, physicians, and midwives
- Provided staff, physicians, and midwives the opportunity to participate in the San'yas Indigenous Cultural Safety Training program – to date 122 have completed this training
- Installed a Progress Pride Flag crosswalk by the hospital's main entrance to represent CMH's DEI commitment to our people and the community
- Partnered with Southwest Ontario Aboriginal health Access Centre (SOAHAC) to welcome our first Indigenous Patient Navigator.
- Implementing Registered Nurses Association of Ontario Best Practice Spotlight Organization (BPSO) guideline related to DEI

Quality Improvement Plans 2023/24

Organizations may add custom indicators, including their OHTs' cQIP indicators, to address their own improvement opportunities for each theme, based on interest or variation in performance.

Hospitals	Interprofessional Primary Care	Long-Term Care
Theme: Timely and Efficient Care A high-quality health system provides people with the care they need, when and where they need it		
		• Percentage of potentially avoidable emergency department visits for long-term care residents.
Theme: Patient/Client/Resident/Provider Experience Better experiences result in better outcomes. Tracking and understanding experience is an important element of quality.		
• Did patients feel they received adequate information about their health and their care at discharge?	• Do patients feel involved in decisions about their care?	• Do residents feel they have a voice and are listened to by staff? • Do residents feel they can speak up without fear of consequences?
Theme: Safe and Effective Care A high-quality health system works to ensure that people have access to the best care for their condition and that their care is delivered in a way that is safe and effective.		
• Proportion of patients discharged from hospital for whom medication reconciliation is provided • Number of workplace violence incidents overall	• Percentage of non-palliative care patients newly dispensed an opioid (excluding opioid agonist therapy) within a 6-month reporting period	• Percentage of long-term care home residents not living with psychosis who were given antipsychotic medications
Theme: Equitable Advancing equity, inclusion, and diversity and addressing racism to achieve better outcomes for patients, families, and providers is the foundation of a quality health system.		

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Ontario Health

BRIEFING NOTE

Date: February 22, 2023
Issue: Meeting Summary – Digital Health Strategy Subcommittee February 16, 2023 - OPEN
Prepared for: Board of Directors
Purpose: ☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction
Prepared by: Bonnie Collins, Administrative Assistant
Approved by: Trevor Clark, VP Finance & Corporate Services, Rob Howe, Director Digital Health

Attachments/Related Documents: None

A meeting of the Digital Health Strategy Subcommittee took place on Thursday, February 16, 2023 at 1700h

Present:	Sara Alvarado (chair), Masood Darr, Rodney Dobson, Jim Gates, Iain Klugman, Paul Martinello, David Pyper, Diane Wilkinson, Suzanne Sarrazin
Regrets:	
Staff:	Trevor Clark, Rob Howe, Mari Iromoto, Dr. W. Lee
Guests:	

Committee Recommendations/Reports – Board Approval Sought

None

Committee Motions/Recommendations/Report – Board Approval Not Sought

THAT the minutes of the January 19, 2023 meeting be adopted as presented. (Alvarado/Gates) **CARRIED.**

Committee Matters – For information only

1. Corporate Solution RFP

The project kickoff and initial visioning session with Deloitte for the corporate services RFP is complete, and internal resources have been assigned. Deloitte is leading a current state survey to determine where CMH lies on the maturity scale, and has completed a current state survey provincially and nationally. Management is targeting the beginning of April to have the information compiled.

CMH will participate as an observer of St. Joseph's Hospital's evaluation of three ERP vendors' functionality at the end of February/March, and will also try to engage the Region of Waterloo on its current SAP implementation to gain insight.

CMH is working to drive its work forward, while still leaving the option open for regional cooperation with GRH and SMGH.

2. Strategic Innovation Projects and Partnerships

CMH is in the process of developing a five-year Digital Health plan and strengthening its innovation identity, and will leverage the experience of the Digital Health Subcommittee to help inform the process. Management highlighted the different initiatives (internal/ regional/provincial) in which CMH is currently involved. Management reported that twelve submissions were received from staff for this first year of the CMH Innovation Fund. Four submission have been selected to proceed.

BRIEFING NOTE

Date: February 27, 2023
Issue: Meeting Summary – Capital Projects Sub Committee: February, 2023 - OPEN
Prepared for: Board of Directors
Purpose: ☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction
Prepared by: Kristen Hoch – Project Coordinator, Admin Assistant
Approved by: Tom Dean – Chair, Capital Projects Sub Committee
David Boughton – Senior Director Capital Projects & Chief Redevelopment Officer / CRO

Attachments/Related Documents: None

A meeting of the Capital Projects Sub Committee took place on February, 2023 at 1545.

Present:	Tom Dean (Chair), Janet Huber, Miles Lauzon, Andrew McGinn, Diane Wilkinson, Lynn Woeller, Horst Wohlgemut
Regrets:	Shannon Maier, Patrick Simmons
Staff:	David Boughton, Trevor Clark, Patrick Gaskin, Bill Prokopowich, Kristen Hoch

Committee Recommendations/Reports – Resources Committee Approval Sought

Proposed Resources Motions: None

Committee Motions/Recommendations/Report – Resources Committee Approval Not Sought

THAT, the minutes for the Capital Projects Sub Committee meeting of January 23, 2023 be approved as circulated. (Wilkinson / Lauzon). **CARRIED**

Committee Matters – For information only

1. **Welcome**: The meeting was conducted in a virtual only format due to inclement weather: 7 committee members were in attendance, 2 sent their regrets in advance.

BRIEFING NOTE

Date: February 28, 2023
Issue: Meeting Summary – Resources Committee February 27, 2023 - OPEN
Prepared for: Board of Directors
Purpose: ☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction
Prepared by: Bonnie Collins, Administrative Assistant
Approved by: Lynn Woeller – Chair, Trevor Clark - VP Finance & Corporate Services,

Attachments/Related Documents:
January 2023 Financial Statement and Year-End Forecast (Agenda Item 4.5.2)
2023-24 Service Accountability Agreements (Agenda Item 4.5.1)

A meeting of the Resources Committee took place on Monday, February 27, 2023 at 1700h

Present:	Lynn Woeller (chair), Sara Alvarado, Tom Dean, Elaine Habicher, Lori Peppler-Beechey, Janet Richter, Gerry West
Regrets:	
Staff:	Trevor Clark, Patrick Gaskin, Dr. W. Lee, Stephanie Pearsall, Valerie Smith-Sellers, Susan Toth
Guests:	

Committee Recommendations/Reports – Board Approval Sought

THAT, the Board of Directors receives the January 2023 financial statements as presented by management.

THAT, the Board of Directors approves a deficit 2023-24 Hospital Accountability Planning Submission (HAPS), if incremental bed funding is not approved and planning assumptions provided by Ontario Health do not change.

Approved Committee Recommendations/Motions:

THAT, following review and discussion of the information provided, the Resources Committee of the Board recommends that the Board of Directors receives the January 2023 financial statements as presented by management. (Habicher/Peppler-Beechey) **CARRIED.**

THAT, following review and discussion of the information provided, the Resources Committee of the Board recommends that the Board of Directors approves a deficit 2023-24 Hospital Accountability Planning Submission (HAPS), if incremental bed funding is not approved and planning assumptions provided by Ontario Health do not change. (Peppler-Beechey/Alvarado) **CARRIED.**

Committee Motions/Recommendations/Report – Board Approval Not Sought

THAT, the minutes of the January 23, 2023 meeting be adopted as presented. (West/Peppler-Beechey) **CARRIED.**

Committee Matters – For information only

1. Action Log

The action log was reviewed. Follow up to the outstanding items was provided at the February 27, 2023 meeting.

