Agenda

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 February 4, 2026
1700-1800
Virtual via Teams
Join the meeting now
Or call in (audio only)
833-827-2824,978704436#Canada (Toll-free)
Phone Conference ID: 978 704 436#

AGENDA

Agenda Item * indicates attachment / TBC – to be circulated	Page #	Time	Responsibility	Purpose
1. CALL TO ORDER				
1.1 Territorial Acknowledgement		1700	L. Woeller	
1.2 Welcome – Dr. Minta Patel, VP MPSA		1703	L. Woeller	
1.3 Confirmation of Quorum (7)		1704	L. Woeller	Confirmation
1.4 Declarations of Conflict of Interest		1705	L. Woeller	Declaration
1.5 Consent Agenda *(Any Board member may request that any item be removed from this consent agenda and moved to the regular agenda)*		1706	L. Woeller	Motion
1.5.1 Minutes of December 3, 2025*	4			
1.5.2 2025/26 Board of Directors Action Log*	9			
1.5.3 Board Attendance*	10			
1.5.4 Board Work Plan*	11			
1.5.5 Events Calendar*	20			
1.5.6 Committee Reports to the Board of Directors				
1.5.6.1 Audit Committee* (Jan 19, 2026)	22			
1.5.6.2 Digital Health Strategy Committee* (Next Meeting Feb 19, 2026)				
1.5.6.3 Executive Committee* (Next Meeting Mar 17, 2026)				
1.5.6.4 Governance and Nominating Committee* (Dec 11, 2025)	23			
1.5.6.5 Medical Advisory Committee* (Dec 4, 2025 & Jan 14, 2026)	25			
1.5.6.5.1 New Credentialed Physicians December 2025*	32			
1.5.6.6 Resources Committee* (Next Meeting Feb 23, 2026)				
1.5.7 Governance Policy Approvals*	33			
2-B-06 Chief of Staff Role Description	35			
2-C-20 Integrated Risk Management	38			
2-D-16 Session of Independent Directors and Committee Members	43			
2-A-28 Role Description for Committee Chair	45			
2-D-40 Evaluation of Board, Committee, and Individual Performance	48			
1.5.8 Quality Monitoring Metrics Scorecard*	53			
1.5.9 CEO Certificate of Compliance* (November 29, 2025 – January 30, 2026)	80			
1.5.10 CMH President & CEO Report*	81			
1.6 Confirmation of Agenda		1709	L. Woeller	Motion

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

Ex officio Members: Patrick Gaskin, Dr. Winnie Lee, Dr. Vlad Miropolsky, Dr. Minta Patel, Stephanie Pearsall

Agenda

Agenda Item * indicates attachment / TBC – to be circulated	Page #	Time	Responsibility	Purpose
2. PRESENTATIONS				
2.1 Mini Education Session: Fostering a Robust Emergency Preparedness Culture at CMH	82	1710	L. Barefoot	Information
3. BUSINESS ARISING				
3.1 No Open Matters for Discussion				
4. NEW BUSINESS				
4.1 Chair's Update				
4.1.1 Board Chair's Report*	96	1735	L. Woeller	Information
4.2 Governance Committee (Dec 11, 2025)				
4.2.1 Proposed Approach to Policy Review – Policy 2-D-20*	102	1740	J. Goyal	Motion
4.3 Quality Committee (Jan 21, 2026)				
4.3.1 Report to the Board of Directors*	109	1745	B. Conway	Information
4.4 Patient Family Advisory Council (PFAC) Update (Jan 13, & Feb 6, 2026)		1755	L. Woeller	Information
4.5 CEO Update				
4.5.1 No Open Matters for Discussion				
5. UPCOMING EVENTS *Visit GovHub for the most current listing of all upcoming events*		1759	L. Woeller	Information
5.1 Grand Rounds: February 26, 2026 – 8:00-9:00am, virtual Details to follow				
5.2 CMHReveal: February 27, 2026 – 5:30pm-12:00am, Tapestry Hall - CMHReveal 2026 - Cambridge Memorial Hospital Foundation				
5.3 Sara Alvarado's Walk from Cambridge to Paris: June 14, 2026 (morning); Galt, Cambridge to Paris – Walk to Paris 2026 by Sara Alvarado - Cambridge Memorial Hospital Foundation				
6. DATE OF NEXT MEETING	Wednesday March 4, 2026 Location: Hybrid			
7. TERMINATION		1800	L. Woeller	Motion
Link: Board/Committee Evaluation Survey	*Following the meeting, please complete within one week.*			

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

Ex officio Members: Patrick Gaskin, Dr. Winnie Lee, Dr. Vlad Miropolsky, Dr. Minta Patel, Stephanie Pearsall

CMH CAMBRIDGE MEMORIAL HOSPITAL

CMH Board of Directors Motions Page

<table>
<tr><th>Agenda Item</th><th colspan="2">Motions Being Brought Forward for Approval – February 4, 2026</th></tr>
<tr><td>1.5</td><td>Consent Agenda</td><td>• That, the CMH Board of Directors approves the Consent Agenda as presented/amended
The following motions are contained in the Consent Agenda:
○ That, the Board of Directors approves the following polices as presented/with amendments and upon recommendation of the Governance and Nominating Committee at its meeting of December 11, 2025.<table><tr><td>2-B-06</td><td>Chief of Staff Role Description</td></tr><tr><td>2-C-20</td><td>Integrated Risk Management</td></tr><tr><td>2-D-16</td><td>Session of Independent Directors and Committee Members</td></tr><tr><td>2-A-28</td><td>Role Description for Committee Chair</td></tr><tr><td>2-D-40</td><td>Evaluation of Board, Committee, and Individual Performance</td></tr></table></td></tr>
<tr><td>1.6</td><td>Confirmation of Agenda</td><td>• That, the agenda be adopted as presented/amended</td></tr>
<tr><td>4.2.1</td><td>Policy 2-D-20</td><td>• That, the CMH Board of Directors approves policy 2-D-02 Board Policy Development, Review, and Approval as presented to reflect a 3-year/5-year review schedule as outlined in the Policy Review Schedule, and upon recommendation of the Governance and Nominating Committee at its meeting of December 11, 2025.</td></tr>
</table>

Cambridge Memorial Hospital
BOARD OF DIRECTORS MEETING
Wednesday, December 3, 2025
***OPEN* Session**

Minutes of the open session of the Board of Directors meeting, held via hybrid model (video conference and within Cambridge Memorial Hospital, C.1.229) on December 3, 2025.

Present:

L. Woeller, Chair	Dr. W. Lee
S. Alvarado	J. Tulsani
B. Conway	M. Hempel
T. Barker	S. Pearsall
P. Gaskin	D. Wilkinson
J. Goyal	J. Herring
M. Lauzon	P. Brasil

Regrets: Dr. Margaret McKinnon, Dr, M. Shafir, Dr. V. Miropolsky

Staff Present: M. Iromoto, T. Clark, Dr. J. Legassie, Dr. K. Rhee

Guests: None

Recorder: S. Fitzgerald

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1. CALL TO ORDER

The Chair called the meeting to order at 1820h.

1.1. Territorial Acknowledgement

The Chair presented the Territorial Acknowledgement.

1.2. Welcome

The Chair welcomed the Board members to the meeting.

1.3. Confirmation of Quorum (7)

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

1.4. Declarations of Conflict of Interest

Board members were asked to declare any known conflicts of interest regarding this meeting. There were none.

1.5. Consent Agenda

Prior to approving the Consent Agenda, the Chair asked if any items required removal for further discussion. No items were removed.

The consent agenda was approved as presented.

- 1.5.1 Minutes of October 1, 2025
- 1.5.2 2025/26 Board of Directors Action Log
- 1.5.3 Board Attendance
- 1.5.4 Board Work Plan
- 1.5.5 Events Calendar
- 1.5.6 Committee Reports to the Board of Directors
  - Audit Committee (November 17, 2025)
  - Digital Health Strategy Committee (November 20, 2025)
  - Executive Committee (November 18, 2025)

Governance Committee (October 9 & November 13, 2025)
Medical Advisory Committee (October 8 & November 12, 2025)
1.5.6.5.1 New Credentialed Physicians September & October 2025
Resources Committee (November 24, 2025)

1.5.7 Governance Policy Approvals
That, the Board of Directors approves the following polices as presented and upon recommendation of the Governance and Nominating Committee at its meeting of October 9, 2025 and November 13, 2025.

2-A-16	*Digital Health Strategy Committee Terms of Reference*
2-B-10	*Succession Planning for the President & Chief Executive Officer, Chief of Staff, and Executive Team*
2-B-15	*Recruitment and Selection of the President & Chief Executive Officer and Chief of Staff*
2-B-20	*CMH Executive Compensation Policy*
2-B-25	*President & Chief Executive Officer & Chief of Staff Annual Performance Review*
2-C-10	*Quality and Patient Safety*
2-C-34	*Approval & Signing Authority*
2-C-38	*Investment Policy*
2-D-04	*Board and Committee Annual Work Plans*
2-D-48	*Whistleblower Policy*

1.5.8 2025/26 Strategic Priorities Q2 Update
1.5.8.1 Quality Monitoring Metric Scorecard
1.5.9 CEO Certificate of Compliance September 26, 2025-November 28, 2025
1.5.10 CMH President & CEO Report

1.6. **Confirmation of Agenda**
There were no additions to the agenda.

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

1.7. **MOTION to move In-Camera**
None opposed, **CARRIED.**

2. PRESENTATIONS
No Presentations.

3. BUSINESS ARISING
No open matters for discussion.

4. NEW BUSINESS
4.1. Chair's Update
4.1.1. Board Chair's Report
The Board of Directors reviewed the information provided in the pre-circulated meeting agenda package. The Chair thanked the Directors for their continued support of CMH events.

4.2. Governance and Nominating Committee (GNC)
4.2.1. HSO Governing Body Assessment – Final Survey Questions and Timeline
The Board of Directors reviewed and discussed the briefing note pre-circulated in the meeting agenda package. The GNC Chair highlighted that Accreditation Canada recommends Boards complete the HSO governing body assessment within the first or second year of the accreditation cycle, and with CMH's on-site assessment scheduled for November 2028, the survey is recommended to be completed by the end of 2026. The 10 questions include five from the 2023 OHA survey (where CMH scored below

average) and five new questions reflecting GNC input, covering areas such as risk oversight, CEO succession, stakeholder engagement, Board diversity, *in-camera* sessions, consent, agenda, discipline, generative learning, DEI, access to training, and accountability. If updates to the survey questions are needed before administration in late 2026, questions will return to GNC for consideration and then to the Board for approval, ensuring ongoing oversight and adaptability.

MOTION: That, the Board of Directors approves the following questions for inclusion in the Health Standards Organization (HSO) Governing Body Assessment, and upon recommendation from the Governance and Nominating Committee at its meeting of October 9, 2025:

1. We are informed about significant risk issues in a timely manner.
2. There is a sound plan for the CEO's development and succession.
3. The organization engages relevant stakeholders when considering strategic planning and service integration opportunities.
4. There is sufficient diversity of skills, experience, and backgrounds for good governance.
5. In-camera sessions are used appropriately.
6. The consent agenda is utilized effectively without compromising oversight and important items are flagged for detailed discussion when necessary.
7. We can apply knowledge gained from educational/generative discussions to our Board responsibilities and decision-making processes.
8. As Board members, our contributions effectively support the organization's goals and initiatives related to Diversity, Equity, and Inclusion (DEI).
9. We have sufficient training opportunities and a clear understanding of where to access resources.
10. The Board demonstrates accountability and transparency to government and other key stakeholders.

None opposed, **CARRIED.**

4.2.2. **Proposed Changes to the Non-Director Peer Assessment Process**

The Board of Directors reviewed and discussed the briefing note pre-circulated in the agenda package. The GNC Chair highlighted that GNC's recommendation to discontinue the current peer assessment survey for non-Director committee members and replace it with a conversation-based process led by committee chairs.

MOTION: That, the Board of Directors approves the discontinuation of the peer evaluation survey for non-Director Committee members and adopts the process, as outlined in the briefing note included in the meeting package, will be further reflected in policy 2-A-38 Role of Committee Chair, and as recommended by the Governance and Nominating Committee at their meeting of November 13, 2025.
None opposed, **CARRIED.**

4.2.3. **Proposed Changes to the Review of Terms of Reference and Workplans**

The Board of Directors reviewed and discussed the briefing note pre-circulated in the meeting agenda package. The GNC Chair highlighted that adopting an annual review process aims to maintain good governance, align with best practices, and allow committees to reflect new strategic or operational requirements as they arise.

MOTION: That, the Board of Directors adopts a standard annual review process for Board/Committees to review the Committee Terms of Reference and Workplans and upon recommendation of the Governance and Nominating Committee at its meeting of October 9, 2025.

None opposed, **CARRIED.**

4.2.4. **2-D-19 Selection of Officers Policy**

The Board of Directors reviewed and discussed the briefing note pre-circulated in the meeting agenda package. The Board Chair highlighted that the Board identified the lack of a formal process for selecting Chair and Vice Chair roles, especially relevant when multiple candidates are interested, and proposed a clear, fair selection procedure. The process includes self and peer nominations, input from the CEO and senior leadership, and the formation of a selection advisory team. A key amendment was moving the step where the chair contacts nominated individuals to confirm their interest and discuss the role's duties before finalizing the candidate list. Selection criteria are based on the Guide to Good Governance, with minor amendments. A selection advisory committee will be formed to assist GNC in the selection process, and all board members not seeking the Vice Chair role were invited to participate.

MOTION: That, the Board of Directors approves and adopts policy 2-D-19 Board Officer Selection Process as presented, and upon recommendation of the Governance and Nominating Committee at its meeting of November 13, 2025.
None opposed, **CARRIED.**

4.2.5. **Selection of Interview Team**

The Board of Directors reviewed the briefing note pre-circulated in the meeting agenda package. The GNC Chair highlighted that the GNC recommends using a single, consistent six-member interview team for all Board candidate interviews for the 2025-2026 year. The interview team will consist of four GNC members and two external representatives (to be finalized), aiming to ensure calibration and fairness across all candidate interviews.

MOTION: That, the Board appoints the following internal individuals as part of the interview team for the 2026-27 Board and committee member recruitment and upon recommendation of the Governance and Nominating Committee at its meeting of November 13, 2025.recommended by the Governance and Nominating Committee at their meeting of November 4, 2025:
Julia Goyal
Diane Wilkinson
Jayne Herring
Tom Barker
None opposed, **CARRIED.**

4.3. **Quality Committee**

4.3.1. **Report to the Board of Directors**

The Board reviewed and discussed the pre-circulated briefing note included in the meeting agenda package. The Quality Committee Chair provided comprehensive updates from the October 15, 2025, and November 19, 2025, Quality Committee meetings. Program presentations, staffing improvements, patient experience initiatives, and emergency preparedness, with additional discussion on replicating successful care transition models were highlighted.

4.4. **Resources Committee**

4.4.1. **Financial Statements – October 2025**

The Board of Directors reviewed and discussed the briefing note pre-circulated in the meeting agenda package. The Resources Committee Chair highlighted that the hospital posted a year-to-date surplus of $5.9 million, $6.6 million favorable to budget, driven by QBP revenue, PCOP funding, and contingency savings. The year-end surplus is projected to reach $11.7 million.

Key expense pressures include salaries, wages, and overtime, particularly in the Medicine program, but progress has been made in reducing overtime. Other favorable variances include lower gas costs and strong working capital. Major capital commitments for the remainder of the year include $13.1 million for HIS, $8.2 million for capital budget, and $1.2 million for land purchase.

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

4.5. **Patient & Family Advisory Council (PFAC) Update**
The Board of Directors received updates on PFAC activities, including the integration of HIS as a standing agenda item, improvements to the ED wait time clock, digital monitor installations, survey participation, and parking enhancements, with additional discussion on accessibility and ongoing initiatives.

4.6. **CEO Update**
No open matters for discussion.

5. **UPCOMING EVENTS**
The Chair reviewed the upcoming events and encouraged Directors to take part when able. The Chair also highlighted that the CMH Reveal is February 27, 2026, and tickets are now on sale through the CMH Foundation's website.

6. **DATE OF NEXT MEETING**
The next scheduled meeting will be held on February 4, 2026.

7. **TERMINATION**
MOTION: That, the meeting terminated at 1805hrs.
None opposed, **CARRIED.**

CAMBRIDGE MEMORIAL HOSPITAL

2025/26 Board of Directors Action Log – December 2025

Meeting Date	Agenda # / Item Description	Action Item	Owner	Status
06-04-25	4.1 Broader Public Sector Accountability Act Attestation	Governance Committee to review the current Board Consent Agenda Policy and discuss the approach to Declarations of Compliance.	Governance Committee	Will be brought to the GNC for final review at a future meeting.
06-25-25	4.2.2 Care Cupboard	CMH Leadership to provide the Board with updates when items are needed	CMH Leadership	Ongoing

CMH CAMBRIDGE MEMORIAL HOSPITAL Board of Directors Attendance Report 2025/2026

	90%	100%	100%	80%	100%	80%	80%	100%	90%	100%	100%	100%
Meeting Dates	Lynn Woeller	Bill Conway	Diane Wilkinson	Jay Tulsani	Jayne Herring	Julia Goyal	Margaret McKinnon	Miles Lauzon	Monika Hempel	Paulo Brasil	Sara Alvarado	Tom Barker
05-Feb-25	P	P	P	P	NA	P	P	P	P	P	P	NA
05-Mar-25	P	P	P	P	NA	P	R	P	P	P	P	NA
07-May-25	P	P	P	P	NA	P	P	P	P	P	P	NA
07-May-25	P	P	P	P	NA	P	P	P	P	P	P	NA
04-Jun-25	P	P	P	P	NA	R	P	P	R	P	P	NA
20-Jun-25	P	P	P	R	NA	P	P	P	P	P	P	NA
25-Jun-25	P	P	P	P	P	P	P	P	P	P	P	P
01-Oct-25	P	P	P	P	P	P	P	P	P	P	P	P
05-Nov-25	R	P	P	R	P	R	P	P	P	P	P	P
03-Dec-25	p	P	P	P	P	P	R	P	P	P	P	P

CMH CAMBRIDGE MEMORIAL HOSPITAL

Cambridge Memorial Hospital Board of Directors - 2025-26 Annual Work Plan

Meeting Date	Ref. #	Board of Directors Terms of Reference The Board of Directors are responsible for:	Relevant Policy	Relevant Committee	Action Arising	Work Planned / Completed
01-Oct-25	4a Corporate Culture					
	i	setting the tone for a culture throughout the Corporation that is consistent with the mission, vision and values and supports the Corporation's strategy	1-A-05		➢ share, measure and improve culture by setting ABCDE goals a)Attend – attend Board/committee meetings b)Be engaged – be an active contributor to the committee and Board work c)Connect – attend staff huddles, events d)Donate – support the CMH Foundation e)Educate – undertake education, courses	Complete
	4b Strategic Planning					
	ii	measuring and monitoring the implementation and achievement of the Corporation's strategic plans and performance targets	2-C-50	Quality / Resources	➢ progress report on Strategic Plan - received quarterly through Strategic Priorities tracker	Complete
	4c Corporate Performance					
	ii	monitor, mitigate and respond to the principal risks		Quality	➢ review critical incident reports (as per the Excellent Care for all Act)	Complete
	v	ensure processes are in place to monitor and continuously improve upon the performance targets	2-C-50	Quality	➢ receive and review the Quality Monitoring Metrics ➢ receive and review the Strategic Priorities Tracker	Complete
	vi	regularly review the functioning of the Corporation in relation to the objects of the Corporation as stated in the Letters Patent, the By-Laws, legislation, and any applicable accountability agreements with the MOH or Ontario Health	1-C-02 1-C-20	Resources	➢ receive and approve the CEO Certificate of Compliance regarding the obligation for payments of salaries, wages, benefits, statutory declarations and financial statements	Complete
	4f Oversight of Medical/Professional Staff					
	i	credential Medical/Professional Staff	1-C-13	MAC	➢ make the final appointment, reappointment, and privilege decisions ➢ ensure the effectiveness and fairness of the credentialing process	Complete
	iii	provide oversight of the Medical/Professional Staff through and with the Medical Advisory Committee and Chief of Staff		MAC	➢ receive the MAC Report to the Board of Directors	Complete
	4g Relationships					
		The Board shall build and maintain good relationships with the Corporation's key stakeholders including, without limitation, MOH, Ontario Health, Cambridge North Dumfries Ontario Health Team (CND OHT), community leaders, patients, employees, families, caregivers, other health service providers and other key stakeholders, donors, Cambridge Memorial Hospital Foundation ("CMH Foundation") and the Cambridge Memorial Hospital			➢ receive monthly reports/updates from: CND OHT CMH Foundation CMH Volunteer Association CMH Patient & Family Advisory Council Others as needed	Complete
	4i Board Effectiveness					
	iv	periodically review and revise governance policies, processes, and structures as appropriate		Governance	➢ review & approve Board policies as recommended by Governance Committee	Complete
	4k Fundraising					
		The Board supports fundraising initiatives of the Foundation	2-A-30		➢ review upcoming events ➢ reported through Directors ABCDE Goals ➢ receive CMH Board Giving Activity	Complete

CMH CAMBRIDGE MEMORIAL HOSPITAL

Cambridge Memorial Hospital Board of Directors - 2025-26 Annual Work Plan

Meeting Date	Ref. #	Board of Directors Terms of Reference The Board of Directors are responsible for:	Relevant Policy	Relevant Committee	Action Arising	Work Planned / Completed
November 5, 2025 (Generative Session)	4c Corporate Performance					
	ii	monitor, mitigate and respond to the principal risks		Quality	➢ review critical incident reports (as per the Excellent Care for all Act)	Complete
	v	ensure processes are in place to monitor and continuously improve upon the performance targets	2-C-50	Quality	➢ receive and review the Quality Monitoring Metrics	Complete
	vi	regularly review the functioning of the Corporation in relation to the objects of the Corporation as stated in the Letters Patent, the By-Laws, legislation, and any applicable accountability agreements with the MOH or Ontario Health	1-C-02 1-C-20	Resources	➢ receive and approve the CEO Certificate of Compliance regarding the obligation for payments of salaries, wages, benefits, statutory declarations and financial statements	Complete
	4f Oversight of Medical/Professional Staff					
	i	credential Medical/Professional Staff	1-C-13	MAC	➢ make the final appointment, reappointment, and privilege decisions ➢ ensure the effectiveness and fairness of the credentialing process	Complete
	iii	provide oversight of the Medical/Professional Staff through and with the Medical Advisory Committee and Chief of Staff		MAC	➢ receive the MAC Report to the Board of Directors	Complete
	4a Corporate Culture					
	ii	overseeing the establishment and monitoring of such a culture through appropriate mechanisms, including assessing the Chief Executive Officer, and Chief of Staff of the Corporation against this expectation	2-B-25 2-B-26	Executive	➢ receive & review the mid-year CEO and COS report and provide input	Complete
	4b Strategic Planning					
	ii	measuring and monitoring the implementation and achievement of the Corporation's strategic plans and performance targets	2-C-50	Quality / Resources	➢ progress report on Strategic Plan - received quarterly through Strategic Priorities tracker	Complete
	4c Corporate Performance					
	ii	monitor, mitigate and respond to the principal risks		Quality Audit / Quality / Resources	➢ review critical incident reports (as per the Excellent Care for all Act) ➢ receive mid-year IRM report	Complete Complete
	v	ensure processes are in place to monitor and continuously improve upon the performance targets	2-C-50	Quality	➢ receive and review the Quality Monitoring Metrics ➢ receive and review the Strategic Priorities Tracker	Complete
	vi	regularly review the functioning of the Corporation in relation to the objects of the Corporation as stated in the Letters Patent, the By-Laws, legislation, and any applicable accountability agreements with the MOH or Ontario Health	1-C-02 1-C-20	Resources	➢ receive & approve the CEO Certificate of Compliance regarding the obligation for payments of salaries, wages, benefits, statutory declarations and financial statements ➢ receive & approve Certificate of Compliance – Semi-Annual Distribution of Psychiatric Sessional and Stipend Funding (semi-annual)	Complete
	4f Oversight of Medical/Professional Staff					
	i	credential Medical/Professional Staff	1-C-13	MAC	➢ make the final appointment, reappointment, and privilege decisions ➢ ensure the effectiveness and fairness of the credentialing process	Complete
	iii	provide oversight of the Medical/Professional Staff through and with the Medical Advisory Committee and Chief of Staff		MAC	➢ receive the MAC Report to the Board of Directors	Complete

CMH CAMBRIDGE MEMORIAL HOSPITAL

Cambridge Memorial Hospital Board of Directors - 2025-26 Annual Work Plan

Meeting Date	Ref. #	Board of Directors Terms of Reference The Board of Directors are responsible for:	Relevant Policy	Relevant Committee	Action Arising	Work Planned / Completed
03-Dec-25	4g Relationships					
		The Board shall build and maintain good relationships with the Corporation's key stakeholders including, without limitation, MOH, Ontario Health, Cambridge North Dumfries Ontario Health Team (CND OHT), community leaders, patients, employees, families, caregivers, other health service providers and other key stakeholders, donors, Cambridge Memorial Hospital Foundation ("CMH Foundation") and the Cambridge Memorial Hospital			➢ receive monthly reports/updates from: CND OHT CMH Foundation CMH Volunteer Association CMH Patient & Family Advisory Council Others as needed	Complete
	4i Board Effectiveness					
	iv	periodically review and revise governance policies, processes, and structures as appropriate		Governance	➢ review & approve Board policies as recommended by Governance Committee	Complete
	4k Fundraising					
		The Board supports fundraising initiatives of the Foundation	2-A-30		➢ review upcoming events reported through Directors ABCDE Goals	Complete
	4l Programs Required under the *Public Hospitals Act*					
	ii	ensure that policies are in place to encourage and facilitate organ procurement and donation		Quality	➢ receive the annual Trillium Gift of Life Update	Complete
	iii	ensure that the Chief Executive Officer, Chief of Staff, nursing management, Medical/Professional Staff, and employees of the Hospital develop plans to deal with emergency situations and the failure to provide services in		Quality	➢ receive the annual Emergency Preparedness update	Complete
	4n Director Recruitment, Orientation, and Evaluation					
		The Board shall ensure there is an appropriate, objective, and formal process for the recruitment of Directors, and the evaluation of the Board, the Board Chair, its committees, committee Chairs and individual Directors.	2-D-20		➢ approve the members of the Nominating Sub-Committee & Interview Team	Complete
04-Feb-26	4c Corporate Performance					
	ii	monitor, mitigate and respond to the principal risks		Quality	➢ review critical incident reports (as per the Excellent Care for all Act)	Due
	v	ensure processes are in place to monitor and continuously improve upon the performance targets	2-C-50	Quality	➢ receive and review the Quality Monitoring Metrics	Due
	vi	regularly review the functioning of the Corporation in relation to the objects of the Corporation as stated in the Letters Patent, the By-Laws, legislation, and any applicable accountability agreements with the MOH or Ontario Health	1-C-02 1-C-20	Resources	➢ receive and approve the CEO Certificate of Compliance regarding the obligation for payments of salaries, wages, benefits, statutory declarations and financial statements	Due
	4f Oversight of Medical/Professional Staff					
	i	credential Medical/Professional Staff	1-C-13	MAC	➢ make the final appointment, reappointment, and privilege decisions ➢ ensure the effectiveness and fairness of the credentialing process	Due
	iii	provide oversight of the Medical/Professional Staff through and with the Medical Advisory Committee and Chief of Staff		MAC	➢ receive the MAC Report to the Board of Directors	Due
	4i Board Effectiveness					

CMH CAMBRIDGE MEMORIAL HOSPITAL

Cambridge Memorial Hospital Board of Directors - 2025-26 Annual Work Plan

Meeting Date	Ref. #	Board of Directors Terms of Reference The Board of Directors are responsible for:	Relevant Policy	Relevant Committee	Action Arising	Work Planned / Completed
	iv	periodically review and revise governance policies, processes, and structures as appropriate		Governance	➢ review & approve Board policies as recommended by Governance Committee	Due
04-Mar-26	4b Strategic Planning					
	iv	ensuring that key corporate priorities are formulated that help the Corporation accomplish its mission and actualize its vision in accordance with the strategic plan. The corporate priorities shall be reflective of the Board's primary accountability to the Ministry of Health ("MOH") and Ontario Health and any applicable accountability agreements with the MOH or Ontario Health		Quality Resources	➢ review & approve Annual Quality Improvement Plan (QIP) ➢ review & approve Hospital Service Accountability Agreement (HSAA) ➢ review & approve Multi-Sector Service Accountability Agreement (MSAA) ➢ review & approve Community Accountability Planning Submission (CAPS) ➢ review & approve Hospital Accountability Planning Submission (HAPS)	
	v	approving operating and capital plans	2-C-31	Resources	➢ review & approve the annual Operating Plan review & approve the Annual Capital Plan	
	4c Corporate Performance					
	ii	monitor, mitigate and respond to the principal risks		Quality	➢ review critical incident reports (as per the Excellent Care for all Act)	
	v	ensure processes are in place to monitor and continuously improve upon the performance targets	2-C-50	Quality	➢ receive and review the Quality Monitoring Metrics	
	vi	regularly review the functioning of the Corporation in relation to the objects of the Corporation as stated in the Letters Patent, the By-Laws, legislation, and any applicable accountability agreements with the MOH or Ontario Health	1-C-02 1-C-20	Resources	➢ receive and approve the CEO Certificate of Compliance regarding the obligation for payments of salaries, wages, benefits, statutory declarations and financial statements	
	4f Oversight of Medical/Professional Staff					
	i	credential Medical/Professional Staff	1-C-13	MAC	➢ make the final appointment, reappointment, and privilege decisions ➢ ensure the effectiveness and fairness of the credentialing process	
	iii	provide oversight of the Medical/Professional Staff through and with the Medical Advisory Committee and Chief of Staff		MAC	➢ receive the MAC Report to the Board of Directors	
	4g Relationships					
		The Board shall build and maintain good relationships with the Corporation's key stakeholders including, without limitation, MOH, Ontario Health, Cambridge North Dumfries Ontario Health Team (CND OHT), community leaders, patients, employees, families, caregivers, other health service providers and other key stakeholders, donors, Cambridge Memorial Hospital Foundation ("CMH Foundation") and the Cambridge Memorial Hospital			➢ receive monthly reports/updates from: CND OHT CMH Foundation CMH Volunteer Association CMH Patient & Family Advisory Council Others as needed	
	4h Financial Viability					
	i	establish key financial objectives that support the Corporation's financial needs		Resources / Quality	➢ review & approve Annual Operating & Capital Plans - service changes, operating plan, capital plan, salary increases, material amendments to benefit plans, programs and policies	
	4k Fundraising					
		The Board supports fundraising initiatives of the Foundation	2-A-30		➢ review upcoming events reported through Directors ABCDE Goals	

CMH CAMBRIDGE MEMORIAL HOSPITAL

Cambridge Memorial Hospital Board of Directors - 2025-26 Annual Work Plan

Meeting Date	Ref. #	Board of Directors Terms of Reference The Board of Directors are responsible for:	Relevant Policy	Relevant Committee	Action Arising	Work Planned / Completed
06-May-26	4.c Corporate Performance					
	i	identify principal risks to the Corporation in line with the Board's Integrated Risk Management policy	2-C-20	Audit Quality Resources	➢ review & approve the IRM process undertaken by management to identify and develop the in-year IRM risks and associated mitigation strategies	
	ii	monitor, mitigate and respond to the principal risks		Quality	➢ review critical incident reports (as per the Excellent Care for all Act)	
	v	ensure processes are in place to monitor and continuously improve upon the performance targets	2-C-50	Quality	➢ receive and review the Quality Monitoring Metrics ➢ receive and review the Strategic Priorities Tracker	
	vi	regularly review the functioning of the Corporation in relation to the objects of the Corporation as stated in the Letters Patent, the By-Laws, legislation, and any applicable accountability agreements with the MOH or Ontario Health	1-C-02 1-C-20	Resources	➢ receive and approve the CEO Certificate of Compliance regarding the obligation for payments of salaries, wages, benefits, statutory declarations and financial statements	
	4e Succession Planning					
	i	provide for Chief Executive Officer succession plan and process	2-B-10	Executive	➢ receive confirmation that succession plans are in place through the Executive Committee Report to the Board of Directors	
	ii	provide for Chief of Staff succession plan and process	2-B-12	Executive	➢ receive confirmation that succession plans are in place through the Executive Committee Report to the Board of Directors	
	iii	ensure that the Chief Executive Officer and Chief of Staff establish an appropriate succession plan for both executive management and Medical/Professional Staff leadership	2-B-10 2-B-12	Executive	➢ receive confirmation that succession plans are in place through the Executive Committee Report to the Board of Directors	
	4f Oversight of Medical/Professional Staff					
	i	credential Medical/Professional Staff	1-C-13	MAC	➢ make the final appointment, reappointment, and privilege decisions ➢ ensure the effectiveness and fairness of the credentialing process	
	iii	provide oversight of the Medical/Professional Staff through and with the Medical Advisory Committee and Chief of Staff		MAC	➢ receive the MAC Report to the Board of Directors	
	4g Relationships					
		The Board shall build and maintain good relationships with the Corporation's key stakeholders including, without limitation, MOH, Ontario Health, Cambridge North Dumfries Ontario Health Team (CND OHT), community leaders, patients, employees, families, caregivers, other health service providers and other key stakeholders, donors, Cambridge Memorial Hospital Foundation ("CMH			➢ receive monthly reports/updates from: CND OHT CMH Foundation CMH Volunteer Association CMH Patient & Family Advisory Council Others as needed	
	4i Board Effectiveness					
	iv	periodically review and revise governance policies, processes, and structures as appropriate		Governance	➢ review & approve Board policies as recommended by Governance Committee	
	4k Fundraising					
		The Board supports fundraising initiatives of the Foundation	2-A-30		➢ review upcoming events ➢ reported through Directors ABCDE Goals	

CMH CAMBRIDGE MEMORIAL HOSPITAL

Cambridge Memorial Hospital Board of Directors - 2025-26 Annual Work Plan

Meeting Date	Ref. #	Board of Directors Terms of Reference The Board of Directors are responsible for:	Relevant Policy	Relevant Committee	Action Arising	Work Planned / Completed
June 3, 2026 (Generative Session)	4a Corporate Culture					
	ii	overseeing the establishment and monitoring of such a culture through appropriate mechanisms, including assessing the Chief Executive Officer, and Chief of Staff of the Corporation against this expectation	2-B-25 2-B-26	Executive	➢ receive & review the annual CEO and COS survey results & self-appraisal and provide input	
	4b Strategic Planning					
	ii	measuring and monitoring the implementation and achievement of the Corporation's strategic plans and performance targets	2-C-50	Quality Resources	➢ progress report on Strategic Plan - received quarterly through Strategic Priorities tracker	
	4c Corporate Performance					
	ii	monitor, mitigate and respond to the principal risks		Quality	➢ review critical incident reports (as per the Excellent Care for all Act)	
	v	ensure processes are in place to monitor and continuously improve upon the performance targets	2-C-50	Quality	➢ receive and review the Quality Monitoring Metrics	
	vi	regularly review the functioning of the Corporation in relation to the objects of the Corporation as stated in the Letters Patent, the By-Laws, legislation, and any applicable accountability agreements with the MOH or Ontario Health	1-C-02 1-C-20	Resources Audit	➢ receive & approve Declaration of Compliance with MSAA Schedule F ➢ receive & approve Declaration of Compliance with BPSAA Schedule A ➢ receive & approve Certificate of Compliance – Semi-Annual Distribution of Psychiatric Sessional and Stipend Funding (semi-annual) ➢ receive the legislative compliance review receive and approve the CEO Certificate of Compliance regarding the obligation for payments of salaries, wages, benefits, statutory declarations and financial statements	
	4f Oversight of Medical/Professional Staff					
	i	credential Medical/Professional Staff	1-C-13	MAC	➢ make the final appointment, reappointment, and privilege decisions ➢ ensure the effectiveness and fairness of the credentialing process	
	iii	provide oversight of the Medical/Professional Staff through and with the Medical Advisory Committee and Chief of Staff		MAC	➢ receive the MAC Report to the Board of Directors	
	4h Financial Viability					
	ii	ensure that the organization undertakes the necessary financial planning activities so that resources are allocated effectively and within the parameters of the financial performance indicators		Resources	➢ receive updates on how the budget is being developed through the Resources Committee Report to the Board of Directors ➢ receive and approve the year-end financial statements	
	4i Board Effectiveness					
	i	monitor Board members' adherence to corporate governance principles and guidelines		Governance	➢ Declaration of conflict agreement signed by Directors ➢ Directors Consent to Act ➢ Governance Report to the Board of Directors	
	iv	periodically review and revise governance policies, processes, and structures as appropriate		Governance	➢ review & approve Board policies as recommended by Governance Committee	
	4n Director Recruitment, Orientation, and Evaluation					
		The Board shall ensure there is an appropriate, objective, and formal process for the recruitment of Directors, and the evaluation of the Board, the Board Chair, its committees, committee Chairs and individual Directors.	2-D-20		➢ review recommendations for new Directors, non-Director committee members ➢ review the results of the annual evaluation surveys through the Governance Committee Report to the Board of Directors	

CMH CAMBRIDGE MEMORIAL HOSPITAL

Cambridge Memorial Hospital Board of Directors - 2025-26 Annual Work Plan

Meeting Date	Ref. #	Board of Directors Terms of Reference The Board of Directors are responsible for:	Relevant Policy	Relevant Committee	Action Arising	Work Planned / Completed
24-Jun-26	4b Strategic Planning					
	ii	measuring and monitoring the implementation and achievement of the Corporation's strategic plans and performance targets	2-C-50	Quality Resources	➢ progress report on Strategic Plan - received quarterly through Strategic Priorities tracker	
	4c Corporate Performance					
	ii	monitor, mitigate and respond to the principal risks		Quality	➢ review critical incident reports (as per the Excellent Care for all Act)	
	v	ensure processes are in place to monitor and continuously improve upon the performance targets	2-C-50	Quality	➢ receive and review the Quality Monitoring Metrics ➢ receive and review the Strategic Priorities Tracker	
	vi	regularly review the functioning of the Corporation in relation to the objects of the Corporation as stated in the Letters Patent, the By-Laws, legislation, and any applicable accountability agreements with the MOH or Ontario Health	1-C-02 1-C-20	Resources	➢ receive and approve the CEO Certificate of Compliance regarding the obligation for payments of salaries, wages, benefits, statutory declarations and financial statements	
	4f Oversight of Medical/Professional Staff					
	i	credential Medical/Professional Staff	1-C-13	MAC	➢ make the final appointment, reappointment, and privilege decisions ➢ ensure the effectiveness and fairness of the credentialing process	
	iii	provide oversight of the Medical/Professional Staff through and with the Medical Advisory Committee and Chief of Staff		MAC	➢ receive the MAC Report to the Board of Directors	
	4g Relationships					
		The Board shall build and maintain good relationships with the Corporation's key stakeholders including, without limitation, MOH, Ontario Health, Cambridge North Dumfries Ontario Health Team (CND OHT), community leaders, patients, employees, families, caregivers, other health service providers and other key stakeholders, donors, Cambridge Memorial Hospital Foundation ("CMH Foundation") and the Cambridge Memorial Hospital			➢ receive monthly reports/updates from: CND OHT CMH Foundation CMH Volunteer Association CMH Patient & Family Advisory Council Others as needed	
	4i Board Effectiveness					
	iii	ensure ethical behaviour and compliance with laws and regulations, audit and accounting principles, accreditation requirements and the By-Laws		Audit	➢ review & receive the annual Audit Findings Report review & approve the year-end financial statements	
	4k Fundraising					
		The Board supports fundraising initiatives of the Foundation	2-A-30		➢ review upcoming events reported through Directors ABCDE Goals	
	4l Programs Required under the Public Hospitals Act					
	i	(i)ensure that an occupational health and safety program and a health surveillance program are established and regularly reviewed			➢ reported through annual attestations	