2. 2.C.38 Investment Policy Review

Management presented the updated Investment policy, reflecting the current and recommended investment approach for the hospital. Management will incorporate the recommended modifications provided by the Resources Committee and forward the policy to the Governance Committee for approval.

3. January 2023 Financial Statements and Year-End Forecast

Cambridge Memorial Hospital (CMH) is in a $3.3M year-to-date surplus position at the end of January after building amortization and related capital grants and is forecasting a surplus for 2022-23 of $1.8M. Risks to the forecast surplus were highlighted, including the province-wide shortage of health human resources and inflationary pressures (particularly with respect to utilities). CMH continues to expect a one-time funding source of up to $6.3M from the Ministry's reconciliation of 2019-20 and 2020-21 PCOP funding.

In follow up to the Committee's inquiry at the January meeting, management confirmed that the deferred revenue unchanged from the previous year that was reflected on the balance sheet relates to PCOP funding that is held in deferred revenue until the PCOP is reconciled.

Questions were entertained, and management will correct the number of key performance indicators reflected in the PCOP/QBP volume table in the briefing note. Management confirmed that the $700K increase in the forecast surplus over the previous month was due to one-time funding for pandemic prevention and containment received from the Ministry. (Agenda Item 4.5.2)

4. 2023-24 Accountability Planning Submissions/Service Accountability Agreement Update

CMH submitted a preliminary deficit 2023-24 Hospital Accountability Planning Submission (HAPS) to OH West in November, and if OH West requires that the HAPS be finalized before a decision on incremental bed funding has been received from the Ministry of Health (NOH), management is recommending that a deficit HAPS be submitted. Submitting a deficit HAPS will reinforce to OH, the MOH and government the financial pressures that CMH is experiencing.

The deficit HAPS budget highlights the impact that bed closures would have on the system and the impact that inflationary pressures are expected to have across all budget lines. This approach is consistent with what other Waterloo Wellington (WW) region hospitals are taking. Hospitals in the region are working collaboratively to advocate for the continuation of incremental bed funding in fiscal 2023-24. The Hospital Service

Accountability Agreement (H-SAA) will not be prepared until the HAPS has been finalized.

OH West has completed its review and approved the CMH Community Accountability Planning Submission (CAPS). No indication has been provided as to when the Multi-Sector Service Accountability Agreement (M-SAA) will be forwarded for approval.

The Committee inquired about the implications of submitting a deficit HAPS budget, and management confirmed that CMH would be required to sign a waiver, submit a plan to work towards a balanced budget (which has already been developed) and increased reporting would be required. Management does not anticipate any longer-term implications from this approach. It is management's intention to balance the budget, but believes that submitting a balanced budget without understanding the incremental bed funding concept may give wrong messaging to Ontario Health and the Ministry of Health. Additionally, other regional hospitals have confirmed that they will also be submitting deficit HAPS budgets. (Agenda Item 4.5.1)

5. Corporate Scorecard – February Update

Progress and outcomes for the corporate scorecard indicators assigned to the Resources Committee were reviewed with management. As of mid-February, four of the ten indicators were in "red" status (not likely to meet year-end target), three were in "yellow" status and three were in "green" status. Red status indicators include Conservable Bed days, Post Construction Occupancy Plan (PCOP) Growth, and urgent Quality Based Procedures (QBPs).

6. HIS Procurement – Clinical Solution RFP

Refer to Digital Health Strategy Subcommittee briefing note.

7. HIS Procurement – Corporate Solution RFP

Refer to Digital Health Strategy Subcommittee briefing note.

8. 2-C-40 Change Order Approval Policy Review

The Change Order Approval Policy was reviewed by the Capital Projects Subcommittee and the decision was made to develop the policy more fully so that it aligns with all of the capital spending policies of CMH. This policy will be brought forward to the next Resources Committee meeting for review.

9. Resources Committee Work Plan

The work plan for 2022-23 was reviewed and the February requirements were noted as complete. The work plan will be updated with an annual investment performance review after year end.

BRIEFING NOTE

Date: February 22, 2023
Issue: 2023-24 Accountability Planning Submissions/Service Accountability Agreement Update
Prepared for: Resources Committee
Purpose: ☒ Approval ☐ Discussion ☐ Information ☐ Seeking Direction
Prepared by: Valerie Smith-Sellers, Director, Finance
Approved by: Trevor Clark, VP Finance & Corporate Services/CFO

Attachments/Related Documents:

Alignment with CMH Priorities

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

Recommendation/Motion
Following review and discussion of the information provided, the Resources Committee of the Board recommends to the Board the approval of a deficit 2023-24 Hospital Accountability Planning Submission (HAPS), if incremental bed funding is not approved and planning assumptions provided by Ontario Health do not change.

Executive Summary
A preliminary deficit HAPS was submitted to OH West in November. OH West has not completed its review of the HAPS and the hospital is advocating that the submission not be finalized until a decision on incremental bed funding has been made. If OH West requires that the HAPS be finalized before this decision is made, management is recommending that a deficit HAPS be submitted, highlighting the impact that bed closures would have on the system and the impact that inflationary pressures are expected to have across all budget lines. This approach is consistent with what other hospitals are doing in the Waterloo Wellington (WW) region. The H-SAA will not be prepared until the HAPS has been finalized.

OH West has completed its review and approved the CAPS submission. No indication has been provided when the M-SAA will be sent for approval.

Background
Health service providers (HSPs) are required to submit Accountability Planning Submissions (APS) to Ontario Health (OH) on an annual basis. During the pandemic period HSPs were not required to submit APS. OH has reintroduced this requirement for fiscal 2023-24. APS are detailed operating plans, including financial and statistical budget and performance indicators that

inform and align with Service Accountability Agreements (SAAs), which HSPs are required to enter into with OH on an annual basis. SAAs include budget and performance targets that the HSP is required to achieve. SAAs need to be finalized and approved by the Board/OH before the start of each fiscal year.

Cambridge Memorial Hospital (CMH) is required to submit two APS to OH – the Hospital Accountability Planning Submission (HAPS) for hospital operations and the Community Accountability Planning Submission (CAPS) for the "Other Votes" program for which the hospital receives funding for Outpatient Mental Health services. The HAPS informs the Hospital Service Accountability Agreement (H-SAA) and CAPS is used for the Multi-Sector Service Accountability Agreement (M-SAA)

Analysis

HAPS/H-SAA

CMH submitted a preliminary HAPS to OH at the end of November. The preliminary HAPS showed a deficit budget for fiscal 2023-24 to highlight the impact that the loss of incremental bed funding for 22 acute care beds and inflationary pressures will have on hospital operations. CMH's approach was consistent with other hospitals in the WW region. Hospitals in the region are working collaboratively to advocate for the continuation of incremental bed funding in fiscal 2023-24.

A balanced budget HAPS submission has been prepared using budget scenario 1, which is based on achievable volume based funding targets for Post Construction Operating Plan funding and Quality Based Procedures, without incremental bed funding. This version of the HAPS will highlight budget risks and system pressures that will result from the closure of 10 of the 22 incremental beds that the hospital has been operating.

OH West has not completed its review of the preliminary deficit HAPS. CMH has provided responses to a number of questions from OH West and the hospital is advocating that the HAPS process not be finalized until a decision on incremental bed funding has been made. If OH West requires that the HAPS be finalized before this decision is made, management is recommending that a deficit HAPS be submitted, highlighting the impact that bed closures would have on the system and the impact that inflationary pressures are expected to have across all budget lines. This approach is consistent with what other hospitals are doing in the WW region.

Submitting a deficit HAPS will reinforce to OH, the Ministry of Health (MOH) and government the financial pressures that CMH is experiencing. The 1% funding target that hospitals have been asked to use for planning purposes will only cover a portion of expected inflationary pressures. Submitting a balanced HAPS could negatively impact how in-year funding is allocated by OH and the MOH, and understate the level of financial risk that the hospital will need to manage in fiscal 2023-24.

The hospital will need to sign a waiver if a deficit HAPS is submitted. Reporting to OH West will be more extensive and hospital spending will be under increased scrutiny.

The H-SAA will not be prepared until the HAPS has been finalized. OH West has provided no indication when the H-SAA will be sent for approval. It is expected that the agreement will be brought forward to March or April's Board meeting.

CAPS / M-SAA

A balanced budget for the CAPS submission was provided to OH West. Outpatient Mental Health is a stable program with limited year-over-year changes. OH West has completed its review and approved the CAPS submission.

No indication has been provided when the M-SAA will be sent for approval. It is expected that the agreement will be brought forward to March or April's Board meeting.

BRIEFING NOTE

Date: February 10, 2023
Issue: January 2023 Financial Statements
Prepared for: Resources Committee
Purpose: ☒ Approval ☐ Discussion ☐ Information ☐ Seeking Direction
Prepared by: Valerie Smith-Sellers, Director of Finance
Approved by: Trevor Clark, VP Finance and Corporate Services/CFO

Attachments/Related Documents: Financial Statements – January 2023

Alignment with CMH Priorities

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

Recommendation/Motion
Following review and discussion of the information provided, the Resources Committee of the Board recommends that the Board of Directors receive the January 2023 financial statements as presented by management.

Executive Summary
Cambridge Memorial Hospital (CMH) is in a $3.3M year-to-date surplus position at the end of January after building amortization and related capital grants. Actual results are $3.9M favourable to budget. The major drivers of the favourable budget variance are the unused portion of the budgeted contingency ($3.5M), interest income ($1.5M), the receipt of one-time funding to offset the 2021-22 deficit in the Assessment Centre ($0.9M) and one-time Pandemic Prevention and Containment funding announced by the MOH in December 2022 to offset operational pressures ($0.8M). This is partially offset by lower Post Construction Operating Plan (PCOP) revenue ($3.0M) than budget.

CMH is forecasting a surplus for 2022-23 of $1.8M. The forecast assumes that CMH will earn $4.1M in PCOP revenue, $4.5M less than budget. The $4.2M budgeted contingency offsets the majority of this revenue loss.

The MOH is currently reconciling the PCOP funding for fiscal 2019-20 and fiscal 2020-21. The hospital is expecting a favourable result (up to $6.3M) that will create a one-time funding source to be invested in the capital redevelopment project, building infrastructure and information systems.

Risks

- The primary reason that the hospital is in a surplus position is due to the receipt of one-time incremental bed funding. If this funding had not been received, and the hospital had used PCOP funding to operate the incremental beds, a ($4.4M) deficit would have been reported January YTD, due to lower weighted case volumes than budgeted in fiscal 2022-23.
- Due to the shortage of health human resources in the Perioperative Services program and replacement of flooring in the operating rooms (ORs), surgical volume programs are lower than budget. CMH did not meet PCOP targets from April to January and is not expected to meet budgeted volumes in February. The replacement of flooring in the operating rooms is scheduled to be completed in February 2023. The ORs will be operating at full capacity in March. PCOP funding tied to surgical volume growth will not be achieved in fiscal 2022-23.
- The number of ALC patients in the hospital has grown year over year. On average, there have been 38 ALC patients in fiscal 2022-23 compared to 23 ALC patients in fiscal 2021-22. ALC patients create bed flow pressures and generate low weighted cases, putting volume targets at risk.
- Inflationary pressures are being experienced across all expense lines. Blackstone Energy Services has advised of a significant increase in natural gas costs and electricity. The annual forecast cost for natural gas is $0.8M and electricity $0.3M higher than budget. Through January, actual utility costs were $0.8M greater than budget. Effective November 1, 2022, CMH locked in 50% of its budgeted consumption of natural gas at a fixed rate to limit the hospital's exposure to price fluctuations, based on a recommendation from Blackstone Energy Services.
- The Ministry of Health (MOH) has not completed broad base funding reconciliations for incremental COVID funding the hospital received in fiscal 2021-22. The Finance department has followed MOH guidelines for incremental funding, but there is a risk that MOH will apply rules associated with the guidelines differently, leading to the claw back of some of this funding. If the MOH applies the same methodology to reconcile PCOP funding as in fiscal 2019-20 and 2020-21, the hospital will gain some one-time funding to support operations.

Summary

CMH has a $3.3M year-to-date surplus position at the end of January after building amortization and related capital grants. Actual results are $3.9M favourable to budget. The YTD budget variance is driven by:

- $3.5M allocation of the budgeted contingency to the end of January;
- $1.5M in interest income;
- $1.3M in employee benefits savings due to the use of agency staffing and the full-time/part-time staffing mix, partially offset by higher staffing costs due to increased overtime, sick time and the use of staffing agencies;
- $1.0M savings in other supplies and expenses due to the timing of expenditures;
- $900K COVID Assessment Centre one-time revenue for 2021-22 deficit settlement
- $759K Pandemic Prevention & Containment Funding one-time revenue for 2022-23
- $735K in Quality Based Procedures (QBP) revenue due to increased hip, shoulder, spine and Cancer Care Ontario surgeries.
- $337K Medical Surgical Supplies driven by the gradual ramp up of elective surgeries in the Perioperative Services program.

The positive variance has been partially offset by:

- Loss of $3.0M in expected PCOP revenue due to the gradual resumption of procedures of elective procedures;
- $1.2M unfavourable variance in salaries and wages due to higher overtime and sick time than budget and use of staffing agencies;

- $964K in increased maintenance repairs;
- $827K in increased utility costs for natural gas and electricity;
- $745K variance in other revenue due to lower parking revenue, technical fees and preferred accommodation than budget;

PCOP & Quality Based Procedures Volumes

The achievement of volume based funding targets is critical to the hospital's long-term financial health. Growing volumes during the extended pandemic period has been very challenging for all hospitals eligible to earn volume based funding. PCOP and QBP indicators are included in the hospital's corporate scorecard to monitor performance against budgeted targets.

PCOP

PCOP acute inpatient weighted cases has the biggest funding implication for the hospital. Each weighted case generates $4,517 in funding. The 926 weighted case shortfall through December represents a $4.2M loss in funding. Underperformance in day surgery weighted cases has been caused by a shortage of health human resources and the closure of operating rooms on a rotating basis to replace flooring. The reduction in volumes equates to a $2.1M loss in funding year to date. YTD weighted cases for the Emergency Department are very close to target and Inpatient Mental Health days have exceed target through January.

QBP

The hospital is exceeding performance for bundled care and Cancer Care Ontario QBPs. Actual MOH volumes are very close to budget. However, each QBP is funded at a different rate and the hospital entered into a relationship with Clear Vision Surgical to increase the number of procedures performed improving access for this much-needed service. Cataracts are funded at a much lower rate than urgent QBPs which include chronic obstructive pulmonary disease (COPD) and pneumonia. Through January, $2.6M less MOH QBP funding has been received than the hospital is eligible to receive.