CMH CAMBRIDGE MEMORIAL HOSPITAL

Cambridge Memorial Hospital Board of Directors - 2025-26 Annual Work Plan

Meeting Date	Ref. #	Board of Directors Terms of Reference The Board of Directors are responsible for:	Relevant Policy	Relevant Committee	Action Arising	Work Planned / Completed
	4n Director Recruitment, Orientation, and Evaluation					
		The Board shall ensure there is an appropriate, objective, and formal process for the recruitment of Directors, and the evaluation of the Board, the Board Chair, its committees, committee Chairs and individual Directors.	2-D-20		➢ conduct the election of officers ➢ receive committee reports on work plan achievements ➢ review Board annual survey results	
As Needed	4a Corporate Culture					
	iii	overseeing policies in respect of the Corporation's code of conduct	1-A-04		➢ review the organizations code of conduct policy every three years (last reviewed May 9. 2024)	
	4b Strategic Planning					
	i	ensuring that a strategic planning process is undertaken with Board, employees and Medical/Professional Staff involvement and approved by the Board from time to time			➢ Strategic Plan: approve process, participate in development, approve plan - (last completed in 2022, will be done again in 2027)	
	iii	contributing to the development of and approving the mission, vision, values, and strategic plan of the Corporation				
	4d Chief Executive Officer and Chief of Staff					
	i	select the Chief Executive Officer in accordance with the relevant Board policies	2-B-15	Executive	➢ recruit, select, and hire and individual with the requisite skills, abilities, and competencies to effectively perform the job as President and Chief Executive Officer (CEO) of the organization	
	ii	delegate responsibility for the management of the Corporation to the Chief Executive Officer and require accountability to the Board	2-B-05	Executive		
	iii	establish a Board policy for the performance evaluation and compensation of the Chief Executive Officer	2-B-20 2-B-25	Executive / Governance	➢ review & approve the Board's policies 2-B-20 CMH Executive Compensation Policy (last reviewed May 26, 2021) 2-B-25 CEO Performance Review Policy (last reviewed May 25, 2022)	
	iv	select the Chief of Staff in accordance with the relevant Board policies	2-B-16	Executive	➢ recruit, select, and hire and individual with the requisite skills, abilities, and competencies to effectively perform the job as President and Chief Executive Officer (CEO) of the organization	
	v	delegate responsibility for the management of the Corporation to the Chief of Staff and require accountability to the Board	2-B-06	Executive		
	vi	establish a Board policy for the performance evaluation and compensation of the Chief of Staff	2-B-20 2-B-26	Executive / Governance	➢ review & approve the Board's policies 2-B-20 CMH Executive Compensation Policy (last reviewed May 26, 2021) 2-B-26 CEO Performance Review Policy (last reviewed May 25, 2022)	

CMH CAMBRIDGE MEMORIAL HOSPITAL

Cambridge Memorial Hospital Board of Directors - 2025-26 Annual Work Plan

Meeting Date	Ref. #	Board of Directors Terms of Reference The Board of Directors are responsible for:	Relevant Policy	Relevant Committee	Action Arising	Work Planned / Completed
	4j Effective Communication and Community Relationships					
	i	establish processes for community engagement to receive public input on material issues	1-A-05 2-D-09		➢ Post meeting agenda packages and minutes publically on the CMH Website ➢ review & approve the Board policy 2-D-09 (last reviewed June 28, 2023)	
	ii	promote effective collaboration and engagement between the Corporation and its community, particularly as it relates to organizational planning, mission, and vision			➢ Strategic Plan	
	4m Communications Policy					
		The Board shall establish a communications policy for the Corporation and oversee the maintenance of effective relations with stakeholders (e.g. MOH, Ontario Health, CND OHT, other health service providers, clients, patients, employees, volunteers, Medical/Professional Staff, CMH Foundation, CMH Volunteer Association, federal, provincial, regional and city politicians) through the Corporation's communications policy and programs	2-D-11	Governance	➢ review & approve Board policy 2-D-11 every three years (last reviewed April 22, 2022)	
	General					
		On behalf of the Board, the Governance Committee shall review and assess the adequacy of the Board terms of reference at least every 3 years and submit proposed changes to the Board for consideration		Governance	➢ review & approve the Board of Directors Terms of Reference (last reviewed June 28, 2023)	

DELAYED

Date	ref #	Item	Rationale	New Due Date

2025-26 Events Calendar

Board/Committee Meetings and Event Dates	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep (2025)
Board of Directors Regular Meetings													
5:00pm - 9:00pm		1		3		4	4		6	24			
Board Generative/Education Discussion Meetings													
Hospital Integration (Generative Discussion)			5										
Governance (Generative Discussion)										3			
Fostering a Robust Emergency Preparedness Culture at CMH (Mini Education)						4							
Board Committee Meetings													
Audit Committee 5:00pm - 7:00pm			17		19			27	25				
Digital Health Strategy Committee 5:00pm – 6:30pm	18		20			19		16	21	18			
Executive Committee 5:00pm - 7:00pm			18				17		19				
Governance & Nominating Committee 5:00pm - 7:30pm		9	13	11		12		9	14				
Quality Committee 7:00 am – 9:00am	17	15	19		21	18		15	20	17			
Quality Committee QIP Meeting 7:00 am – 9:00 am						5							
Resources Committee 5:00pm – 7:00pm	22		24			23		27	25	22			
Medical Advisory Committee (MAC) 4:30pm - 7:00pm	10	8	12	10	14	11	11	8	13	10			
CMHVA Board Meetings 9:30am - 11:15am - In Person / Hybrid	3	1	5 20 AGM	3	7	4	4	1	6	3 18 AGM			
CMHF Board Meetings 4:30pm - 6:30 - In Person / Hybrid	30		25		27		24		26	23 AGM			

Board/Committee Meetings and Event Dates	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Au	(2025)
Patient Family Advisory Council (PFAC) 5:00pm - 7:00pm In Person / Hybrid	9	7	4	2	13	3	3		5	2			
OHT Joint Board Committee 5:30pm - 7:30pm - Virtual Zoom meeting	22	27	24	15									
2025-26 Events													
Staff Holiday Lunch 11:00am-2:00pm & 9:00pm-10:00pm				4									
Cambridge & North Dumfries Community Awards - Hamilton Family Theatre 5:00pm - 7:00pm		10											
Cambridge City Council Workshop - Meeting with City Council and CMH Board of Directors - February 9 5:00pm-7:00pm						9							
CMHF Diversity Dinner – CMH Celebration of Champions, Oriental Sports Club		22											
CMH Staff BBQ										11			
Career Achievement										11			
CMH Celebrate the Values						4							
CMH Golf Classic - Galt Country Club Details to Follow													
CMHF Reveal 2026 - Starlight Serenade - Tapestry Hall						27							
Board Social - Tentative April								TBD					
Board Education Opportunities													
Governors Education Sessions													
Governance Essentials Program for New Directors (OHA)													
Hospital Legal Accountability Framework		16											
Hospital Accountability Within the Health System		23											
Hospital Funding and Accountability		28											
Governance Management Partnership			4										
Current Issues and Emerging Themes			11										
CMH Leadership Learning Lab													
• *Project Management for the Unofficial PM*													
• *Crucial Conversations*													
• *7 Habits of Highly Effective People*													
• *Me2You DISC Profile*													
• *Quality Improvement*													
• *Guiding Organizational Change*													
• *5 Choices*													
• *Unconscious Bias*													
• *Mental Health First Aid*													

CAMBRIDGE MEMORIAL HOSPITAL

BRIEFING NOTE

Date: January 30, 2026
Issue: Audit Committee Report to Board of Directors January 19, 2026 – Open
Prepared for: Board of Directors
Purpose: ☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction
Prepared by: Bonnie Collins, Administrative Assistant
Approved by: Jay Tulsani, Audit Committee Chair

Attachments/Related Documents: None

A meeting of the Audit Committee took place on Monday, January 19, 2026 at 1700h.

Present:	Jay Tulsani (Chair), Bill Conway, Miles Lauzon, Margaret McKinnon, Brian Quigley, Taariq Shaikh, Chris Whiteley, Lynn Woeller
Regrets:	Tom Barker, Bonita Bonn
Staff:	Trevor Clark, Patrick Gaskin, Kyle Leslie, Valerie Smith-Sellers, Susan Toth
Guests:	Kim Haley (KPMG), Pio Roda (KPMG), Rae Jerome (WRHN)

Committee Matters – For information only

1. Audit Plan Review: Representatives from KPMG presented the audit plan for the Committee's information. Discussion ensued, and the auditor addressed all questions raised by the Committee.

2. Review and Discuss External Auditor's Potential Conflict: The Committee received verbal confirmation from the auditor that there are no potential conflicts in providing audit services to CMH.

CAMBRIDGE MEMORIAL HOSPITAL

BRIEFING NOTE

Date: December 12, 2025
Issue: Governance and Nominating Committee Report to the Board of Directors December 12, 2026 – OPEN
Prepared for: Board of Directors
Purpose: ☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction
Prepared by: Stephanie Fitzgerald, Administrative Assistant
Approved by: Julia Goyal, Governance and Nominating Committee

Attachments/Related Documents: None

A meeting of the Governance and Nominating Committee took place on Thursday, December 11, 2025 at 1700h.

Present:	Julia Goyal (Chair), Tom Barker, Jayne Herring, Roger Ma, Milena Protich, Diane Wilkinson, Lynn Woeller (ex-officio)
Regrets:	Mari Iromoto
Staff:	Patrick Gaskin, Stephanie Pearsall
Guests:	Sargun Madan

Committee Matters – For information only

1. Proposed Approach to Policy Review Terms – Policy 2-D-02: The Governance and Nominating Committee (GNC) was presented with process updates to policy 2-D-20 amending to reflect a 3-year/5-year review process. The GNC was supportive of the approach.
(This item will be discussed further and a motion brough forward for Board approval during agenda item 4.2.1)

2. Policy Review and Approval: The GNC reviewed several governance polices as part of the scheduled policy review cycle. CMH leadership provided a summary of each policy's background, prior revisions, and the rationale for the updates presented. Most of the policies required only minor clean-up, alignment with current practice, or grammar updates, while others—such as the Chief of Staff role description—were intentionally kept aligned with the Medical Staff By-Law and flagged for more substantial updates during a future by-law review. The GNC reviewed each policy, confirming that the proposed amendments reflected earlier feedback and best-practice guidance. After reviewing all policies and confirming there were no further concerns, the committee passed a motion recommending approval of the amended policies to the Board.
(This item is included in the consent agenda item 1.5.7 for Board approval)

3. Unpacking What's New in the Guide to Good Governance: The GNC discussed key takeaways from session 1 of the education series, highlighting CMH's strong alignment with best practices and identifying areas for refinement, such as Board size review and standardized reporting.

The GNC continued its governance education series with session 2 focused on how Boards govern effectively. Discussion included Board behaviour, Director duties, governance-management boundaries, and maintaining strong Board processes. The Chair of the GNC emphasized that CMH already demonstrates strong alignment with these principles. The discussion reaffirmed that CMH operates from a strong governance foundation. Session 2 provided valuable direction for thoughtful enhancements – particularly in recruitment, Board education, and evaluation process.

CAMBRIDGE MEMORIAL HOSPITAL

BRIEFING NOTE

Date: December 4, 2026
Issue: MAC Report to the Board of Directors December 4, 2025 OPEN
Prepared for: Board of Directors
Purpose: ☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction
Prepared by: Dr. Winnie Lee, Chief of Staff
Approved by: Dr. Winnie Lee, Chief of Staff

Attachments/Related Documents: None

A meeting of the Medical Advisory Committee took place on Thursday, December 4, 2025, at 1730h.

Present:	Dr. W. Lee, Dr. J. Legassie, Dr. I. Isupov, Dr. A. Sharma, C. Witteveen, Dr. J. Bourgeois, Dr. B. Courteau, Dr. A. Nguyen, Dr. M. Shafir, Dr. M. Patel, Dr. T. Holling, Dr. L. Green, Dr. R. Shoop, Dr. M. Hindle, Dr. J. Gill
Regrets:	Dr. V. Miropolsky, Dr. E. Thompson, Dr. M. Rajguru, Dr. A. Mendlowitz
Staff:	P. Gaskin, M. Iromoto, Dr. K. Rhee, Dr. R. Taseen, J. Backler, J. Visocchi, Dr. K. Nuri
Guests:	B. Conway, C. Wilson, D. Wilkinson

Committee Matters – For information only

This briefing note provides the Board of Directors with a strategic summary of the key discussions, decisions, and insights from the Medical Advisory Committee (MAC) meeting held on December 4, 2025. Themes from the meeting reflect the organization's focus on clinical governance, continuous quality improvement, and the advancement of our core strategic priorities.

1. Enhancing Patient Safety and Quality of Care Through Protocol Optimization: A central theme of the meeting was the continuous refinement of clinical protocols to ensure the highest standards of care. These updates are strategically vital, as they translate directly into improved patient safety, standardized clinical practice, and superior outcomes. The committee reviewed several key initiatives that demonstrate a proactive approach to optimizing care delivery across the hospital.

- Acute GI Bleeding Management: Effective January 5, 2026, a significant strategic shift will occur in the management of acute gastrointestinal bleeding. All in-hospital consultations for these cases will be managed 24/7 by the gastroenterology division, which is currently managed by general surgery on-call. This change addresses the reality of reduced exposure to complex GI bleeds in surgical training programs and ensures that patients receive timely, specialized care from the most experienced clinicians, directly enhancing patient safety.

- Successful Endoscopy Referral Trial: The MAC reviewed the positive outcomes of the ongoing trial for an expedited Emergency Room (ER) referral process for endoscopy

procedures. The initiative has already proven successful in reducing hospital admissions and improving patient flow. Based on this success, the program will be extended for an additional six months to gather further data on efficiency gains and workflow impact, serving as a potential model for future quality improvement projects.

- **M&T Committee Protocol Updates:** The Pharmacy and Therapeutics (M&T) committee approved multiple refinements to clinical protocols and order sets. Notable updates include the clarification of adult and pediatric Diabetic Ketoacidosis (DKA) protocols, updates to pediatric asthma pathway guidelines, the approval of a new ICU order set for Dornase alfa, and revisions to anesthesia policies to better distinguish between epidural and spinal management.

2. **Managing Seasonal Infectious Disease Surges and Hospital Capacity:** The MAC assessed critical trends in infectious diseases, analyzing the impact on hospital capacity and affirming infection prevention and control (IPAC) policies. The trends directly impact our operational readiness, particularly concerning critical care resources.

    - **Current Disease Activity:** The report confirmed stable but ongoing activity for COVID-19. More pressing are the early-season surges of both influenza and Respiratory Syncytial Virus (RSV), which are contributing to patient admissions.
    - **Impact on Hospital Resources:** These seasonal viral surges are leading to an increase in ICU admissions, creating capacity concerns, and placing direct operational pressure on the hospital's critical care services and staffing.
    - **Infection Control Strategy:** After reviewing the evidence, the committee reaffirmed its current IPAC strategy. A mandate for universal masking is not being implemented at this time, but consideration for strong encouragement of masking was a takeaway from the discussion. The focus still remains on high-impact measures, including hand hygiene and strict compliance with patient isolation protocols.

    The challenge of managing resources under the strain of seasonal illness underscores the importance of broader efforts to promote efficiency and organizational flow.

3. **Driving Operational Efficiency and Prudent Resource Stewardship:** The MAC's focus on operational efficiency demonstrates a multi-faceted approach to resource stewardship. The initiatives reviewed—spanning clinical practice optimization, administrative streamlining, and process innovation—collectively reinforce the hospital's investment in high-value care.

    - **Choosing Wisely Initiative:** The committee was updated on the success of the Choosing Wisely initiative, which continues to drive a cultural shift toward evidence-based, high-value care by reducing unnecessary interventions. Specific projects, such as optimizing antibiotic use, reducing sterile water consumption and implementation of a closed-system suction device to reduce plastics utilization in endoscopy resulted in significant and measurable cost savings and appropriate use of resources. Three abstracts from Choosing Wisely projects across the organization have been submitted for the annual Choosing Wisely Canada Annual Conference in 2026.
    - **Archiving Outdated Directives:** As part of streamlining clinical practice, the committee approved the archiving of the Central Venous Access Device (CVAD) Heparin Lock medical directive. This is an example of our commitment to removing obsolete procedures and simplifying workflows for clinical staff.
    - **Time and Resource Savings:** The expedited endoscopy ER referral trial was highlighted not only for its clinical benefits but also as a model for future quality

improvement in other areas. The model demonstrated potential for significant time and resource savings, which reinforces the value of investing in process innovation.

4. **Investing in Physician Development and Communication Excellence:** The committee reviewed three complementary initiatives aimed at bolstering physician excellence, recognizing that superior clinical outcomes are driven by a combination of communication skills, a deep-seated commitment to patient-centeredness, and real-time access to evidence-based knowledge.

    - **Experiential Learning for Communication:** The committee was introduced to the "Theatre of Medicine," an innovative, accredited program that uses theatre and improvisation techniques to enhance physician-patient communication. It is a newly developed educational program by the Royal College of Physicians and Surgeons and the Shaw Festival focused on enhancing interpersonal and communication skills. The committee noted the potential value of this program and expressed hope for a future collaboration with the MPSA to sponsor a session for Cambridge Memorial Hospital staff.
    - **Reinforcing the Value of the Patient Experience:** A discussion on an article from the Beryl Institute's *Patient Experience Journal* reinforced that patient experience is not a "soft skill" but a measurable, evidence-based component of quality care. It is directly tied to clear communication and empathy, which benefits both patients and clinicians by enhancing care delivery and reinforcing a sense of purpose.
    - **Adopting AI-Powered Clinical Support:** Clinicians are increasingly using Open Evidence, an AI-powered tool that provides real-time, evidence-based information from trusted sources like NEJM and JAMA. This accessible platform supports clinical decision-making, helps build confidence in care plans, and provides valuable patient education materials.

    This focus on individual development and excellence is complemented by a culture that celebrates collective achievements and strong leadership.

5. **Fostering a Culture of Recognition and Leadership:** Recognizing clinical excellence and strong leadership is vital for maintaining high morale, fostering engagement, and sustaining a high-performance culture across the organization. The roundtable discussion provided an opportunity to celebrate recent accomplishments and acknowledge outstanding contributions from our medical staff.

    - **Surgical Innovation:** The committee celebrated the surgical team, particularly the maxillofacial division, for successfully completing Canada's first TMJ stock joint procedure—a testament to the high level of skill and innovation within our hospital.
    - **Leadership Acknowledgment:** Dr. Rhee read a letter from Dr. Gill, Chief of the Emergency Department, which was addressed directly to the Board, praising Dr. Lee for her exceptional leadership and her proven ability to foster collaboration across diverse teams within the organization.
    - **Celebrating the MPSA:** Appreciation was expressed for the continued engagement of the Medical Professional Staff Executive who supported a key quality initiative this year, the CPSO QI Partnership initiative. Dr. M. Shafir was also applauded for his contributions and exceptional leadership as part of the MPSA Executive.

6. **Advancing Strategic Organizational Health and Future Growth:** The final theme, drawn from the CEO's report, provides the overarching strategic context for the hospital's clinical and operational activities. These points provide a high-level view

of the organization's current health, its commitment to its people, and its trajectory for future growth. The CEO's report discussed activities aligned with the organization's commitment to its core strategic pillars: Increasing Joy in Work, sustaining financial health, advancing health equity, elevating partnerships in care, and reimagining community health. In particular, there is a commitment to a healthy workplace. The hospital was recently recognized by Excellence Canada with a Healthy Workplace certification, affirming our commitment to staff well-being. In a tangible sign of this commitment, Facility Dog Ember will be returning to work to provide comfort and support to physicians and staff. There is also a commitment to forward-looking initiatives. There are ongoing primary care initiatives and active planning for future hospital clinical programs. These efforts signal a clear commitment to long-term growth and our capacity to serve the evolving needs of our community.

The discussions and decisions of the Medical Advisory Committee remain closely aligned with the hospital's strategic goals, reflecting a unified commitment to driving clinical excellence and organizational health across Cambridge Memorial Hospital.

CAMBRIDGE MEMORIAL HOSPITAL

BRIEFING NOTE

Date: **January 16, 2026**
Issue: **MAC Report to the Board of Directors – January 14 2025 OPEN**
Prepared for: **Board of Directors**
Purpose: **☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction**
Prepared by: **Dr. Jenny Legassie – Deputy Chief of Staff, Dr. Winnie Lee – Chief of Staff**
Approved by: **Dr. Winnie Lee, Chief of Staff**

Attachments/Related Documents: None

A meeting of the Medical Advisory Committee took place on Wednesday, January 14, 2026 at 1700h.

Present:	Dr. W. Lee, Dr. J. Legassie, Dr. I. Isupov, Dr. A. Sharma, C. Witteveen, Dr. J. Bourgeois, Dr. B. Courteau, Dr. A. Nguyen, Dr. M. Shafir, Dr. M. Patel, Dr. T. Holling, Dr. L. Green, Dr. M. Hindle, Dr. J. Gill, Dr. V. Miropolsky, Dr. M. Rajguru, Dr. A. Mendlowitz
Regrets:	Dr. R. Shoop
Staff:	P. Gaskin, M. Iromoto, Dr. K. Rhee, Dr. R. Taseen, J. Backler,
Guests:	B. Conway, C. Wilson, D. Wilkinson

Committee Matters – For information only

This briefing note provides the Board of Directors with a summary of the key discussions, decisions, and insights from the Medical Advisory Committee (MAC) meeting held on January 14, 2026.