Indicator	Unit of Measure	Prior Year	YTD	Target	Trend	Yend Proj	Period
Interim PCOP Growth Estimate:							
Acute Inpatient	Weighted Cases	5,435.6	5,320.3	6,246.0		◆	Dec-22
Day surgery	Weighted Cases	1,295.0	1,731.8	2,205.0		◆	Dec-22
Emergency Department	Weighted Cases	1,999.0	1,852.2	1,881.0		▲	Dec-22
IP Mental Health	Days	6,984.0	6,778.0	6,400.0		●	Jan-23
Quality Based Procedure:							
Bundled Care Volumes	Procedures	504.0	658.0	606.8		●	Dec-22
Cancer Care Ontario Volumes	Procedures	369.0	352.0	292.4		●	Dec-22
Ministry of Health Volumes	Procedures	1,935.0	2,911.0	3,075.3		◆	Dec-22

On Target	●	4
At Risk	▲	3
Not likely to meet year end target	◆	5

Revenue

MOH Funding

Key Highlights

The MOH confirmed $12.8M in one-time incremental bed funding for fiscal 2022-23 to continue additional bed capacity. CMH is receiving funding for 22 acute medical/surgical beds and 2 critical care beds. The budget was revised at the beginning of the fiscal year to reflect this funding and is the main reason the hospital is in a year-to-date surplus position through January.

In fiscal 2022-23, the MOH funded the Assessment Centre based on a cost reimbursement model. YTD expenses were $689K, 100% offset by incremental revenue. In September, the hospital's Assessment Centre was closed when the Regional Centre opened.

CMH submitted and was awarded a year end settlement claim for $900K to cover the 2021-22 Assessment Centre deficit.

The MOH confirmed one-time funding of Pandemic Prevention and Containment of $759K to offset a portion of the ongoing pandemic-related operating expenses.

Favourable Variances

The MOH stopped funding COVID incremental operating expenses as of July 1, 2022. CMH has recorded $1.7M in incremental revenue through the end of June, offset by expenses in screening, incremental staffing costs and the enhanced nurse training program.

CMH recognized $1.4M in temporary one-time funding for physician-related pandemic costs. This funding is 100% offset by expenses in medical remuneration. This funding is scheduled to end on March 31, 2023.

Cancer Care Ontario QBP revenue was $443K favourable to budget, due to higher numbers of breast surgeries and endoscopy procedures, partially offset by lower volumes in colorectal cancer surgeries.

Elective & Non Elective QBP revenue was $292K favourable to budget due to surgical premiums from hips, shoulders & spine surgeries.

Unfavourable Variances

The hospital has budgeted to receive $8.6M in PCOP clinical funding in fiscal 2022-23, just over 50% of the available $16.1M PCOP funding allocation. Funding recognition is dependent on meeting volume targets. $3.7M of PCOP revenue associated with clinical volumes has been recognized YTD. The YTD shortfall is attributed to the decline in surgical volumes and lower patient acuity in the Medicine program creating a $3.0M unfavourable variance.

Billable Patient Services

The $1.2M year-to-date favourable variance is primarily due to a $1.4M favourable variance in professional fees (partially offset by higher medical remuneration costs), $498K favourable variance for uninsured residents of Ontario and $155K favourable variance for insured self pay. The favourable variance is partially offset by unfavourable variances in technical fees ($389K),

non-resident provincial plans ($222K), preferred accommodation ($147K) and funding from the Workplace Safety and Insurance Board (WSIB) ($42K).

Recoveries and Other Revenues
The $1.9M year-to-date favourable variance is driven by $1.5M favourable variance in interest income and $1M payment received for the Temporary Retention Incentive for Nurses (TRIN). TRIN revenue is fully offset by increased compensation costs. The positive variance is partially offset by the loss of Sleep Disorders Clinic revenue ($284K) and parking revenue ($210K). The contract with the Sleep Disorders Clinic was previously volume based but was moved to a rental agreement in November 2022.

Expenses

Salaries and Wages
The shortage of health human resources in Ontario has created staffing pressures in many areas across the organization. Salaries and wages were $1.2M unfavourable to budget year to date. There has been a $7.6M favourable variance in worked salaries year to date, driven by staffing shortages and high number of vacancies. The favourable variance in worked salaries is offset by unfavourable budgeted variances in overtime ($3.4M), agency staffing costs ($1.7M), staff training costs ($1.5M), sick time ($982K), one-time TRIN payment ($898K) and modified work ($483K).

Overtime costs were ($326K) unfavourable to budget in January, increasing the year to date unfavourable variance to ($3.4M). Sick time costs were ($19K) unfavourable to budget, increasing the year to date unfavourable variance to ($982K).

Overtime and sick time hours are summarized in the table below:

	January 2023			YTD 2022-23		
HOURS	**Actual**	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
Overtime	7,326	1,892	(5,434)	74,756	18,653	(56,103)
Sick	6,051	4,650	(1,401)	86,383	45,541	(40,842)

The overtime variance is driven by staffing shortages and high level of vacancies.

Other variances in Salaries and Wages include:
- The Assessment Centre had a $1.5M favourable variance due to lower service volumes than budget and closure of the centre in September.
- The COVID cost centre had a $118K favourable variance YTD driven by the hospital screening function ending earlier than budgeted.

Both of these favourable variances are offset by the loss of COVID funding.

Employee Benefits
The YTD favourable variance of $1.3M is primarily due to fewer maternity leaves, lower percent in lieu of benefits and HOOPP due to the full-time and part-time staff mix.

Medical Remuneration
The $996K unfavourable year-to-date variance is due to additional professional services for CT (computerized tomography) and MRI (magnetic resonance imaging) ($675K), Infection Prevention and Control (IPAC) ($364K) and Oncology Associates ($263K). The MOH has provided one-time funding to offset the IPAC costs. These higher costs were partially offset by $171K in savings due to the reduction of COVID stipends paid to the hospitalists, YTD vacancies for a psychiatrist and pathologist ($147K), and the vacancy in the VP Medical Affairs position ($132K).

Medical and Surgical Supplies
The $337K YTD favourable variance has been driven by the gradual ramp up of elective surgeries in the Perioperative Services program ($413K), which has led to a lower utilization of medical and surgical supplies.

Drug Expense
The $35K YTD unfavourable variance is driven by higher spending on drugs for the Oncology program ($144K) and the Emergency Department ($85K), partially offset by positive variances on the Medicine B unit ($73K), Intensive Care Unit (ICU) $63K, and Inpatient Surgery unit $36K due to lower than budgeted volumes. 94% of oncology drug costs are reimbursed by Cancer Care Ontario.

Other Supplies and Expenses
The $2.7M YTD favourable variance is due to:
- the unused contingency allocation of $3.5M;
- the timing of expenditures across programs and services of $1M;
- partially offset by building maintenance repairs ($1M) and higher utilities costs due to natural gas prices and electricity usage ($0.8M).

Balance Sheet and Statement of Cash

CMH's current cash position is $101.2M, consisting of $79.6M of unrestricted cash and $21.6M of restricted cash. The hospital's cash position will be reduced as the MOH reconciles prior year funding allocations and capital projects are completed during the year and. Accounts payable balance at the end of January was $51.6M, consisting of General Accounts Payable ($31.8M) and MOH Payable ($19.8M). Unrestricted working capital available at the end of January is $10.9M, which is mainly due to the prior and current year surpluses.

The working capital ratio is 1.13 and meets the requirements of the Hospital Service Accountability Agreement (H-SAA) target.

Forecast

CMH is forecasting a surplus for 2022-23 of $1.8M. The forecast assumes that CMH will earn $4.1M in PCOP revenue, $4.5M less than budget. The $4.2M budgeted contingency offsets the majority of this revenue loss.

The primary reasons for the projected surplus are higher QBP volumes than budget ($1.8M), higher interest income than budget ($1.8M), savings in employee benefits ($1.5M), Assessment Centre funding provided by the MOH to offset losses incurred during fiscal 2020-21 ($0.9M), Pandemic Prevention and Containment funds ($0.8M) and wait time funding ($0.3M). These

favourable variances are partially offset by lower PCOP funding ($4.5M) than budget and higher salaries and wages than budget ($2.3M).

The MOH is currently reconciling the PCOP funding for fiscal 2019-20 and fiscal 2020-21. The hospital is expecting a favourable result (up to $6.3M) that will create a one-time funding source to be invested in the capital redevelopment project, building infrastructure and information systems.

Cambridge Memorial Hospital
Statement of Operations
For the Period Ending January 31, 2023

Confidential
(Expressed in thousands of dollars)

Month of January 2023					Year to Date				2022-23	2022-23		2021-22 Prior Year Actuals		
Actual	Plan	Variance	% Variance		YTD Actual	YTD Plan	YTD Variance	% Variance	Forecast	Plan	Variance	Jan. 2022	YTD Jan. 22	2021-22 YE
				Revenue:										
				MOH Operating Funding										
$ 7,731	$ 7,731	$ -	0%	MOH - Base	$ 76,308	$ 76,308	$ -	0%	$ 91,021	$ 91,021	$ -	$ 7,012	$ 69,220	$ 88,020
2,378	2,177	201	9%	MOH - Quality Based Procedures	18,970	18,235	735	4%	23,131	21,314	1,817	1,310	15,762	19,730
546	936	(390)	(42%)	MOH - Post Construction Operating Plan	3,702	6,735	(3,033)	(45%)	4,112	8,567	(4,455)	371	3,659	2,476
2,159	1,988	171	9%	MOH - One time / Other	22,181	21,200	981	5%	25,498	24,983	515	2,506	29,800	35,923
12,814	12,832	(18)	(0%)	Total MOH Operating Funding	121,161	122,478	(1,317)	(1%)	143,762	145,885	(2,123)	11,199	118,441	146,149
1,457	1,215	242	20%	Billable Patient Services	13,196	11,994	1,202	10%	15,749	14,306	1,442	1,277	12,908	15,477
1,449	1,179	270	23%	Recoveries and Other Revenue	13,561	11,633	1,928	17%	16,385	14,919	1,465	1,061	11,063	14,954
314	252	62	25%	Amortization of Deferred Equipment Capital Grants	2,840	2,488	352	14%	3,390	2,968	421	190	1,919	2,399
321	283	38	13%	MOH Special Votes Revenue	2,993	2,825	168	6%	3,581	3,364	217	497	3,081	3,590
16,355	**15,761**	**594**	**4%**	**Total Revenue**	**153,751**	**151,418**	**2,333**	**2%**	**182,866**	**181,443**	**1,423**	**14,224**	**147,412**	**182,569**
				Operating Expenses:										
6,771	6,735	(36)	(1%)	Salaries & Wages	67,442	66,234	(1,208)	(2%)	81,292	79,001	(2,291)	6,548	63,709	78,597
1,924	2,012	88	4%	Employee Benefits	17,242	18,547	1,305	7%	20,890	22,370	1,480	1,793	16,929	20,242
1,832	1,617	(215)	(13%)	Medical Remuneration	18,087	17,092	(995)	(6%)	21,363	20,168	(1,195)	2,259	21,100	25,873
983	1,016	33	3%	Medical & Surgical Supplies	9,690	10,027	337	3%	11,556	11,960	404	678	8,937	10,647
817	816	(1)	(0%)	Drug Expense	8,086	8,051	(35)	(0%)	9,645	9,603	(42)	766	7,758	9,479
2,375	2,343	(32)	(1%)	Other Supplies & Expenses	20,434	23,128	2,694	12%	24,991	27,636	2,645	1,739	15,335	20,733
542	487	(55)	(11%)	Equipment Depreciation	5,108	4,805	(303)	(6%)	6,096	5,732	(364)	402	4,074	5,174
321	289	(32)	(11%)	MOH Special Votes Expense	2,993	2,814	(179)	(6%)	3,581	3,364	(217)	497	3,081	3,590
15,565	**15,315**	**(250)**	**(2%)**	**Total Operating Expenses**	**149,082**	**150,698**	**1,616**	**1%**	**179,414**	**179,835**	**421**	**14,682**	**140,923**	**174,335**
790	**446**	**344**	**77%**	**MOH Surplus / (Deficit)**	**4,669**	**720**	**3,949**	**(548%)**	**3,452**	**1,608**	**1,844**	**(458)**	**6,489**	**8,234**
(634)	(642)	8	(1%)	Building Depreciation	(6,307)	(6,334)	28	(0%)	(7,522)	(7,556)	33	(519)	(5,190)	(6,701)
485	505	(20)	(4%)	Amortization of Deferred Building Capital Grants	4,916	4,987	(71)	(1%)	5,863	5,948	(85)	469	4,691	5,725
$ 641	**$ 309**	**$ 332**	**108%**	**Net Surplus / (Deficit)**	**$ 3,278**	**$ (627)**	**$ 3,905**	**622.8%**	**$ 1,793**	**$ (0)**	**$ 1,793**	**$ (508)**	**$ 5,990**	**$ 7,258**

PCOP YE Reconciliation 19-20	721
PCOP YE Reconciliation 20-21	5,555
Revised Excess of Revenue Over Expenses	**8,068**

Cambridge Memorial Hospital
Statement of Financial Position
As at January 31, 2023

(Expressed in thousands of dollars)

	January 2023	March 2022
ASSETS		
Current Assets		
Cash and Short-term Investments	$ 79,632	$ 63,068
Due from Ministry of Health/Ontario Health	1,963	7,381
Other Receivables	4,975	3,920
Inventories	2,591	2,453
Prepaid Expenses	3,281	1,724
	92,442	78,545
Non-Current Assets		
Cash and Investments Restricted - Capital	21,559	16,439
Due from Ministry of Health - Capital Redevelopment	3,243	4,760
Due from CMH Foundation	2,639	472
Endowment and Special Purpose Fund Cash & Investments	187	187
Capital Assets	271,791	262,601
Total Assets	**$ 391,861**	**$ 363,006**
LIABILITIES & NET ASSETS		
Current Liabilities		
Due to Ministry of Health/Ontario Health	19,786	6,309
Accounts Payable and Accrued Liabilities	31,764	34,386
Deferred Revenue	29,982	29,982
	81,532	70,677
Long Term Liabilities		
Capital Redevelopment Construction Payable	695	1,114
Employee Future Benefits	4,380	4,118
Deferred Capital Grants and Donations	262,136	247,256
	267,211	252,488
Net Assets:		
Unrestricted	12,536	7,873
Externally Restricted Special Purpose Funds	187	187
Invested in Capital Assets	30,395	31,781
	43,118	39,841
Total Liabilities and Net Assets	**$ 391,861**	**$ 363,006**
Working Capital Balance	10,910	7,868
Working Capital Ratio (Current Ratio)	1.13	1.11