1. Digital Transformation: Accelerating Clinical Documentation Efficiency: The strategic transition from traditional, manual dictation to front-end dictation and integrated AI-assisted documentation is a critical lever for Cambridge Memorial Hospital's (CMH) improving quality and operational efficiency. By shifting to front-end documentation, it is eliminating the lag between patient encounters and record availability, thereby improving clinical decision-making and data integrity. This modernization is essential to maintaining a high-performing medical staff in an increasingly digital healthcare environment.

   A significant milestone in the Front-End Speech Adoption initiative was achieved. Currently, 240 clinicians have been trained in front-end dictation, resulting in a nearly 90% adoption rate among eligible credentialed physicians. This high uptake is bolstered by the expansion of our AI Scribe offering, which now includes 41 licensed physicians using the Heidi AI platform. These tools aim to fundamentally reclaim clinical time, allowing physicians to focus on patient care rather than administrative data entry.

   Key Implementation Milestones include:

- **Deployment of Front-End Tools:** Full integration and training for Fluency Flex and Fluency Direct across clinical departments.
- **AI Scribe Expansion:** 41 physicians successfully onboarded to Heidi AI Scribe.
- **Workflow Optimization:** Resolution of medical learner workflow issues to ensure seamless report uploads to Meditech.
- **System Decommissioning:** A deadline has been set for the complete shutdown of the legacy dictation line at the end of January to finalize the transition to digital efficiency.

The investment in one-on-one training and the specific fix for medical learner workflows are critical risk mitigation strategies. By ensuring every report is uploaded accurately and promptly, we minimize documentation gaps. The decommissioning of the dictation line in January 2026 and the 90% adoption rate of front-end dictation demonstrates that we have successfully navigated the cultural shift required to support this technological leap.

2. **System Integration and Caring for our Community: Navigating Ontario's New Repatriation Mandates:** The regulatory landscape for interfacility transfers is evolving toward a disciplined, system-wide approach. CMH's role within the provincial health system is increasingly defined by our ability to move patients through the network efficiently, ensuring acute care beds are preserved for specialized services. New provincial mandates require a standardized approach to returning patients to their home communities, emphasizing the hospital's accountability within the regional network.

   The "Operational Direction for Acute Hospitals on the Repatriation Process" establishes rigorous timelines:

   - **48-Hour Acknowledgment:** Receiving facilities must acknowledge a repatriation request within two days.
   - **7-Day Transfer Window:** Physical transfer must be completed within one week. This mandate applies strictly to both regional program patients and all interfacility transfers.

   To overcome identified barriers—specifically physician-to-physician handover delays—a new escalation mechanism has been implemented. This allows administrative leadership to intervene if the seven-day transfer limit is exceeded, ensuring clinical bottlenecks do not compromise system capacity.

   The primary goal is to optimize regional bed capacity by ensuring patients are returned closer to their home facilities and support networks as soon as they no longer require specialized acute resources. Efficient systemic movement is only sustainable when underpinned by standardized clinical protocols that ensure safety during transitions.

3. **Standardizing Care Through Medical Directives and Safety Policies**: Standardizing Medical Directives and protocols ensures that care delivery remains consistent, safe, and efficient across all hospital departments. Several Medical Directives and policies were approved at MAC.

   (a) Geriatric Patient Care (Directive #233) – Shifting from auto-consults to physician-led GEM referrals reduces unnecessary resource utilization.
   (b) Pediatric Asthma Care (Directive #219) – Update on PRAM (Pediatric Respiratory Assessment Measure) scoring to include identifying severe cases for immediate physician assessment, and standardization of medication dosing.

(c) Suicide Assessment and Prevention Policy (Policy 12-110) – Adoption of the C-SSRS standards which is an accreditation standard, offering evidence-based language and clear decision-tree, to create a more robust and safe approach across all care settings.

4. **Fiscal and Operational Resilience: Managing Growth Within Funding Constraints:** CMH is currently managing intense patient care demands while navigating long-term growth strategies. The Ministry of Health is actively encouraging our long-term redevelopment planning, a vital external validation of our strategic direction. To support this, CMH is engaged in regional planning with the Waterloo Region Health Network (WRHN) to ensure our facility's evolution aligns with regional needs.

   CMH's financial outlook for 2026-27 includes a provincial funding forecast of 2%. CMH remains committed to a balanced budget, which requires disciplined operational management. A recent example of this resilience was our response to a significant winter surge. By fostering a culture of cross-departmental collaboration CMH successfully managed the surge without significant surgical cancellations.

   Concurrently, we are maintaining our physical assets through a five-phase infrastructure project to retrofit 72 showers. This project is on track for completion by the March 31, 2026, deadline, despite the necessity for ongoing internal patient movement to accommodate construction.

   The ability to maintain operational stability and meet infrastructure milestones is fundamentally supported by the engagement and efforts of all of staff.

5. **Organizational Excellence and Professional Development:** CMH is honored to be named a "Waterloo Area Top Employer" for the second consecutive year, a strategic asset for staff recruitment and retention. The commitment to excellence is also reflected a recent peer-reviewed publication on CMH's facility dog "Ember," a collaborative study with the University of Guelph that underscores our focus on workplace wellness and innovative care models.

   There are continued efforts to support professional development and QI efforts amongst the medical professional staff with ongoing involvement of many physicians with the CPSO QI Initiative 2.0 and upcoming annual recredentialing cycle.

CAMBRIDGE MEMORIAL HOSPITAL

BRIEFING NOTE

Date: December 4, 2025
Issue: New Credentialed Physicians – November 2025
Prepared for: Board of Directors
Purpose: ☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction
Prepared by: Dr. Jenny Legassie, Deputy Chief of Staff and Dr. Winnie Lee, Chief of Staff
Approved by: Dr. Winnie Lee, Chief of Staff

Attachments/Related Documents: None

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

1. Dr. Rachel Blair, Women & Children, OBGYN (Associate)
2. Dr. Khatija Anjum, Internal Medicine (Associate)
3. Dr. Holly MacIntyre, Community & Family Medicine and Surgical Assist and Obstetrics (Associate)
4. Dr. Mary Sedarous, Gastroenterologist (Associate)

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

CAMBRIDGE MEMORIAL HOSPITAL

BRIEFING NOTE

Date: December 11, 2025
Issue: Policy Review
Prepared for: Board of Directors
Purpose: ☒ Approval ☐ Discussion ☐ Information ☐ Seeking Direction
Prepared by: Stephanie Fitzgerald, Administrative Assistant
Approved by: Patrick Gaskin, President & CEO

Attachments/Related Documents: Final Draft Policies for Approval

Recommendation/Motion

Board

That, the Board of Directors approves the following policies as presented/with amendments and upon recommendation of the Governance and Nominating Committee at its meeting of December 11, 2025.

2-B-06	*Chief of Staff Role Description*
2-C-20	*Integrated Risk Management*
2-D-16	*Session of Independent Directors and Committee Members*
2-A-28	*Role Description for Committee Chair*
2-D-40	*Evaluation of Board, Committee, and Individual Performance*

Governance and Nominating Committee

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

2-B-06	*Chief of Staff Role Description*
2-C-20	*Integrated Risk Management*
2-D-16	*Session of Independent Directors and Committee Members*
2-A-28	*Role Description for Committee Chair*
2-D-40	*Evaluation of Board, Committee, and Individual Performance*

Background

These policies were pre-circulated to the Governance & Nominating Committee (GNC) through a new policy review process designed to accommodate the considerable number of policies up for renewal this year. GNC members were provided with key factors to consider and supplementary rationale for each policy.

Attached to this briefing note is a clean version of the final draft of each policy. CMH leadership and the GNC have considered the feedback as well as audited the policies against the guidance of the most recent version of the OHA's Guide to Good Governance.

GNC Reviewed Policies

**These policies have undergone thorough review by the most relevant committee where applicable and the GNC. None of them involve significant process changes.*

Policy No.	Policy Name	Rationale
2-B-06	Chief of Staff Role Description	Supported by the Executive Committee the roles and responsibilities for the Chief of Staff are articulated in the Medical/Professional Staff By-law. In order to ensure consistency, it is suggested that policy 2-B-06 be a “cut and paste” from the By-law to minimize any confusion or misalignment. Thank you to the GNC members who provided input on the policy. Management’s recommendation is to incorporate that feedback in the next review of the Medical/Professional Staff By-Law. None of the suggested changes have been incorporated at this time.
2-C-20	Integrated Risk Management	Policy has been pre-reviewed by CMH’s Privacy and Risk Lead who supports the IRM process, as well as the Resources Committee of the Board. CMH has a robust IRM process that this policy supports well.
2-D-16	Meeting of Independent Directors and Committee Members	No process changes, updates were to adapt to the sample from included in the GtoGG that was written in a clearer manner. (Form8.21) Feedback from the November 13, 2025 GNC meeting has been incorporated
2-A-28	Role Description for Committee Chair	This policy has been updated to include the revised process for feedback for non-Director Committee members. A clean up of grammar was also completed.
2-D-40	Evaluation of Board, Committee, and Individual Performance	This policy has been updated to include the revised process for feedback for non-Director Committee members. A clean up of grammar was also completed.

CAMBRIDGE MEMORIAL HOSPITAL

BOARD MANUAL

SUBJECT: Chief of Staff Role Description	**NO.: 2-B-06**
SECTION: Oversight of Management and Professional Staff	
APPROVED BY: Board of Directors	**DATE: TBD**

Chief of Staff

Reporting to the Board of Directors, the Chief of Staff is responsible for the oversight of the medical/professional staff of Cambridge Memorial Hospital (CMH).

Policy

This policy is based on the responsibilities and duties of the Chief of Staff, as detailed in Article 11, Section 11.4 of the Cambridge Memorial Hospital Medical/Professional Staff By-Law.

(1) The Chief of Staff shall:

(a) be responsible for establishing and monitoring the credentialing and disciplining processes for the Medical/Professional Staff and ensure credentialing is done in a fair and timely manner;

(b) be responsible for the mediation or disciplinary action of the Medical/Professional Staff in conjunction with the Chiefs of Department;

(c) be responsible for ensuring compliance with the *Public Hospitals Act*, Rules and Regulations, and By-laws of the Hospital with respect to Medical/Professional Staff;

(d) be responsible to the Board for the supervision and quality of all the medical, dental, midwifery and privileged extended class nursing diagnosis, care and treatment given to Patients within the Hospital according to the Charters established by the Board;

(e) assist in ensuring appropriate cost-effective use of Hospital resources;

(f) with the Chiefs of Department, advise the Medical Advisory Committee and the Board with respect to the quality of diagnosis, care and treatment provided to the Patients of the Hospital;

(g) act as an *ex-officio* member of all committees of the Medical Advisory Committee, Board and Board committees;

(h) work with the Chiefs of Department and management to ensure that the annual evaluation and appointment process of the Medical/Professional Staff is completed;

(i) assign, or delegate the assignment of, a member of the Medical/Professional Staff to supervise the practice of medicine, dentistry, midwifery, extended class nursing or other professional activities of any other member of the Medical/Professional Staff for any period of time;

(j) with the Chiefs of Department, supervise the medical care given to all Patients of the Hospital;

(k) investigate and act, as appropriate, on matters of Patient care, Patient and workplace safety, academic responsibilities or conflicts with the Corporation's employees and Medical/Professional Staff. This duty includes implementing procedures to monitor and ensure Medical/Professional Staff compliance with the By-law, Rules and Regulations and procedures;

(l) collaborate with the Chiefs of Department in the development, periodic review and revision of departmental Clinical Human Resources Plans and clinical utilization management review activities;

(m) supervise and evaluate Chiefs of Department with respect to expected role with input from the Department Manager. Under extraordinary conditions, the Chief of Staff may suspend the Chief of Department from the role of Chief of Department and, pending review, appoint an acting Chief of Department;

(n) act as Professional Practice Representative for Medical/Professional Staff; and

(o) investigate and report serious incidents.

(2) When necessary, the Chief of Staff shall:

(a) assume, or assign to any other member of the Medical/Professional Staff, responsibility for the direct care and treatment of any Patient in the Hospital under the authority of the *Public Hospitals Act* and notify the attending Medical/Professional Staff member, the Chief Executive Officer and the Patient, Patient's guardian or power of attorney;

(b) report regularly to the Board and to the Medical/Professional Staff, Chief Executive Officer and senior administrative leadership about any other matters of which they should have knowledge; and

(c) recommend to the Chief Executive Officer on the appointment, by the Chief Executive Officer, of a member of the Medical/Professional Staff to act for him/her during his/her absence or inability to act.

CMH CAMBRIDGE MEMORIAL HOSPITAL

Other

The Chief of Staff shall

- Perform other functions as requested by the Board and its Chair;
- Develop and maintain a strong working relationship with the Chief Executive Officer; and
- Operate within the limits of authority as set out in the Hospital By-laws and applicable legislation
- Be responsible for undertaking the activities of the role within a budget prescribed by the Chief Executive Officer.

Time Commitment

- The Chief of Staff is expected to provide approximately 2 days per week of service.

DEVELOPED: September 28, 2011		
REVISED/REVIEWED:		
January 28, 2015	April 25, 2018	March 17, 2021
Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.
Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.

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BOARD MANUAL

SUBJECT:	**Integrated Risk Management**	**NO.: 2-C-20**
SECTION:	**Corporate Performance and Oversight**	
APPROVED BY:	**Board of Directors**	**DATE: TBD**

Policy:

The Board oversees the Hospital's risk management program as part of its duty to provide governance oversight and as stipulated by Accreditation Canada in the standard set for governance oversight of risk management. Cambridge Memorial Hospital (CMH) has adopted an integrated risk management approach. This approach brings together the risks of the organization under one framework, providing a corporate-wide view of the potential risk exposure of the hospital. The approach to integrated risk management encompasses risks associated with patient care, human resources, financial processes, leadership, external relations, information management/technology, facilities, regulatory and teaching. As a means to more effectively identify and manage risk, the Board promotes a fair and just culture; one in which people are made to feel safe and encouraged to report errors, omissions and failings.

It is the Board's expectation that management has an effective integrated risk management process that is implemented, monitored and regularly evaluated. This process shall:

- Identify risks: identify risks through an organization-wide assessment of risks that threaten the Hospital's achievement of its objectives.
- Analyze and quantify risks: understand the context of identified risks and create likelihood and severity assessments of identified risks.
- Integrate risks: aggregate all risks reflecting correlations, associations, and effects on the Hospital, and express the results in terms of the impact on the hospital's key strategic and operational priorities.
- Assess/prioritize risks: determine the contribution of each risk to the aggregate risk profile and prioritize accordingly for likelihood of occurrence and potential for mitigation.
- Mitigate/control risks: employ appropriate strategies including decision to avoid, reduce, accept, share, transfer, or in certain cases, exploit the residual risk.
- Monitor and review: continually gauge the risk environment and the performance of the risk management strategies.

Using an integrated risk management framework created for health care, management shall review all aspects of the hospital's operation with a view to uncovering explicit and implicit risks. This assessment is conducted at least annually by the staff assigned to risk management. The resulting integrated risk management plan informs the annual CMH operating plan by identifying priority Hospital initiatives.

Accountability:

The Board shall be responsible for setting the tone for a culture of integrity and compliance throughout the organization.

The Governance and Nominating Committee shall ensure, on behalf of the Board, that an adequate policy for integrated risk management exists.

The Audit Committee shall oversee the CMH integrated risk management framework and ensure that management has processes and tools in place that effectively identify risks to CMH and mechanisms to monitor plans to prevent and manage such risks. The Audit Committee shall ensure that the identified risks are being addressed by the appropriate Board committees and management. The Audit Committee shall monitor the appropriate progress and completion of plans to mitigate risks identified through the risk management framework.

Board committees shall be responsible for overseeing risk management for their assigned risk category. A summary of the risk categories, examples of risks within each category and the associated Board/Board committee responsibilities are detailed in Appendix A.

Management shall be responsible for the development, implementation and administration of the risk management framework and program.

Reporting:

Mitigation plans: Management shall report at least annually to the appropriate Board committees on the status of the risk mitigation plans identified in the respectively assigned risk groups. The Board committees shall provide an update at least annually to the Audit Committee on the status of their assigned risk groups. The Audit Committee shall report to the Board at least annually on the status of the risk mitigation plans.

Integrated risk management framework: Management shall report at least annually to the Audit Committee on the status of the integrated risk management framework. The Audit Committee shall report to the Board at least annually on the status of the risk management framework.

DEVELOPED: November 28, 2012		
REVISED/REVIEWED:		
June 25, 2014	March 1, 2017	November 27, 2019
November 30, 2022		Click or tap to enter a date.
Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.

CMH CAMBRIDGE MEMORIAL HOSPITAL

Appendix A: Risk Oversight Ownership

Risk Category	Examples	Board/Board Committee	Terms of Reference
Care[1]	medication errors, communication/ coordination, Infection control, adverse events, falls, security/ assault, access issues, diagnostic errors, discharge/transitions, care/consent conflicts, laboratory/ radiology errors, wrong patient/site, supply shortages, complaints management, monitoring (e.g. vital signs), patient experience/ relations, multi-patient events, pressure ulcers, suicide, birth trauma, abduction, restraints/ entangle/entrapment, retained foreign objects, acuity, length of stay, contracted services monitoring, pain management, clinical documentation, policies	Quality	5 (a) 5 (b) 5 (c) 5 (d) i A
Human Resources	shortage, physical injuries, engagement, recruitment/retention, development, labour relations, violence/disruptive behavior, scope of practice, agency issues, benefits/overtime, wrongful dismissal	Resources	4 (e)
Financial	revenue funding, inefficiencies, reporting, investments, procurement, fines/liabilities, fraud, costs	Resources Audit	4 (e) 4 (g)
Leadership	governance, change management, emergency response, culture, strategy alignment, strategic projects, information gaps, succession, new program/ technology, conflict of interest	Board	4 (a) 4 (b) 4 (g) 4 (i) 4(j)
External Relations	partner relations, community relations, media relations, government relations, donor relations	Board	4 (g) 4 (j)
Information Management/ Technology[1]	technology needs, systems failure, breach/loss of information, systems integration, technology failure, technology use, systems reliability, systems project, systems need	Digital Health Strategy	4 (e)
Facilities	plant/systems failure, building access, aging/maintenance, building project/construction, property damage, visitor falls, hazardous materials	Resources	4 (e)
Regulatory	Regulations/legislation, privacy, accreditation, credentialing, performance agreements, unauthorized medical records access	Audit Resources Quality Governance	4 (g) 4 (e) I A 5 (b) (d), (f) 4 (j)
Teaching	Accreditation, student experience	MAC Quality	5 (b), (d)

[1] At times, there can be a linkage between “Care” risks and “Information Management/Technology” risks. In those cases, the relevant Board Committees will assume the risk oversight ownership.

CMH CAMBRIDGE MEMORIAL HOSPITAL

CMH Integrated Risk Management Framework

Board of Directors

Audit Committee – IRM Oversight

Quality Committee

Care
adverse events, access, acuity, care/consent conflicts, complaints management, contracted services monitoring, patient experience/relations, length of stay, pain management, patient victimizations, readmissions, supply shortages

Regulatory
accreditation, performance agreements

Regulation – Professional
registration/licensure, quality assurance of clinical practice

Teaching
accreditation (teaching), contracts (teaching), student experience

Research
adverse events (research subjects), conflict of interest, contracts (research), ethics, funding (research), grant usage, inspections (research), intellectual property, misconduct

Patient & Family Advisory Committee

Care
patient experience/relations

Resources Committee

Human Resources
agency issues, benefits/overtime, development, engagement, labour relations, staff physical/psychological injuries, recruitment/retention, rights, scope of practice, shortage, violence/disruptive behaviour, wrongful dismissal, support services

Regulation – Professional
registration/licensure

Financial
contracts, costs, inefficiencies, investments, procurement, financial reporting, revenue/funding, supply chain

Facilities
aging/maintenance, building access, building project/construction, hazardous materials, physical space constraints, plant/system failures, property damage, visitor falls

Regulatory
regulations/legislation

Digital Health Strategy Committee

Information Management/Technology
biomedical/systems technology needs/failures, breach/loss of information, records management, systems integration, systems project, systems reliability, technology use

Audit Committee

Financial
fraud, fines/liabilities

Regulatory
regulations/legislation, privacy

Governance Committee

Leadership
conflict of interest, governance

Regulatory
regulations/legislation

Board of Directors

Leadership
alignment acute/non-acute, change management, culture, emergency response, governance, information gaps, mergers/partnerships/alliances, new programs/technology, politics, strategic projects, strategy alignment, succession

External Relations
community, donor, government, media and partner relations

Medical Advisory Committee

Regulation – Professional
credentialing, complaints/resolution, registration/licensure, quality assurance of medical practice

Teaching
accreditation (teaching), contracts (teaching), student experience

CAMBRIDGE MEMORIAL HOSPITAL

BOARD MANUAL

SUBJECT:	**Session of Independent Directors and Committee Members**	**NO.: 2-D-16**
SECTION:	**Board Process**	
APPROVED BY:	**Board of Directors**	**DATE: TBD**

Purpose

The purpose of this policy is to:

- Ensure that Board/Committee members exercise independent oversight of management;
- Provide an opportunity to assess Board/committee processes and particularly the quality of the material and information provided by management;
- Provide an opportunity for the Board Chair/committee Chair to discuss areas where the performance of its members could be strengthened; and
- Build relationships, confidence and cohesion among Board/committee members/expert advisors.