Cambridge Memorial Hospital
Statements of Cash Flows
For the Month Ending January 31, 2023

(Expressed in thousands of dollars)

	January 2023	March 2022
Cash Provided By (used in) Operations:		
Excess (deficiency) of Revenue over Expenses	$ 3,278	$ 7,257
Items not involving cash:		
Amortization of capital assets	11,415	11,875
Amortization of deferred grants and donations	(7,755)	(8,124)
Change in Non-Cash Operating Working Capital	12,873	26,945
Change in Employee Future Benefits	263	85
	20,074	38,038
Investing:		
Acquisition of Capital Assets & CRP	(20,604)	(31,846)
Capital Redevelopment Construction Payable	(420)	1,114
	(21,024)	(30,732)
Financing:		
Capital Donations and Grants & CRP	22,636	14,947
	22,636	14,947
Increase (Decrease) In Cash for the Period	21,686	22,253
Cash & Investments - Beginning of Year	79,507	57,254
Cash & Investments - End Of Period	**$ 101,193**	**$ 79,507**
Cash & Investments Consist of:		
Unrestricted Endowment and Special Purpose Investments	30	30
Cash & Investments Operating	79,604	63,038
Cash & Investments Restricted	21,559	16,439
Total	**$ 101,193**	**$ 79,507**

BRIEFING NOTE

Date: February 8, 2023
Issue: Meeting Summary – MAC OPEN Meeting February 2023
Prepared for: Board of Directors
Purpose: ☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction
Prepared by: Dr. Winnie Lee, Chief of Staff
Approved by: Patrick Gaskin, President & CEO

Attachments/Related Documents: None

Alignment with 2022/23 CMH Priorities:

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

A meeting of the Medical Advisory Committee took place on Wednesday February 8, 2023 at 1700h.

Present:	Dr. W. Lee, Dr. A. Sharma, Dr. J. Legassie, Dr. L. Green, Dr. K. Wadsworth, Dr. I. Morgan, Dr. M. Kumanan, Dr. A. Nguyen, Dr. M. Rajguru, Dr. J. Bourgeois, Dr. V. Miropolsky, Dr. M. Runnalls, Dr. L. Puopolo, Dr. I. Isupov
Regrets:	Dr. A. Rowe, Dr. M. Gill, Dr. M. Rajguru, Ms. C. Witteveen, Dr. M. Runnalls, Dr. L. Puopolo
Staff:	Mr. P. Gaskin, Ms. S. Pearsall, Ms. M. Iromoto, Mr. K. Leslie, Ms. T. McMurdo (Recorder)
Guests:	Ms. D. Wilkinson, Dr. K. Nuri, Mr. R. Howe, Dr. R. Taseen, Ms. H. D'Sena, Mr. P. Lacey

Committee Matters – For information only

1. **Welcome:** Dr. W. Lee welcomed committee members and wished the group and shared a CCAIR Moment.
2. **M&T Report:** The January M&T report was approved by MAC (Bourgeois, Wadsworth)
3. **COVID 19 and Monkeypox Update:** Dr. Nuri provided a COVID-19 update. COVID-19 positivity continues to be seen in the community, with several admitted patients currently at CMH, including in the ICU. It was noted that activities in the community have largely shifted back to pre-pandemic behaviors. The challenges of encouraging COVID-19 vaccine boosters and infection control practices to patients were discussed. The incidence of flu and other respiratory viruses have been declining which has meant a reduced pressure on pediatric ICU beds. No updates on Monkeypox.

4. **Digital Health Update:** Mr. R. Howe provided an HIS update. Currently, the RFP is in stage three evaluation, with Executive presentations and Patient Journey presentations well underway. This will result in the short list of the top two vendors. Clinical functionality demonstrations (Stage 4 evaluations) are scheduled and will be held in March-May. Dr. Taseen stressed the importance of the physician participation and thanked the group for their efforts as they enter the Clinical functionality demonstrations. Mr. R. Howe shared upcoming plans to migrate the Medical Professional Staff to the cloud with Microsoft 365. CMH is currently migrating all @cmh.org email addresses to the cloud in support of improving accessibility and improving communication. Additional benefits will be access to OneDrive (personal cloud-based document storage application) and access to email via web (www.office.com) and not through VDI. The Medical Professional staff group is planned to migrate over beginning of March.
5. **Iodinated Contrast Media -** Dr. Isupov provided an update on the Iodinated Contrast Media supply shortage. Ontario Health memo was shared with MAC which has confirmed that GE Healthcare has signaled a return to normal iodinated contrast media to normal levels and routine ordering processes have resumed. Dr. Isupov has confirmed that there are no conservation strategies in effect, although appropriate use of CT and iodinated contrast is still required. With the resumption of normal access to iodinated contrast, Dr. W. Lee did indicate that the DI Department will be bringing back updates to iodinated contrast use and practices that align with American College of Radiology (ACR) guidelines.
6. **GRH IR Service Resumption -** Dr. W. Lee shared a new service expansion of GRH Interventional Radiology (IR) services. Due to demand and volumes, there has been support from hospitals in the region for GRH to expand their IR services. GRH IR services have expanded to Monday-Friday, 8am-8pm. The expansion started in September 2022 and data shared with the OH(West) Working Group has shown that it has made a positive impact on their wait times. CMH DI leadership has asked for a detailed process summary for the expanded GRH IR services and will be shared with MAC when available.
7. **ConnectMyHealth -** Connect MyHealth is a new OH(West) patient portal that will be available after March 30, 2023. Patient data is released in real-time with the exception of cardiology and diagnostic imaging data (not viewable to users until 21 days after they are in FINAL status), and Pathology & Genetics data not viewable until 35 days after they are in FINAL status. Dr. Bourgeois highlighted the importance of the time lag for pathology data release to patients, to provide time for family physicians and specialists to discuss results with patients. Dr. W. Lee shared that radiology had the same concerns several years ago when PocketHealth was initiated. Chiefs were asked to share with their departments for awareness. MAC felt that the time interval for pathology results was reasonable. Dr. W. Lee did share that this is part of a larger provincial strategy for single-point of entry for patients to access their personal health information.
8. **Medical Directives Approved –**

Medical Directive	**Motion**	**Second**
701: Surgical Day Care (SDC), Post Anesthetic Care (PACU) and Endoscopy – Venous Access Initiation (Ms. H. D'Sena)	Nguyen	Wadsworth
201: Emergency Department Analgesia and Fever Management (Mr. P. Lacey)	Bourgeois	Legassie
207: Ordering X-Rays of Lower Extremity Injuries (Mr. P. Lacey)	Green	Legassie
216: Ordering X-Rays of Upper Extremity Injuries (Mr. P. Lacey)	Legassie	Isupov