Policy

The independent Directors/committee members/expert advisors shall hold a session without management at the conclusion of every regularly scheduled Board/committee meeting.

Membership/Participation

Sessions will include Directors/committee members/expert advisors who are independent and external to the Hospital. The President and CEO (CEO), Chief of Staff (COS), Chief Nursing Executive, other senior executives, officers of the Medical/Professional Staff Association and administrative support staff will not attend. The Board/committee Chair may at times invite members of management to participate in part of the session without management before being excused.

Process

These sessions are not meetings of the Board/committee. Minutes are not kept.

The Board Chair shall inform the CEO and/or COS any relevant matters raised during the session within one week of the Board meeting. Committee Chairs shall inform the senior executive member supporting the committee any relevant matters raised during the session within one week of the committee meeting.

DEVELOPED: February 23, 2011		
REVISED/REVIEWED:		
April 23, 2014	January 25, 2017	July 28, 2020
January 25, 2023	Click or tap to enter a date.	Click or tap to enter a date.
Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.

CMH CAMBRIDGE MEMORIAL HOSPITAL

BOARD MANUAL

SUBJECT: Role Description for a Committee Chair	**NO.: 2-A-28**
SECTION: Structure, Roles and Responsibilities	
APPROVED BY: Board of Directors	**DATE: TBD**

Purpose

To ensure that Board and non-director committee members understand the role and responsibilities of committee Chairs.

Role of the Committee Chair

The committee Chair is the leader of the committee and shall be responsible for committee leadership. The committee Chair shall:

- Ensure the integrity and effectiveness of the committee's role and processes;
- Ensure compliance by committee members with the Board's By-laws and policies;
- Preside at committee meetings;
- Represent the committee at the Board;
- Maintain effective relationships with committee members, the Board Chair and management;
- Ensure orientation for new members and ongoing education for committee members, as appropriate;
- Ensure continuous feedback and development for non-Directors as outlined in policy 2-D-40;
- Address issues of committee member attendance when necessary; and
- Coach and mentor committee members.

Responsibilities

Committee Governance

The committee Chair shall

- Ensure that the committee performs a governance role that respects and understands the role of management;
- Ensure the committee reviews and assesses the adequacy of its mandate at least annually and recommends to the Board any changes it deems appropriate;
- Ensure that the committee deals with matters that fall within the committee's mandate;
- Ensure that the committee adopts and completes an annual work plan;
- Ensure that the work of the committee is aligned with the Board 's role and annual work plan;
- Ensure committee member participation in evaluating the performance of the committee; and
- Provide advice and feedback on the reappointment of non-director committee

members.

Presiding Member

The committee Chair shall:

- Develop the schedule of committee meetings in concert with the CEO or designate;
- Set agendas for committee meetings and ensure matters dealt with at committee meetings appropriately reflect the committee's role and annual work plan;
- Ensure the meetings are conducted according to applicable legislation, the organization's By-laws, the Board policies, and the committee's terms of reference;
- Monitor the adequacy of materials provided to the committee by management in connection with the committee's deliberations;
- Facilitate and deliberate the business of the committee to the Board;
- Encourage input and ensure committee members hear all perspectives of a debate or discussion;
- Create an inclusive environment that maximizes psychological safety, respect, and differing opinions and perspectives;
- Facilitate the committee in reaching consensus using the tools and resources provided; and
- Ensure the committee has sufficient time to review the material provided to it and to fully discuss the business that comes before the committee

Relationships

The Committee Chair shall

- Promote a thorough understanding by members of the committee and management of the duties and responsibilities of the committee;
- Seek the guidance and advice of the Board Chair to ensure understanding of Board expectations and requests the resources that are required for performance of the committee's charter; and
- Maintain a constructive working relationship with the Board Chair, the CEO and any other support staff.

Other Duties

- The committee Chair shall preform such other duties that may be ancillary to the duties and responsibilities noted or as may be delegated to the committee Chair by the committee or the Board from time to time.

Appointment and Term

The Board appoints the committee Chair annually from among the members of the Board at the first meeting of the Board following the annual meeting of the Corporation.

DEVELOPED: November 24, 2010		
REVISED/REVIEWED:		
April 23, 2014	September 28, 2016	January 29, 2020
November 30, 2022	Click or tap to enter a date.	Click or tap to enter a date.
Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.

CAMBRIDGE MEMORIAL HOSPITAL

BOARD MANUAL

SUBJECT:	**Evaluation of Board, Committees, and Individual Performance**	**NO.: 2-D-40**
SECTION:	**Board Process**	
APPROVED BY:	**Board of Directors**	**DATE: TBD**

Purpose

Evaluation of the Board and committee performance provides a means to:

- ensure the hospital is effectively and efficiently governed
- take action to improve Board and committee performance
- be guided by best practice
- ensure alignment with the hospital's Mission, Vision and Values
- identify continuing education and development needs

Policy

The Governance and Nominating Committee (GNC) shall establish and conduct the processes for evaluation.

The evaluation methods shall address the structure of the Board as a whole, its committees, leaders, Directors, and non-director committee members.

The evaluation process shall include:

- key indicators and evaluation tools through which Board and committee effectiveness and performance shall be measured
- tools and processes for individual assessment and for identifying future Board leadership candidates
- reports from the GNC to the Board on the results of evaluation, key issues and recommended action for improvement
- external resources as defined by the GNC as appropriate to help develop an effective process
- peer feedback to Directors to recognize Director contribution and opportunities for improvement
- confidential and respectful communication by the Board Chair or relevant committee Chair in giving feedback to individuals
- periodic review and revision of the evaluation tools to support the ongoing effectiveness and utility and alignment with the Board's goals and objectives

Assessments that may be conducted by the Governance Committee or committee Chairs are summarized in Table 1: Tools for Board Evaluation

DEVELOPED: November 24, 2010	REVISED/REVIEWED:	
May 29, 2013	May 25, 2016	September 27, 2017
April 28, 2021	June 26, 2024	Click or tap to enter a date.
Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.
Click or tap to enter a date.	Click or tap to enter a date.	Click or tap to enter a date.

Table 1

CAMBRIDGE MEMORIAL HOSPITAL

Tools for Board Evaluation[1]

Type of Evaluation	Purpose	Frequency	Review of Results and Action
Orientation (Appendix A)	To plan effective orientation for new Directors and committee members	Survey completed after the orientation program (done for general orientation and committee orientation)	GNC shall review and provide recommendations to be incorporated into the next year's orientation program
Meeting (Appendix B)	To improve the effectiveness of Board/ committee meetings	At the end of each Board/ committee meeting	The Board/Board committee and GNC shall review the results and implement improvements when necessary
Board Education Sessions or Board Generative Sessions (Appendix C)	To improve educational or generative sessions	At the end of each session	The GNC shall review the results and consider for future sessions
Future Intentions of the Board members (Appendix D)	To plan for recruitment for the Board and committees	Annual – Sent October, Reviewed December	The GNC shall review and consider to aid in the development of the annual recruitment strategy
Future Intentions of the Committee members (Appendix E)	To plan for the leadership positions on the Board and committee preferences	Annual – Sent October, Reviewed December	The GNC shall review and consider to aid in the development of the annual recruitment strategy
Skills Matrix (Appendix F)	To identify skill gaps within the Board and committees to plan for recruitment	Annual – Sent October, Reviewed December	The GNC shall review and consider to aid in the development of the annual recruitment strategy
Self Identification Survey – Optional Participation (Appendix G)	To support continued work to increasing diversity within the CMH Board and understanding Board demographics	Annual – Sent October, Reviewed December	The GNC shall review and consider to aid in the development of the annual recruitment strategy

[1] Surveys may be amended by the Governance Committee from time to time.

Type of Evaluation	Purpose	Frequency	Review of Results and Action
Individual Director and Non-Director Committee Member Personal Assessment (Appendix H)	Self-Improvement, to plan for recruitment, renewal of term	Annual – Sent April, Reviewed May	For Directors, the GNC and Board Chair shall review results. The Board Chair or delegate shall discuss the results with Directors as necessary. The Chair shall report results to the GNC (particularly in cases where the Director is being considered for term renewal) For non-director committee members, the GNC and relevant committee Chair shall review and. as necessary, committee Chairs shall discuss results with non-director committee members. Results shall be reported to the GNC Chair, as necessary. Individual results for Directors and non- director committee members shall be provided to individuals for review
Director Peer Assessment (Appendix I)	Self-Improvement To plan for recruitment, renewal of term	Annual – Sent April, Reviewed May	For Directors, results reviewed by Governance Committee and Board Chair. Board Chair or delegate discusses results with Directors as necessary. The Chair reports results to Governance Committee (particularly in cases where the Director is being considered for a renewal term) Individual results for Directors shall be provided to individuals for review
Non-Director Feedback	Self-Improvement To plan for recruitment, renewal of term	Midyear (Feb/Mar)	For non-Directors, committee Chair of each Committee will reach out to non-Director committee members for a midpoint check-in to discuss the member's contributions to the committee so far, celebrating successes and addressing areas for improvement as needed
Board Chair/ Committee Chair Evaluation (Appendix J)	Self-improvement; renewal of term	Annual – Sent April, Reviewed May	The Chair of GNC shall review and discuss with Board Chair
	Self-improvement; Renewal of Chair term	Annual – Sent April, Reviewed May	The Chair of GNC or Board Chair shall review and discuss with the Committee Chair and consider results in reappointing. Individual results shall be shared with each Chair

Type of Evaluation	Purpose	Frequency	Review of Results and Action
Board (Annual) **Committees (Annual)** (Appendix K)	To improve Board performance	Annual – May	The Board and GNC shall review and make recommendations for improvement as necessary
	To improve committee performance	Annual – May	The relevant committee and GNC shall review and make recommendations for improvement as necessary
Appointees for non-Board Committees (PFAC, CMHVA, CMHF) (Appendix L, M, N)	Self-improvement ; renewal of term	Annual – Sent April, Reviewed May	The GNC shall review the results. The Board Chair or delegate shall discuss results with Directors as necessary. Individual results shall be provided to individuals for review
ABCDE Goals (Appendix O)	Self improvement , to improve Board performance	November/February /June Annual – Summer	The Board shall review progress at Board meetings The Board Chair and Director shall review progress of goals/ finalize future goals

Agenda

CMH CAMBRIDGE MEMORIAL HOSPITAL

Quality Monitoring Scorecard

Status (Last 3 Periods)

Meeting Target	10	33%
Within 10% of Target	12	40%
Exceeding Target	8	27%

Quality Dimension	Indicator	Unit of Measure	Target	YTD	Status (Last 3 periods)	Period
Efficient	Conservable Days Rate	%	30.00	46.43	◆	Nov-25
	Overtime Hours - Average per pay period	hours	1,723.06	4,295.51	◆	Dec-25
	Sick Hours - Average per pay period	hours	2,359.11	3,884.20	◆	Dec-25
Integrated & Equitable	ALC Throughput	Ratio	1.00	0.83	▲	Nov-25
	Percent ALC Days (closed cases)	%	20.00	18.16	●	Nov-25
	Repeat emergency department visits for Mental Health Care	Patients	11.00	10.75	●	Nov-25
Patient & People Focused	Organization Wide Vacancy Rate	%	12.00	5.38	●	Dec-25
Safe, Effective & Accessible	30 Day CHF Readmission Rate	%	14.00	20.21	▲	Oct-25
	30 Day COPD Readmission Rate	%	15.50	16.18	▲	Oct-25
	30 Day In-Hospital Mortality Following Major Surgery	%	1.90	1.24	▲	Sep-25
	30 Day Overall Readmission Rate	%	8.80	6.88	●	Oct-25
	Ambulance Offload Time (90% Spent Less, in Minutes)	minutes	30.00	32.00	▲	Nov-25
	Daily average number of patients waiting in the emergency department for an inpatient bed at 8 a.m.	average	10.00	12.15	▲	Nov-25
	ED Length of Stay for Admitted Patients (90% Spent Less, in Hours)	hours	33.00	53.20	◆	Nov-25
	ED Length of Stay for Non-Admitted Complex Patients (90% Spent Less, in Hours)	hours	8.00	10.00	◆	Nov-25
	ED Wait Time for Inpatient Bed (90% Spent Less, in Hours)	hours	25.00	44.60	◆	Nov-25
	ED Wait Time for Physician Initial Assessment (90% Spent Less, in Hours)	hours	4.00	7.50	◆	Nov-25
	ED Wait Time for Physician Initial Assessment (90% Spent Less, in Hours) CTAS 1,2	hours	4.00	6.30	◆	Nov-25
	Hip Fracture Surgery Within 48 Hours	%	83.10	89.78	●	Oct-25
	Hospital Standardized Mortality Ratio (HSMR)	Ratio	100.00	87.50	▲	Oct-25
	In-Hospital Sepsis	per 1000 D/C	3.20	5.04	▲	Oct-25
	Long Waiters Waiting For All Surgical Procedures	%	20.00	10.36	●	Dec-25
	Low-Risk Caesarean Sections	%	17.30	17.16	▲	Nov-25
	Medication Reconciliation at Admit	%	95.00	95.00	▲	Dec-25
	Medication Reconciliation at Discharge	%	95.00	95.00	▲	Dec-25
	Obstetric Trauma (With Instrument)	%	14.40	16.03	▲	Oct-25
	Patient Safety Event - Falls with Harm	per 1000 PD	0.00	0.02	●	Dec-25
	Patient Safety Event - Medication Events with Harm	per 1000 PD	0.00	0.04	●	Dec-25
	Revenue - Achieve budgeted PCOP growth (IRM)	$	5,970,423.36	8,846,958.74	●	Nov-25
	Revenue - Achieve Quality Based Procedure Funding (IRM)	$	17,889,450.64	21,729,477.04	●	Nov-25

CAMBRIDGE MEMORIAL HOSPITAL

Conservable Bed Days

Conservable Beds Dashboard

Description

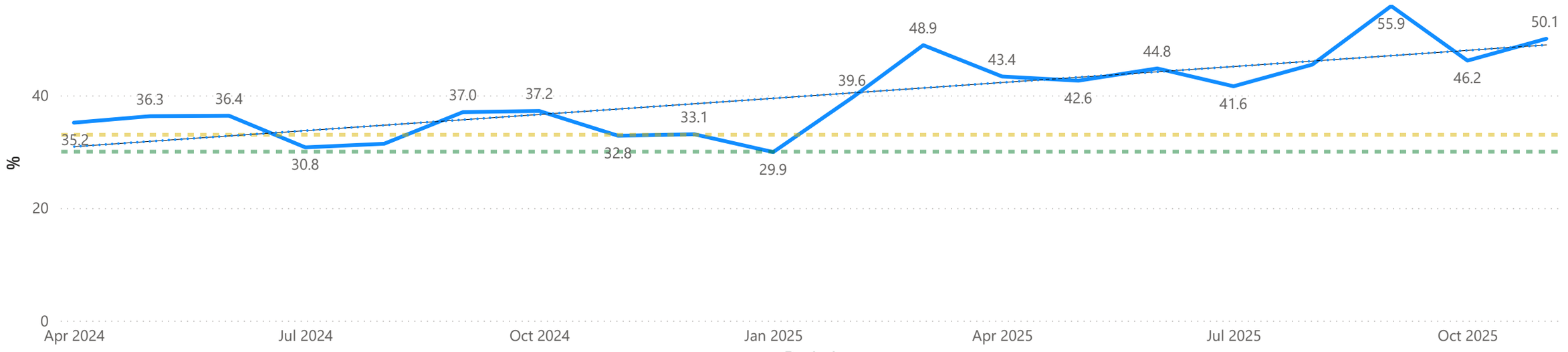
The total patient days over the benchmark LOS (conservable days) as a percentage of the total acute patient days for patients discharged from MEDA/MEDB. The benchmark LOS is determined by case mix group, age, and resource intensity level of a discharge.

Data Source

Discharge Abstract Database (DAD)

Target	Previous YE	YTD	Status (Last 3 periods)
30.0	36.1	46.43	

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	35.2	36.3	36.4	30.8	31.4	37.0	37.2	32.8	33.1	29.9	39.6	48.9
2025/2026	43.4	42.6	44.8	41.6	45.5	55.9	46.2	50.1				

CAMBRIDGE MEMORIAL HOSPITAL

Overtime, Average per pay period

Description

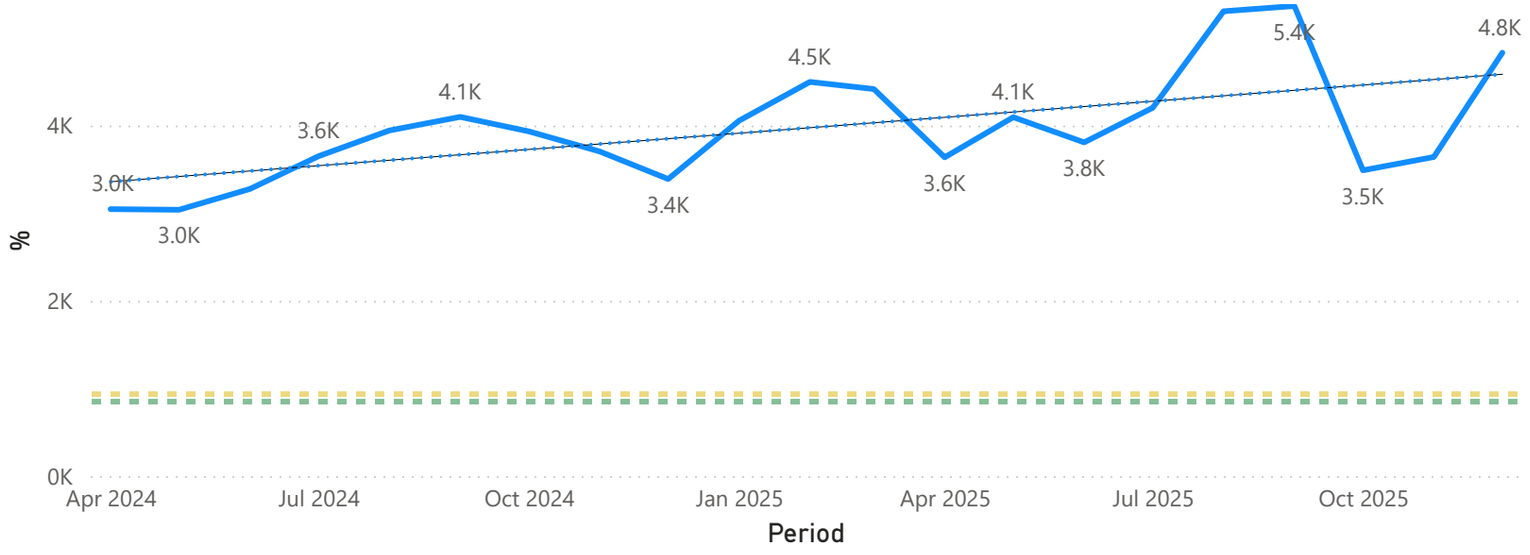
The total sum of overtime hours per pay period ending in a month, divided by the number of pay periods in a month

Data Source

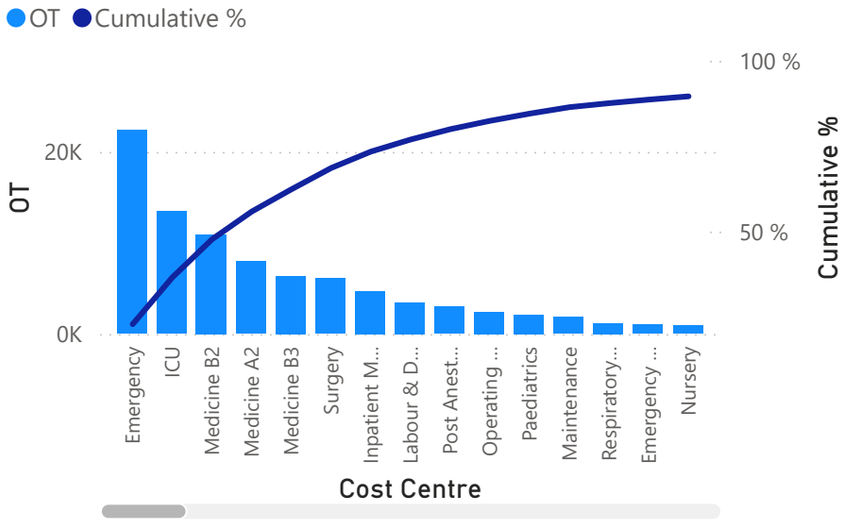
Meditech Payroll

Target	Previous YE	YTD	Status (Last 3 periods)
1,723.1	3,786.5	4,295.5	

Average OT Hours per pay period, Trend



Total OT Hours, by Cost Centre



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	3,045.8	3,038.6	3,276.0	3,649.5	3,943.0	4,098.1	3,933.0	3,704.1	3,389.1	4,054.4	4,497.2	4,415.7
2025/2026	3,637.0	4,094.6	3,807.3	4,201.8	5,303.1	5,363.0	3,488.8	3,640.7	4,830.7			

CAMBRIDGE MEMORIAL HOSPITAL

Sick Time, Average per pay period

OT, Sick, Staffing Dashboard

Description

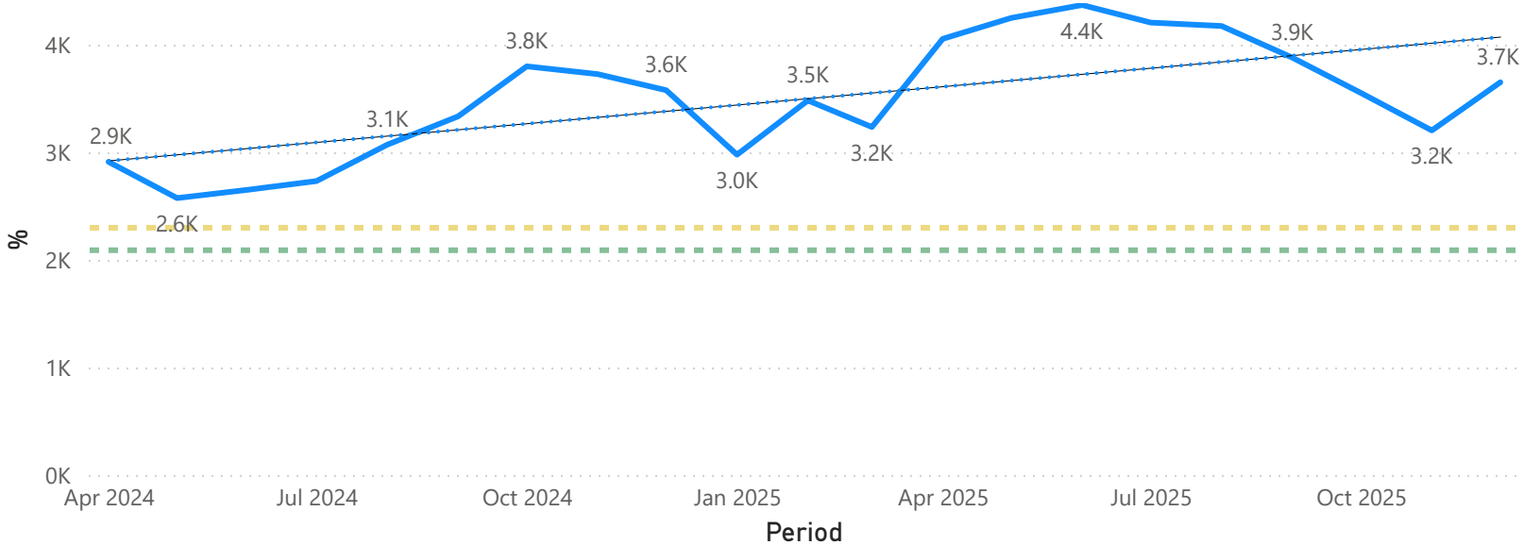
The total sum of sick hours per pay period ending in a month, divided by the number of pay periods in a month

Data Source

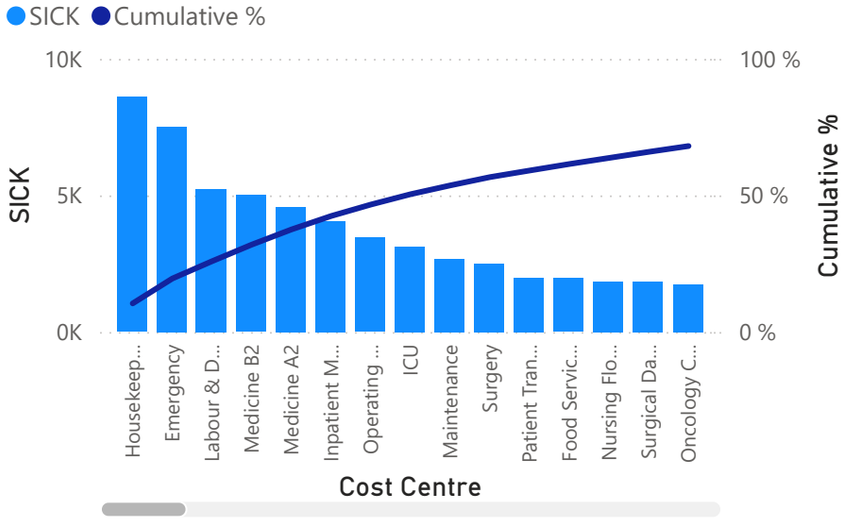
Meditech Payroll

Target	Previous YE	YTD	Status (Last 3 periods)
2,359.1	3,171.0	3,884.2	

Average Sick Hours per pay period, Trend



Total Sick Hours, by Cost Centre



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	2,911.2	2,574.4	2,651.6	2,732.5	3,070.8	3,334.1	3,798.6	3,726.4	3,576.9	2,977.7	3,481.6	3,234.7
2025/2026	4,054.1	4,248.5	4,368.5	4,205.3	4,173.5	3,879.0	3,551.1	3,202.8	3,650.7			

CAMBRIDGE MEMORIAL HOSPITAL

Alternate Level of Care

ALC Dashboard

ALC Throughput

Description

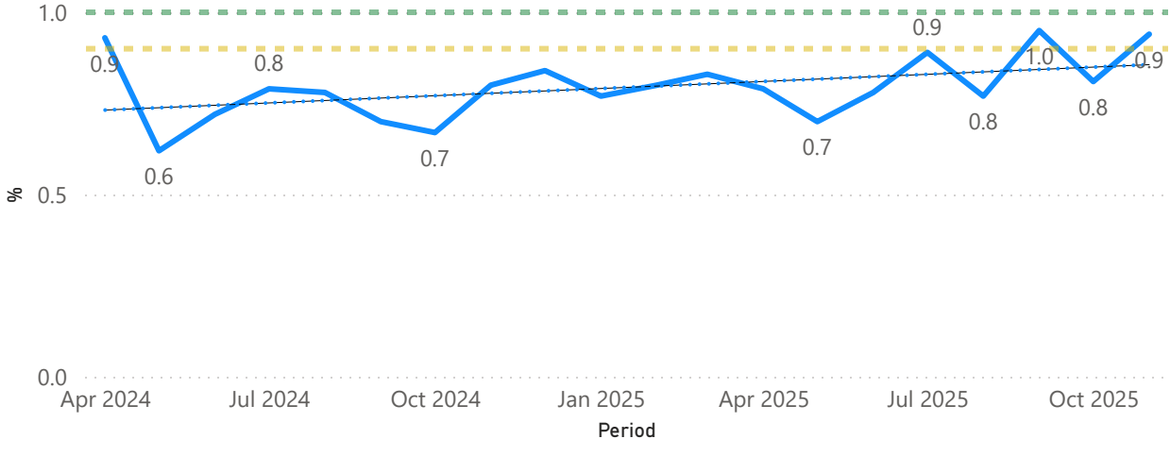
ALC Throughput is the ratio of the number of discharged ALC cases to the number of newly added and redesignated ALC cases

Data Source

WTIS

Target	Previous YE	YTD	Status (Last 3 periods)
1.0	0.8	0.8	▲

ALC Throughput Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	0.9	0.6	0.7	0.8	0.8	0.7	0.7	0.8	0.8	0.8	0.8	0.8
2025/2026	0.8	0.7	0.8	0.9	0.8	1.0	0.8	0.9				

ALC Rate

Description

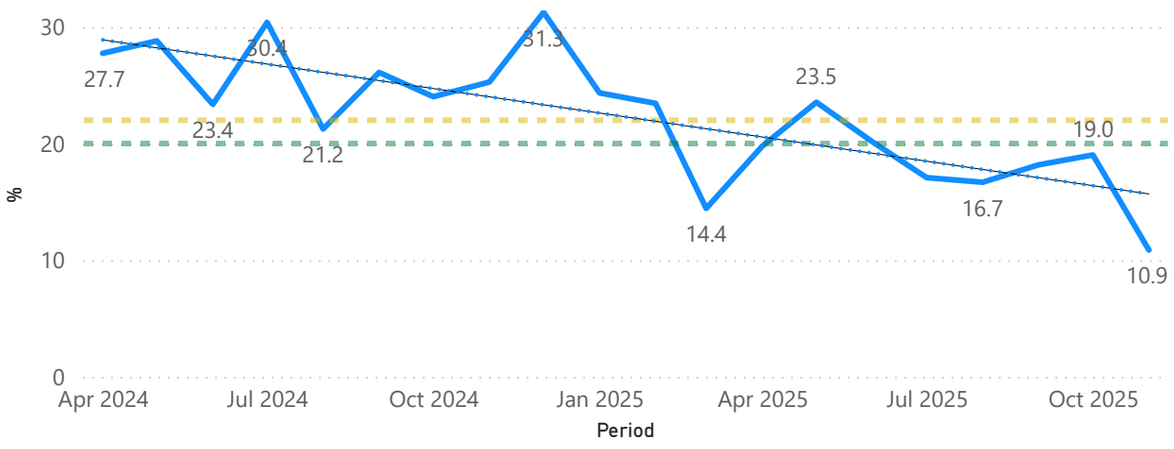
The proportion of total days that a patient was assigned to the alternate level of care (ALC) service. ALC patients are those who no longer need acute care services but continue to occupy an acute care bed or use acute care services.

Data Source

Discharge Abstract Database (DAD)

Target	Previous YE	YTD	Status (Last 3 periods)
20.0	25.0	18.2	●

ALC Rate Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	27.7	28.8	23.4	30.4	21.2	26.1	24.0	25.3	31.3	24.3	23.4	14.4
2025/2026	19.8	23.5	20.1	17.1	16.7	18.2	19.0	10.9				

CAMBRIDGE MEMORIAL HOSPITAL

Repeat ED Visits for Mental Health Care

Description

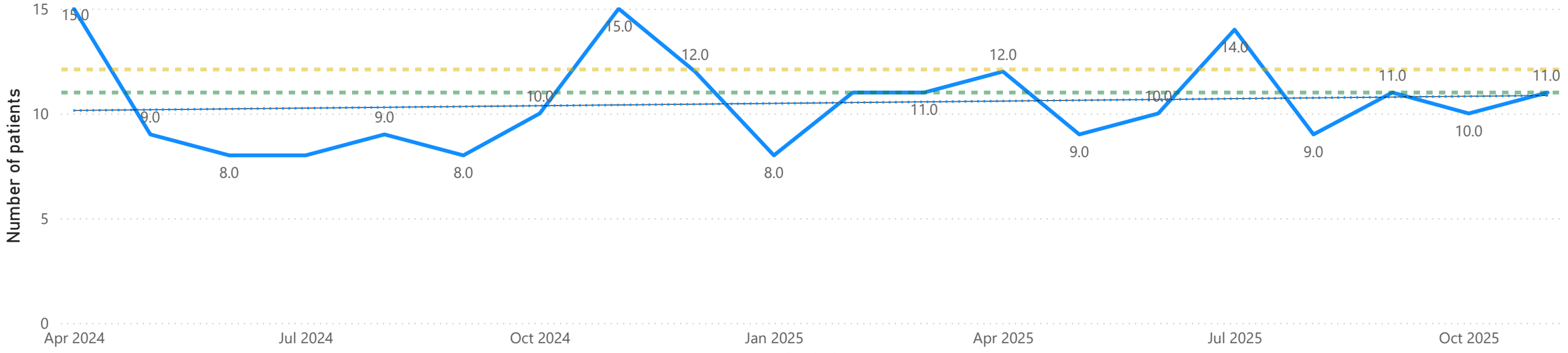
Number of patients who have four or more repeat unscheduled visits to the emergency department in the last 12 months for mental health or substance abuse condition

Data Source

National Ambulatory Care Reporting System (NACRS)

Target	Previous YE	YTD	Status (Last 3 periods)
11.0	10.3	10.8	

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	15.0	9.0	8.0	8.0	9.0	8.0	10.0	15.0	12.0	8.0	11.0	11.0
2025/2026	12.0	9.0	10.0	14.0	9.0	11.0	10.0	11.0				

Organizational Vacancy Rate

Description

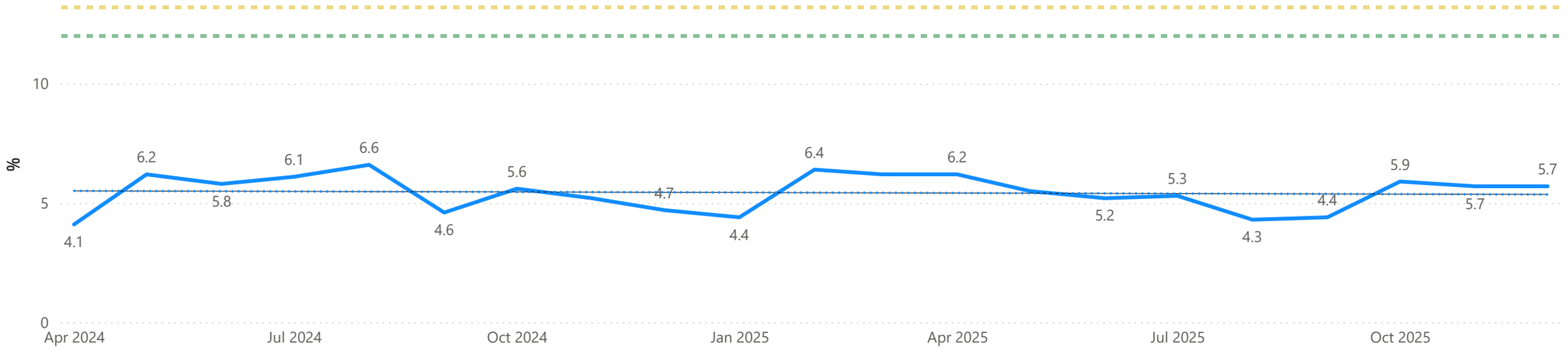
This indicator measures the organization wide vacancy rate for permanent full time and part time staff

Data Source

ICIMs Vacancy Report and Meditech Payroll

Target	Previous YE	YTD	Status (Last 3 periods)
12.0	5.5	5.4	

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	4.1	6.2	5.8	6.1	6.6	4.6	5.6	5.2	4.7	4.4	6.4	6.2
2025/2026	6.2	5.5	5.2	5.3	4.3	4.4	5.9	5.7	5.7			

CAMBRIDGE MEMORIAL HOSPITAL

Readmissions within 30 Days:

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

CHF Readmissions

Description

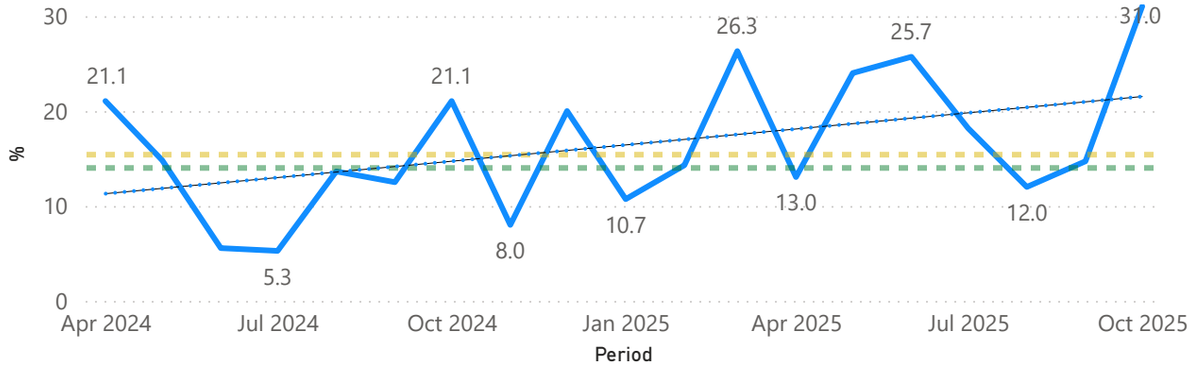
Rate of urgent readmission for any reason within 30 days of discharge for Congestive Heart Failure (CHF) at CMH

Data Source

Discharge Abstract Database (DAD)

Target	Previous YE	YTD	Status (Last 3 periods)
14.0	14.7	20.2	▲

CHF Readmission Rate, Trend



Fiscal Year		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	Rate	21.1	14.8	5.6	5.3	13.6	12.5	21.1	8.0	20.0	10.7	14.3	26.3
	Readmits	4	4	1	1	3	3	8	2	5	3	3	5
2025/2026	Rate	13.0	24.0	25.7	18.2	12.0	14.7	31.0					
	Readmits	3	6	9	4	3	5	9	3	0			

COPD Readmissions

Description

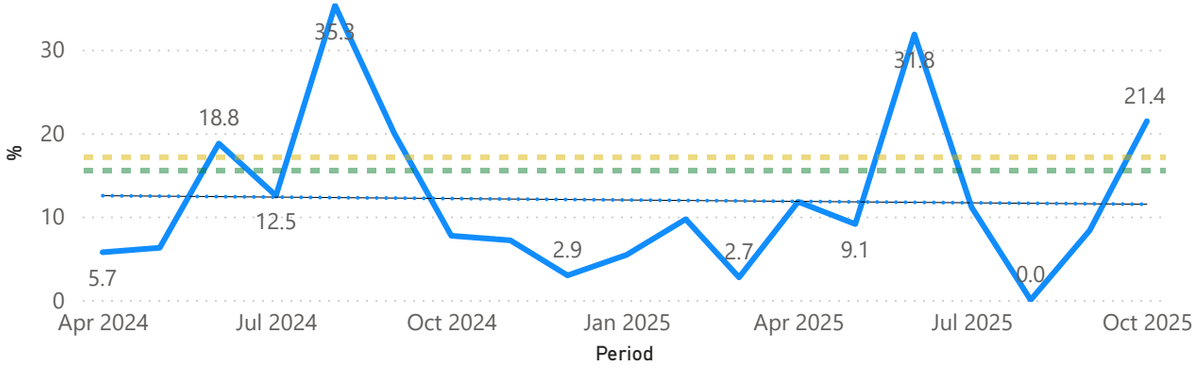
Rate of urgent readmission for any reason within 30 days of discharge for Chronic Obstructive Pulmonary Disease (COPD) at CMH

Data Source

Discharge Abstract Database (DAD)

Target	Previous YE	YTD	Status (Last 3 periods)
15.5	9.1	16.2	▲

COPD Readmission Rate, Trend



Fiscal Year		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	Rate	5.7	6.3	18.8	12.5	35.3	20.0	7.7	7.1	2.9	5.4	9.7	2.7
	Readmits	6	5	4	3	9	6	10	4	6	5	6	6
2025/2026	Rate	11.8	9.1	31.8	11.1	0.0	8.3	21.4					
	Readmits	7	8	16	6	3	6	15	6	0			