9. **Chiefs Corner – Celebrations**– Dr. A. Nguyen shared the achievements of Dr. Anupam Batra for his contributions to the Program in Evidence-based care (PEBC) in the past year. He was recognized with letters received by Mr. P. Gaskin and Dr. W. Lee, highlighting Dr. Batra's involvement in supporting the PEBC work to complete 13 guidance documents that have made a difference in cancer control in Ontario which provides guidance for clinical care, improving access to new effective treatments.
10. **Chiefs Corner – MAC 'Learning Lab' Update -** Dr. W. Lee provided an update on the inaugural Chief's 101 session on January 31, 2023. The agenda for the Chief's 101 session included a review of the Chief's orientation package, credentialing, hiring process, HR planning and APG meetings. Attendants felt it was a useful review of the credentialing processes. It provided the group an opportunity for Chiefs and Deputy Chiefs to ask questions about their roles and responsibilities. There has been a request for a future session on Managing Disruptive Behavior, in addition to the sessions co-Led with Linda Rodrigues on the topics of Supporting Change, Crucial Conversations and Me 2 You Disc.
11. **Quality Presentation – Medical Day Care -** Quality Committee of the Board Briefing Note was pre-circulated in the MAC package. Dr. A. Nguyen highlighted a number of activities in MDC that the team is proud and excited about, including an amalgamated systemic therapy suites (which could not be offered in the early part of the pandemic), a Drug Access Navigator, a McKesson partnership to support patients receiving Oral Chemotherapy, and embracing technology to improve systemic therapy appointments and leveraging the Ocean Portal for requisitions to improve access to diagnostic imaging. In addition, there has been a recent departure of one of the oncologists (who moved to a hospital closer to home) that previously focused on lymphoma with those patients slowly transitioning to GRH for care. The new oncologist that has joined CMH has expertise in breast and lung cancer.
12. **Standing Monthly Reports: CEO Report -** Mr. P. Gaskin provided the following updates on behalf of the CEO. Mr. Gaskin provided an overview of recent compliments and Google reviews from patients and family for CMH and staff in the Surgery department and the Emergency department. He also highlighted the celebration of 3 periOperative Registered Nurses who received their (AORN) certification as a commitment to exceptional patient safety. CMH also received a letter of acknowledgement and appreciation from GRH to the hospital and Diagnostic Imaging leadership, Radiologists and staff, for the collective efforts to smooth Priority 4 CT's across the region and for its ongoing commitment to providing high-quality care to the residents of Waterloo Wellington during recent unprecedented and very challenging times. The past year has required extensive flexibility, adaptability, innovation and collaboration to enable a focus on recovery and stabilization in many clinical areas. Mr. Gaskin provided an update of ongoing activities that align with the five Pillars of the 2022-2027 CMH Strategic Plan.
13. **Standing Monthly Reports: CNE Report -** Ms. S. Pearsall provided a clinical program update, including increased clinic days to accommodate the increasing demand in the liver health clinic and EEG; 24/7 CCRT coverage; launch of CCRT in the ICU; and planning for the anticipated start date of ECT in March 2023. CMH ED finished the 2021-2022 cycle with a cumulative performance rank of 50 out of 74, which is an improvement from a 57 ranking, but has an estimated funding reduction by approximately 45% to $634,796. ED Staffing continues to be a challenge. Medical Day Care has gone live with the Edmonton-Symptom Assessment (ESAS-r) which is a quantitative symptom assessment that allows for simple and rapid documentation, driven by the patient. There is also work to expand DI Ocean Portal in MDC. Newborn Screening Ontario (NSO) has implemented screening for biliary atresia in January 2023
14. **Roundtable-** Dr. W. Lee provided a reminder to all committee attendees about the upcoming CMHF Reveal Gala taking place on Friday March 3, 2023, at Tapestry Hall. Tickets or tables can be purchased through the Foundation and/or their website.

BRIEFING NOTE

Date: February 21, 2023
Issue: Meeting Summary – MAC Credentials & Privileging Jan. 2023
Prepared for: Board of Directors
Purpose: ☒ Approval ☐ Discussion ☒ Information ☐ Seeking Direction
Prepared by: Dr. Winnie Lee, Chief of Staff
Approved by: Patrick Gaskin, President & CEO

Attachments/Related Documents: MAC Credentials & Privileging Nov. 2022

Alignment with 2022/23 CMH Priorities:

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

A meeting of the Medical Advisory Committee took place on Wednesday February 8, 2023 at 5:00 pm.

Present:	Dr. W. Lee, Dr. A. Sharma, Dr. J. Legassie, Dr. L. Green, Dr. K. Wadsworth, Dr. I. Morgan, Dr. M. Kumanan, Dr. A. Nguyen, Dr. M. Rajguru, Dr. J. Bourgeois, Dr. V. Miropolsky, Dr. M. Runnalls, Dr. L. Puopolo, Dr. I. Isupov
Regrets:	Dr. A. Rowe, Dr. M. Gill, Dr. M. Rajguru, Ms. C. Witteveen, Dr. M. Runnalls, Dr. L. Puopolo
Staff:	Mr. P. Gaskin, Ms. S. Pearsall, Ms. M. Iromoto, Mr. K. Leslie, Ms. T. McMurdo (Recorder)
Guests:	Ms. D. Wilkinson,

Committee Recommendations/Reports – Board Approval Sought

Proposed Board Motion:

THAT the Board of Directors *approve the standard credentialing files from the January 2023 Credentials Committee meeting.*

Approved Committee Recommendations/Motions:

THAT the Medical Advisory Committee recommend to the Board of Directors that the standard credentialing files be approved. (Moved by Dr. J. Bourgeois, Seconded by Dr. M. Kumanan)

CARRIED. The attached BN provided to the Committee will be noted as well as any further commentary or discussion that is necessary.

Credentialing Files for Review:

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/ Not Recommended	Comments
Dr. Alexandra Budure	Surgery Surgical Assist		Locum	Requesting an extension of locum privileges from Jan 1 – December 31, 2023	Dr. Lawrence Green	☒ Recommended ☐ Recommended with comments ☐ Not Recommended	
Dr. Toby Chan	Surgery	Ophthalmology	Courtesy with Admitting	Requesting regional on-call privileges as confirmed at JCOS meetings. Currently GRH staff.	Dr. Lawrence Green	☒ Recommended ☐ Recommended with comments ☐ Not Recommended	
Dr. Laura Duncan	Emergency		Locum	Requesting an extension of locum privileges from Dec 19, 2022 – June 30, 2023	Dr. Matthew Runnalls	☒ Recommended ☐ Recommended with comments ☐ Not Recommended	
Dr. Russell Egerdie	Surgery	Urology	Retiring	Retiring from CMH effective February 6, 2023	Dr. Lawrence Green	☒ Recommended ☐ Recommended with comments ☐ Not Recommended	
Dr. Sidra Hassan	Internal Medicine	Infectious Disease	Associate	Requesting maternity leave from February 27, 2023 through May 28, 2023	Dr. Augustin Nguyen	☒ Recommended ☐ Recommended with comments ☐ Not Recommended	
Dr. Hugh Jellie	Surgery	Ophthalmology	Courtesy with Admitting	Requesting regional on-call privileges as confirmed at JCOS meetings.	Dr. Lawrence Green	☒ Recommended ☐ Recommended with comments ☐ Not Recommended	

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/ Not Recommended	Comments
				Currently GRH staff.			
Dr. Winny Li	Emergency		Locum	Restricted registration resident 3-mo review received – not extending Locum	Dr. Matthew Runnalls	☒ Recommended ☐ Recommended with comments ☐ Not Recommended	
Dr. Kathleen Logie	Surgery Surgical Assist		Locum	Requesting extension of locum privileges from Jan 1 – Mar 31, 2023	Dr. Lawrence Green	☒ Recommended ☐ Recommended with comments ☐ Not Recommended	
Dr. Chryssa McAlister	Surgery	Ophthalmology	Courtesy with Admitting	Requesting regional on-call privileges as confirmed at JCOS meetings. Currently GRH staff.	Dr. Lawrence Green	☒ Recommended ☐ Recommended with comments ☐ Not Recommended	
Dr. Bradley McQuaig	Surgery	Ophthalmology	Courtesy with Admitting	Requesting regional on-call privileges as confirmed at JCOS meetings. Currently GRH staff.	Dr. Lawrence Green	☒ Recommended ☐ Recommended with comments ☐ Not Recommended	
Dr. Catherine Menes	Medicine Sleep Clinic	Respirology	Courtesy No Admitting	Resigning privileges effective Nov 1, 2022 due to new contract with sleep clinic	Dr. Augustin Nguyen	☒ Recommended ☐ Recommended with comments ☐ Not Recommended	