30 Day In-Hospital Mortality Following Major Surgery Rate

Description

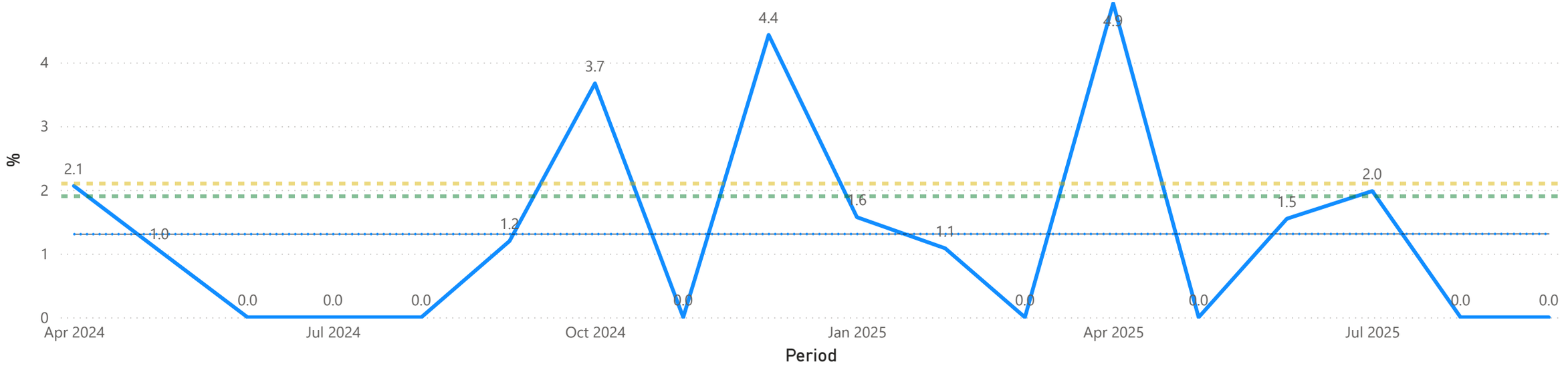
Risk-adjusted rate of in-hospital deaths due to all causes occurring within 30 days of major surgery (Risk-adjusted rate = Observed cases ÷ Expected cases × Canadian average)

Data Source

Discharge Abstract Database (DAD)

Target	Previous YE	YTD	Status (Last 3 periods)
1.9	1.5	1.2	▲

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	2.1	1.0	0.0	0.0	0.0	1.2	3.7	0.0	4.4	1.6	1.1	0.0
2025/2026	4.9	0.0	1.5	2.0	0.0	0.0						

CAMBRIDGE MEMORIAL HOSPITAL

30 Day Overall Readmission Rate

Description

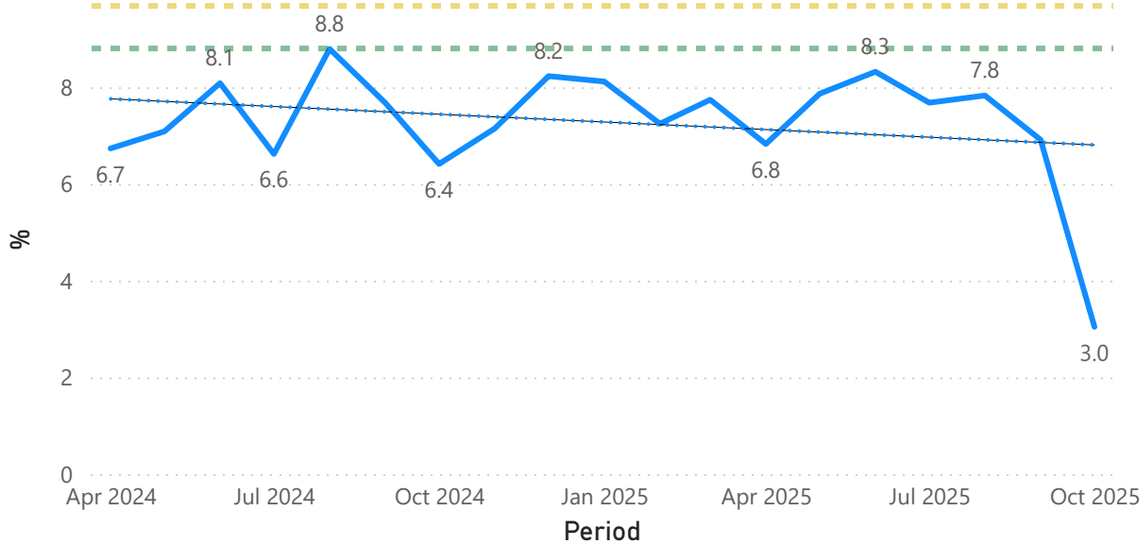
The rate of urgent readmissions within 30 days of discharge for episodes of care for the following patient groups: medical, obstetric, paediatric, and surgical. Risk-adjusted rate = Observed cases ÷ Expected cases × Canadian average

Data Source

Discharge Abstract Database (DAD)

Target	Previous YE	YTD	Status (Last 3 periods)
8.8	7.5	6.9	

Trend

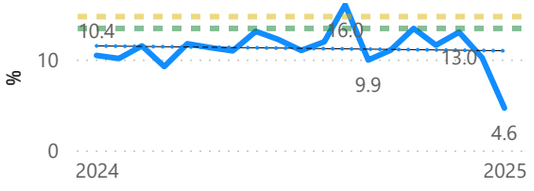


Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	6.7	7.1	8.1	6.6	8.8	7.7	6.4	7.1	8.2	8.1	7.2	7.7
2025/2026	6.8	7.9	8.3	7.7	7.8	6.9	3.0					

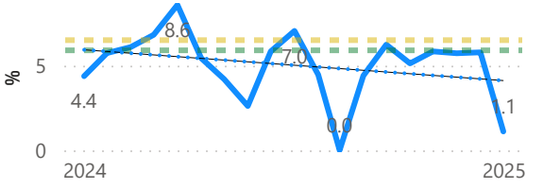
Readmissions, by Patient Group

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

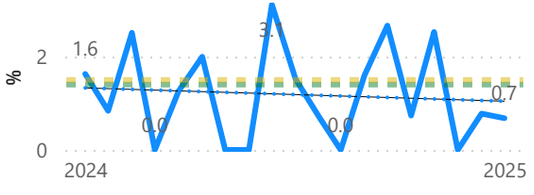
Medical Readmissions Trend



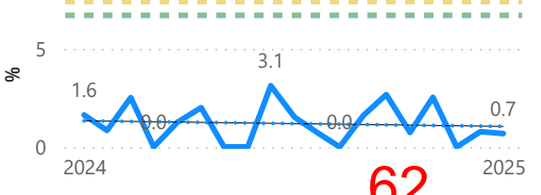
Surgical Readmissions Trend



Obstetric Readmissions Trend



Paediatric Readmissions Trend



CAMBRIDGE MEMORIAL HOSPITAL

Ambulance Offload Time, minutes, 90th percentile

Description

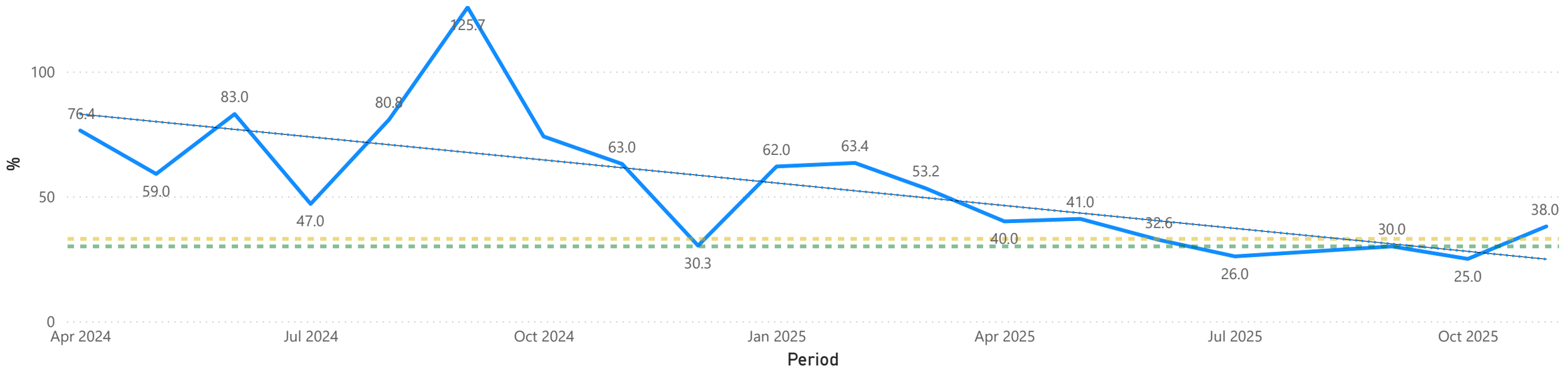
The total time, in minutes, in which 9 out of 10 patients who arrived via ambulance waited for transfer of care process to be completed, calculated as the total time elapsed from ambulance arrival to completion of transfer of care process.

Data Source

National Ambulatory Care Reporting System (NACRS)

Target	Previous YE	YTD	Status (Last 3 periods)
30.0	67.0	32.0	▲

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	76.4	59.0	83.0	47.0	80.8	125.7	74.0	63.0	30.3	62.0	63.4	53.2
2025/2026	40.0	41.0	32.6	26.0	28.0	30.0	25.0	38.0				

CAMBRIDGE MEMORIAL HOSPITAL

ED LOS for Admitted Patients, hours, 90th percentile

Total ED LOS for Admitted Patients

Description

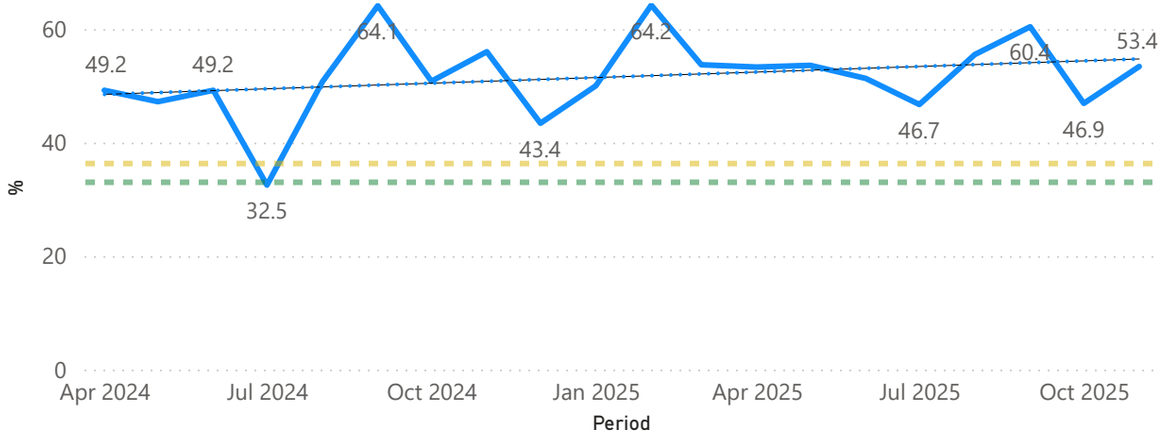
The total time, in hours, that 9 out of 10 admitted patients spent in the emergency department (ED), calculated as the total time elapsed from triage to when the patient left the ED

Data Source

National Ambulatory Care Reporting System (NACRS)

Target	Previous YE	YTD	Status (Last 3 periods)
33.0	52.0	53.2	

ED LOS for Admitted Patients, Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	49.2	47.2	49.2	32.5	50.7	64.1	50.8	56.0	43.4	50.0	64.2	53.7
2025/2026	53.3	53.6	51.3	46.7	55.5	60.4	46.9	53.4				

Time to Inpatient Bed

Description

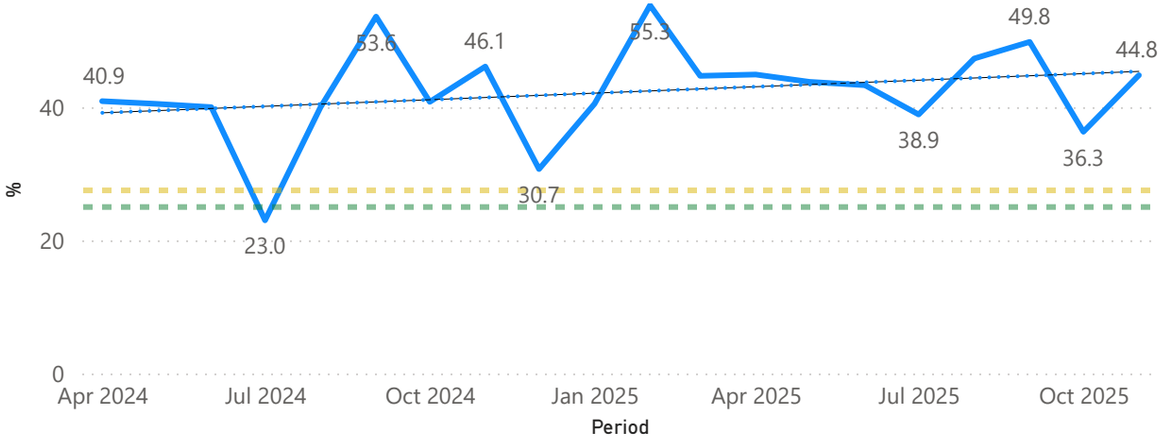
The total time, in hours, that 9 out of 10 admitted patients spent waiting in the emergency department (ED) for a bed, calculated as the total time elapsed from disposition decision to when the patient left the ED

Data Source

National Ambulatory Care Reporting System (NACRS)

Target	Previous YE	YTD	Status (Last 3 periods)
25.0	42.8	44.6	

Time to Inpatient Bed, Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	40.9	40.5	40.0	23.0	40.0	53.6	40.8	46.1	30.7	40.5	55.3	44.7
2025/2026	44.9	43.8	43.3	38.9	47.3	49.8	36.3	44.8				

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

Description

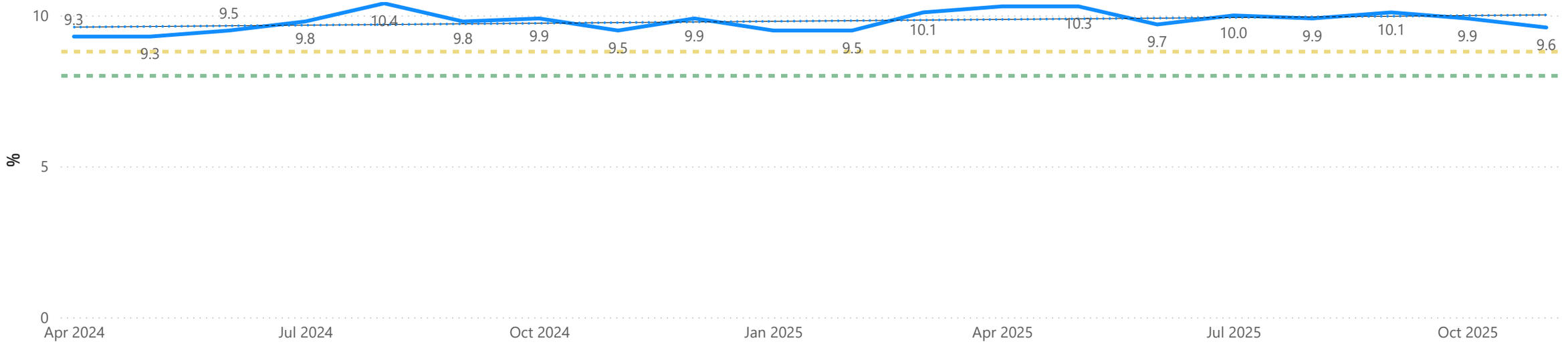
The total time, in hours, that 9 out of 10 high-urgency patients (CTAS 1-3) who were not admitted spent in the emergency department (ED), calculated as the total time elapsed from triage to when the patient left the ED

Data Source

National Ambulatory Care Reporting System (NACRS)

Target	Previous YE	YTD	Status (Last 3 periods)
8.0	9.7	10.0	

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	9.3	9.3	9.5	9.8	10.4	9.8	9.9	9.5	9.9	9.5	9.5	10.1
2025/2026	10.3	10.3	9.7	10.0	9.9	10.1	9.9	9.6				

CAMBRIDGE MEMORIAL HOSPITAL

Provider Initial Assessment Time, hours, 90th percentile

Description

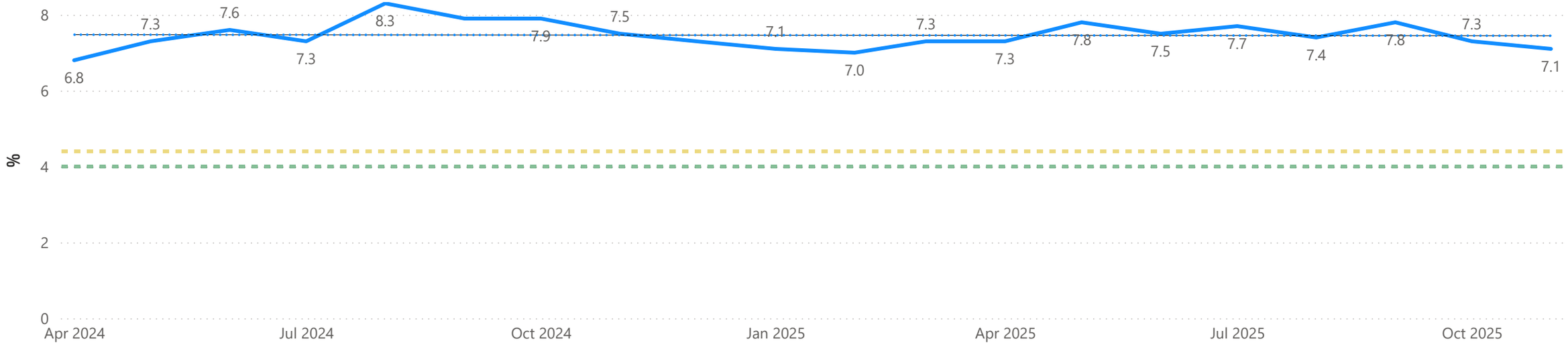
The total time, in hours, that 9 out of 10 patients spent waiting for their first assessment by a doctor or nurse practitioner in the emergency department (ED), calculated as the total time elapsed from triage to time of initial assessment

Data Source

National Ambulatory Care Reporting System (NACRS)

Target	Previous YE	YTD	Status (Last 3 periods)
4.0	7.5	7.5	

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	6.8	7.3	7.6	7.3	8.3	7.9	7.9	7.5	7.3	7.1	7.0	7.3
2025/2026	7.3	7.8	7.5	7.7	7.4	7.8	7.3	7.1				

CAMBRIDGE MEMORIAL HOSPITAL

Urgent Provider Initial Assessment Time, hours, 90th percentile

Description

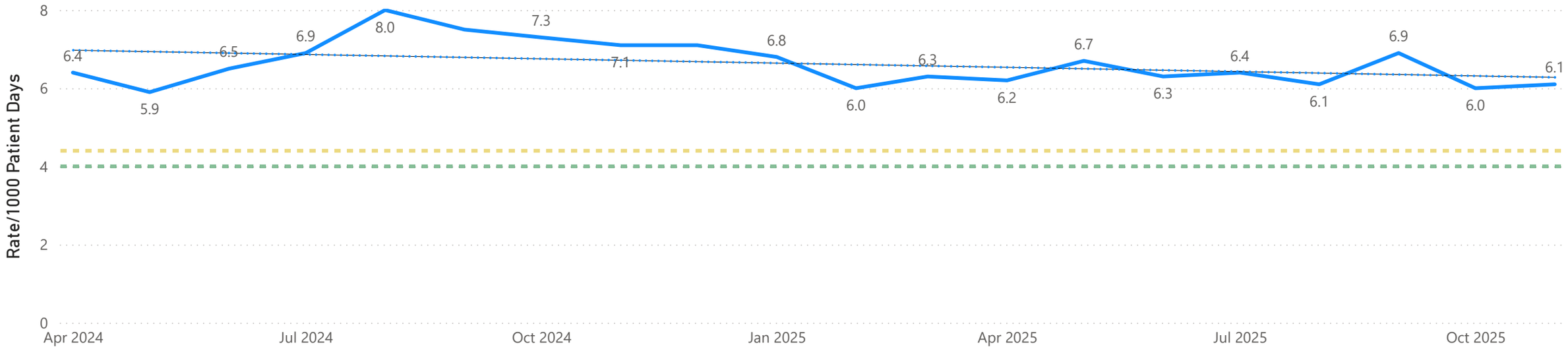
The total time, in hours, that 9 out of 10 patients spent waiting for their first assessment by a doctor or nurse practitioner in the emergency department (ED), calculated as the total time elapsed from triage to time of initial assessment