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/ Not Recommended	Comments
Dr. Prima Moinul	Surgery	Ophthalmology	Courtesy with Admitting	Requesting regional on-call privileges as confirmed at JCOS meetings. Currently GGH staff.	Dr. Lawrence Green	☒ Recommended ☐ Recommended with comments ☐ Not Recommended	
Dr. Mona Mozafarian	Medicine Sleep Clinic	Respirology	Courtesy No Admitting	Resigning privileges effective Nov 1, 2022 due to new contract with sleep clinic	Dr. Augustin Nguyen	☒ Recommended ☐ Recommended with comments ☐ Not Recommended	
Dr. Alexandra Munn	Surgery	Orthopedics	Locum	Requesting an extension of locum privileges from Jan 1 – December 31, 2023	Dr. Lawrence Green	☒ Recommended ☐ Recommended with comments ☐ Not Recommended	
Dr. Mohamed Naser	Internal Medicine	Nephrology	Active	Requesting a change in category from Active to Locum effective January 22, 2023	Dr. Augustin Nguyen	☒ Recommended ☐ Recommended with comments ☐ Not Recommended	
Dr. Mark Neufeld	Surgery	Ophthalmology	Courtesy with Admitting	Requesting regional on-call privileges as confirmed at JCOS meetings. Currently GGH staff.	Dr. Lawrence Green	☒ Recommended ☐ Recommended with comments ☐ Not Recommended	
Dr. Laura Pellow	Surgery Surgical Assist		Locum	Requesting locum privileges from Jan 1 – Mar 31, 2023	Dr. Lawrence Green	☒ Recommended ☐ Recommended with comments ☐ Not Recommended	

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/ Not Recommended	Comments
Dr. Katie Peng	Surgery	Ophthalmology	Courtesy with Admitting	Requesting regional on-call privileges as confirmed at JCOS meetings. Currently GRH staff.	Dr. Lawrence Green	☒ Recommended ☐ Recommended with comments ☐ Not Recommended	
Dr. Jaspreet Rayat	Surgery	Ophthalmology	Courtesy with Admitting	Requesting regional on-call privileges as confirmed at JCOS meetings. Currently GRH staff.	Dr. Lawrence Green	☒ Recommended ☐ Recommended with comments ☐ Not Recommended	
Dr. Sylvia Rodriguez	Surgery	Ophthalmology	Courtesy with Admitting	Requesting regional on-call privileges as confirmed at JCOS meetings. Currently GGH staff.	Dr. Lawrence Green	☒ Recommended ☐ Recommended with comments ☐ Not Recommended	
Dr. Gurbir Sekhon	Internal Medicine		Active	Requesting a change in category from Active to Locum effective January 4, 2023	Dr. Augustin Nguyen	☒ Recommended ☐ Recommended with comments ☐ Not Recommended	
Dr. Sola Sogbein	Internal Medicine	Nephrology	Temporary	Requesting temporary privileges from January 9 – 13, 2023	Dr. Augustin Nguyen	☒ Recommended ☐ Recommended with comments ☐ Not Recommended	Discussion to take place on further Locum privileges

Name	Department	Specialty	Appointment	Reason	Supervisor	Recommended/ Not Recommended	Comments
Dr. Tabitha Tse	Surgery	Breast Recon	Locum	Requesting locum privilege extension from January 1, 2023 – December 31, 2023.	Dr. Lawrence Green	☒ Recommended ☐ Recommended with comments ☐ Not Recommended	
Dr. Richard Weinstein	Surgery	Ophthalmology	Courtesy with Admitting	Requesting regional on-call privileges as confirmed at JCOS meetings. Currently GRH staff.	Dr. Lawrence Green	☒ Recommended ☐ Recommended with comments ☐ Not Recommended	
Dr. Mark Xu	Surgery	Ophthalmology	Courtesy with Admitting	Requesting regional on-call privileges as confirmed at JCOS meetings. Currently GGH staff.	Dr. Lawrence Green	☒ Recommended ☐ Recommended with comments ☐ Not Recommended	
Dr. Natasha Yepes-Restrepo	Surgery	Ophthalmology	Courtesy with Admitting	Requesting regional on-call privileges as confirmed at JCOS meetings. Currently GRH staff.	Dr. Lawrence Green	☒ Recommended ☐ Recommended with comments ☐ Not Recommended	

GRAND RIVER HOSPITAL
Advancing Exceptional Care

St. Mary's GENERAL HOSPITAL

February 8, 2023

Mr. Patrick Gaskin
Cambridge Memorial Hospital
700 Coronation Blvd
Cambridge, ON
N1R 3G2

Dear Patrick,

We would like to acknowledge Cambridge Memorial Hospital for its ongoing commitment to providing high-quality care to the residents of Waterloo Wellington during this unprecedented and very challenging time. This past year has required extensive flexibility, adaptability, innovation, and collaboration to enable a focus on recovery and stabilization in many clinical areas.

We would like to take this opportunity to thank you, and the Diagnostic Imaging leadership, radiologists, and staff at Cambridge Memorial Hospital for the collective efforts to smooth Priority 4 CT's across the region. To date, Cambridge Memorial Hospital has completed over 60 CT's redirected from Grand River and St. Mary's General Hospitals. We would like to recognize everyone's contributions to provide improved access to imaging. Please share our appreciation with the Diagnostic Imaging staff in your facility and our thanks for the positive impacts of the collective work of this team.

Sincerely,

Ron Gagnon
President and CEO
Grand River Hospital

Mark Fam
President
St Mary's General Hospital

CMH

Innovation Fund
Cambridge Memorial Hospital

February 24, 2023

12 **Applications in Total**

Applicants from…

6 **Professions**

Including Clerks, Health Record Technicians, Student Coordinators, Clinical Educators, Nurses, and Physicians

Proposed Projects for…

12 **Departments/Programs**

Including Patient Registration, Patient Experience, Health Records, Clerical, Quality & Safety, Emergency Services, DEI, Research, Mental Health, Foundation, Surgical Day Care, and ERNI Data Collection

4 **Successful Applicants**

Patient Registration Arrival Check-in System

Proposed by: Debbie Andrade, Jocelyn Kiryluk, & Stephanie Baker

- Bring an organizational check-in system for patients at the Patient Registration department

Printing Health Records to PDF and Batch Printing

Proposed by: Keren Shool & Kelli Cox

- Improve the efficiency of providing records to patients in PDF format

Secure File Transfer Access to Patient Medical Records and Online Payment Project

Proposed by: Kelli Cox

- Provide digital copy of records/reports through a secure file transfer system, or as a secure email, as well as provide an online payment option to patients

Improving Resuscitation by Providing High Quality CPR

Proposed by: Paul Lacey & Vera Heldmann

- Analyze CPR Quality data to inform ED Staff practice in order to improve resuscitation by administering high quality CPR