Data Source

National Ambulatory Care Reporting System (NACRS)

Target	Previous YE	YTD	Status (Last 3 periods)
4.0	6.9	6.3	

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	6.4	5.9	6.5	6.9	8.0	7.5	7.3	7.1	7.1	6.8	6.0	6.3
2025/2026	6.2	6.7	6.3	6.4	6.1	6.9	6.0	6.1				

Hip Fracture Surgery within 48 Hours, %

Description

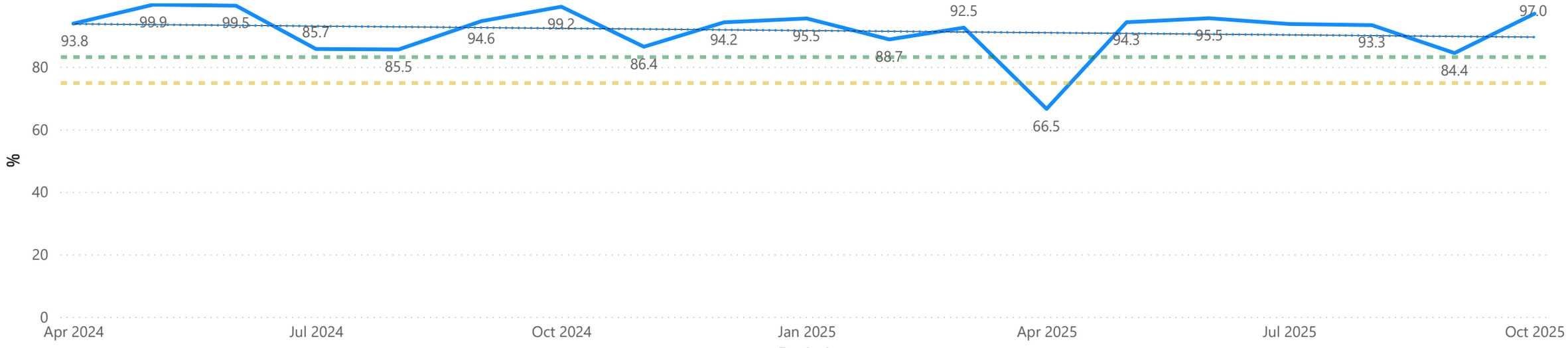
Risk-adjusted proportion of hip fractures that were surgically treated within 48 hours of initial admission (Risk-adjusted rate = Observed cases ÷ Expected cases × Canadian average)

Data Source

Discharge Abstract Database (DAD)

Target	Previous YE	YTD	Status (Last 3 periods)
83.1	92.9	89.8	

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	93.8	99.9	99.5	85.7	85.5	94.6	99.2	86.4	94.2	95.5	88.7	92.5
2025/2026	66.5	94.3	95.5	93.7	93.3	84.4	97.0					

Hospital Standardized Mortality Ratio (HSMR)

Description

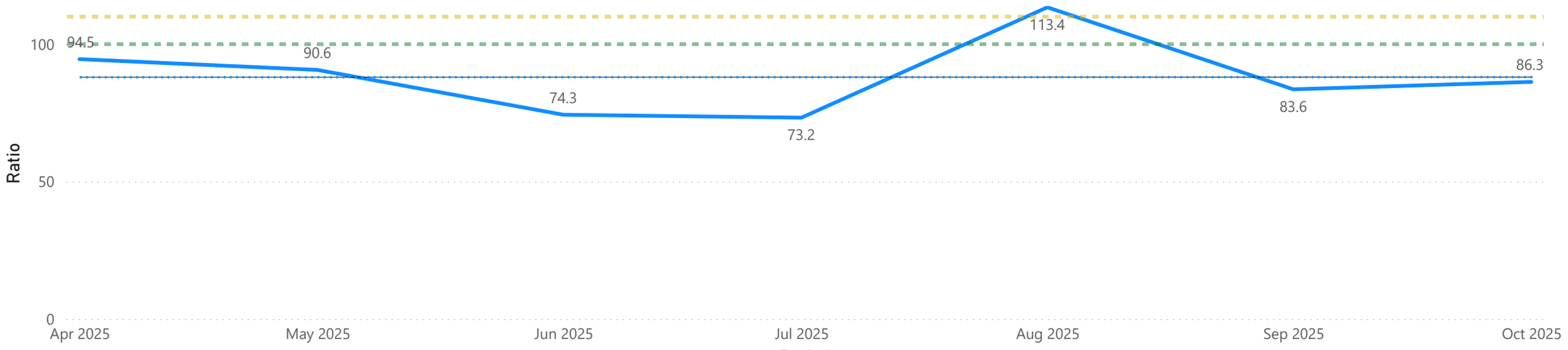
The ratio of the actual number of in-hospital deaths to the expected number of in-hospital deaths, for conditions accounting for about 80% of inpatient mortality

Data Source

Discharge Abstract Database (DAD)

Target	Previous YE	YTD	Status (Last 3 periods)
100.0	94.6	87.5	▲

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct
2025/2026	94.5	90.6	74.3	73.2	113.4	83.6	86.3

CAMBRIDGE MEMORIAL HOSPITAL

In-Hospital Sepsis

Description

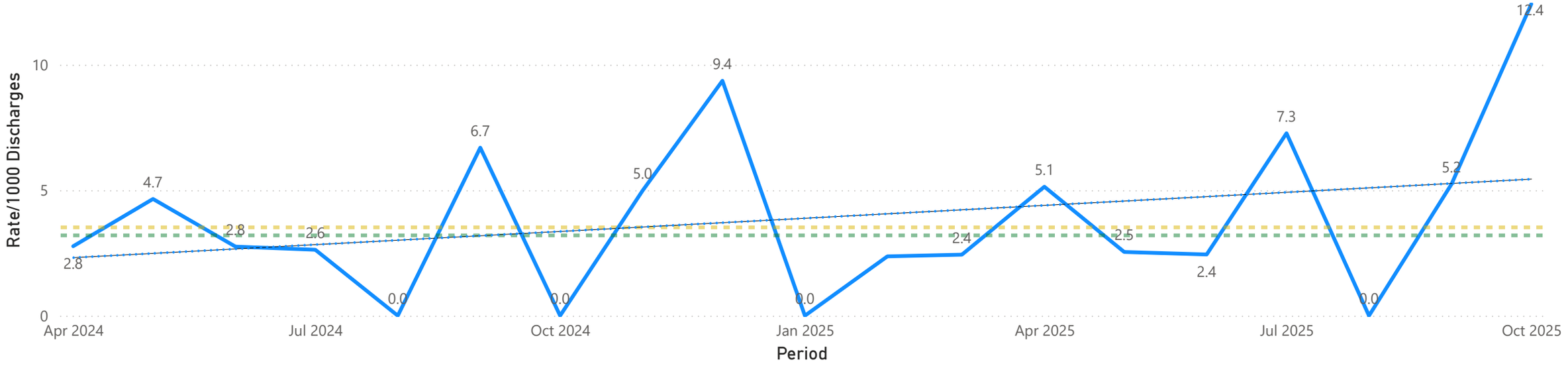
Risk-adjusted rate of sepsis that is identified after admission, per 1,000 discharges (Risk-adjusted rate = Observed cases ÷ Expected cases × Canadian average)

Data Source

Discharge Abstract Database (DAD)

Target	Previous YE	YTD	Status (Last 3 periods)
3.2	3.2	5.0	▲

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	2.8	4.7	2.8	2.6	0.0	6.7	0.0	5.0	9.4	0.0	2.4	2.4
2025/2026	5.1	2.5	2.4	7.3	0.0	5.2	12.4					

Low-Risk Caesarean Section Rate

Description

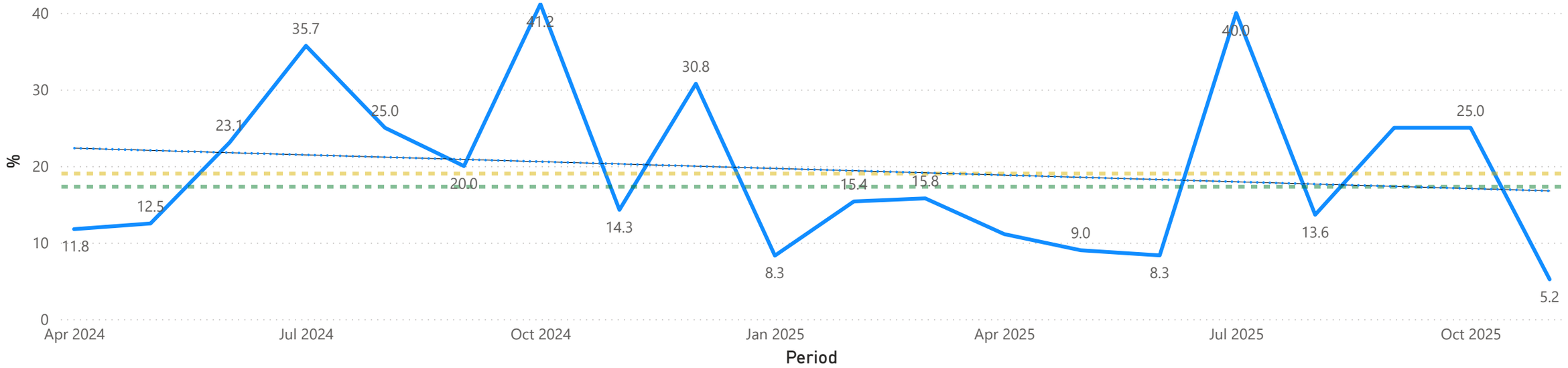
This indicator measures the rate of deliveries via Caesarean section among singleton term cephalic pregnancies for low-risk nulliparous women in spontaneous labour

Data Source

Discharge Abstract Database (DAD)

Target	Previous YE	YTD	Status (Last 3 periods)
17.3	21.1	17.2	▲

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	11.8	12.5	23.1	35.7	25.0	20.0	41.2	14.3	30.8	8.3	15.4	15.8
2025/2026	11.1	9.0	8.3	40.0	13.6	25.0	25.0	5.2				

CAMBRIDGE MEMORIAL HOSPITAL

Obstetric Trauma (with Instrument)

Description

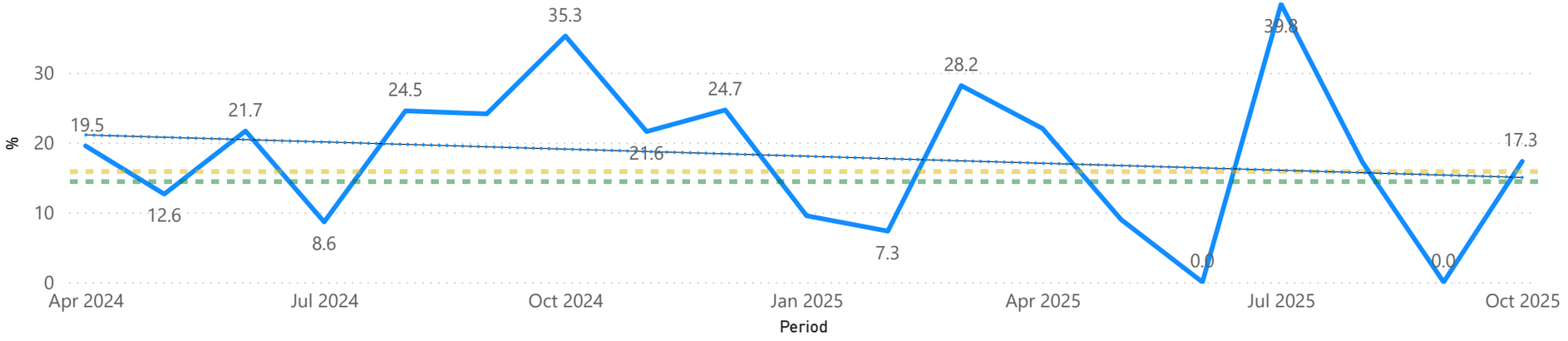
Risk-adjusted rate of obstetric trauma (lacerations that are third degree or greater in severity) for instrument-assisted vaginal deliveries (Risk-adjusted rate = Observed cases ÷ Expected cases × Canadian average,18.4)

Data Source

Discharge Abstract Database (DAD)

Target	Previous YE	YTD	Status (Last 3 periods)
14.4	19.8	16.0	▲

Trend



Month	Observed
Oct-25	2.00
Sep-25	0.00
Aug-25	4.00
Jul-25	4.00
Jun-25	0.00
May-25	1.00
Apr-25	3.00

Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	19.5	12.6	21.7	8.6	24.5	24.1	35.3	21.6	24.7	9.5	7.3	28.2
2025/2026	22.0	9.0	0.0	39.8	17.2	0.0	17.3					

CAMBRIDGE MEMORIAL HOSPITAL

Long Waiters Waiting for Surgical Procedures

Description

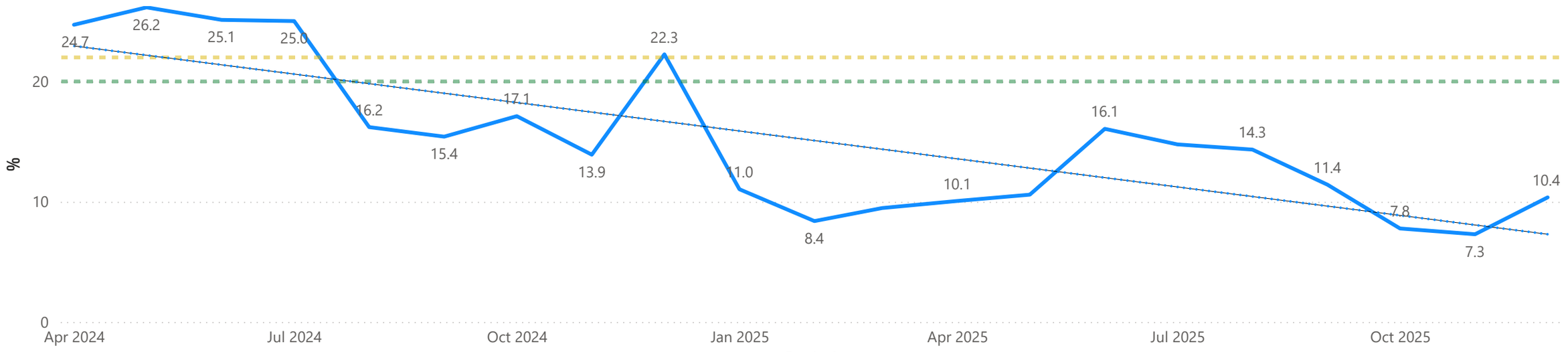
This indicator measures the percentage of patients waiting for a surgical procedure whose wait has exceeded the associated Priority Level Access Target (excludes DART days)

Data Source

WTIS

Target	Previous YE	YTD	Status (Last 3 periods)
20.0	9.5	10.4	

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	24.7	26.2	25.1	25.0	16.2	15.4	17.1	13.9	22.3	11.0	8.4	9.5
2025/2026	10.1	10.6	16.1	14.8	14.3	11.4	7.8	7.3	10.4			

Patient Safety Event - Falls with Harm Rate

Description

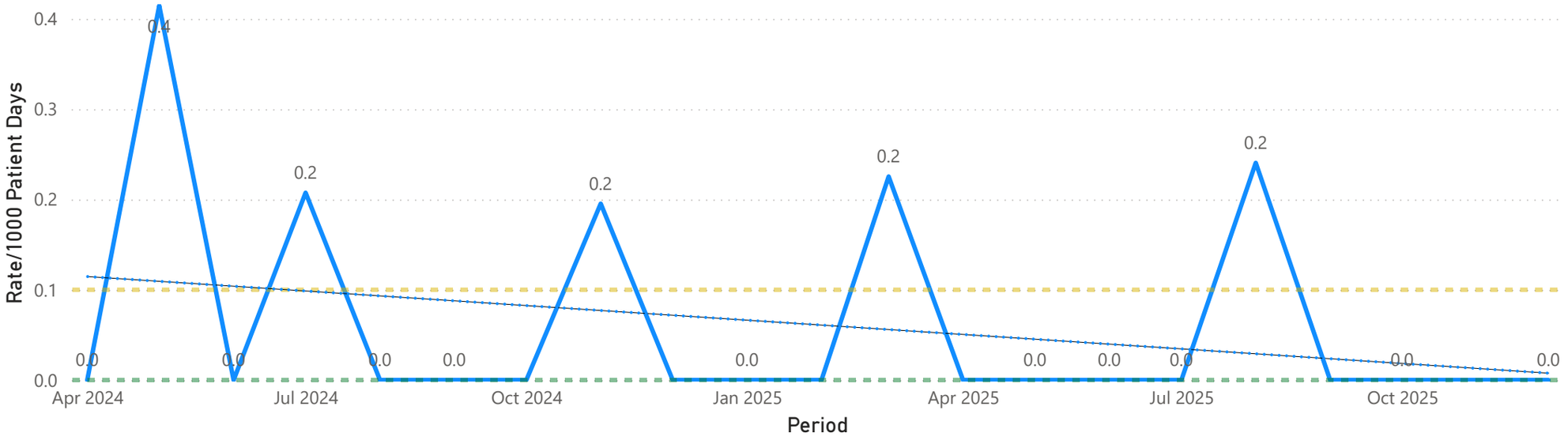
The number of falls with harm per 1,000 inpatient days. This includes events where after review, the severity is deemed to have incurred moderate or severe harm, or a critical incident involving death.

Data Source

ReportLink, Meditech

Target	Previous YE	YTD	Status (Last 3 periods)
0.0	0.1	0.0	

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	0.0	0.4	0.0	0.2	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.2
2025/2026	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0			

CAMBRIDGE MEMORIAL HOSPITAL

Patient Safety Event - Medication Events with Harm Rate

Description

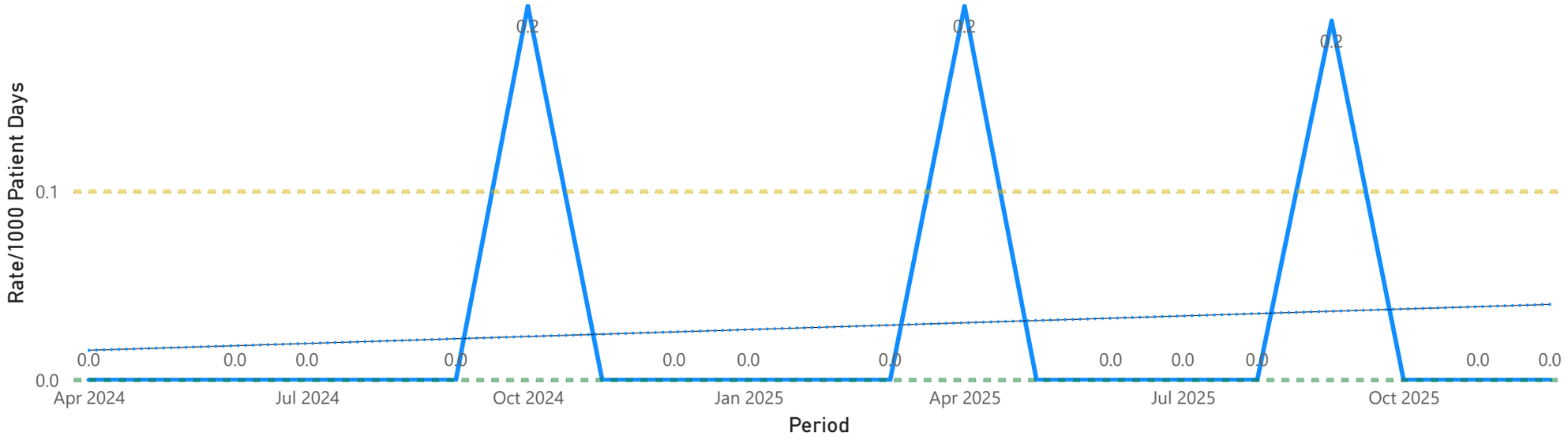
The number of medication events with harm per 1,000 inpatient days. This includes events where after review, the severity is deemed to have incurred moderate or severe harm, or a critical incident involving death.

Data Source

ReportLink, Meditech

Target	Previous YE	YTD	Status (Last 3 periods)
0.0	0.0	0.04	

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0
2025/2026	0.2	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0			

CAMBRIDGE MEMORIAL HOSPITAL

Medication Reconciliation

Admission

Description

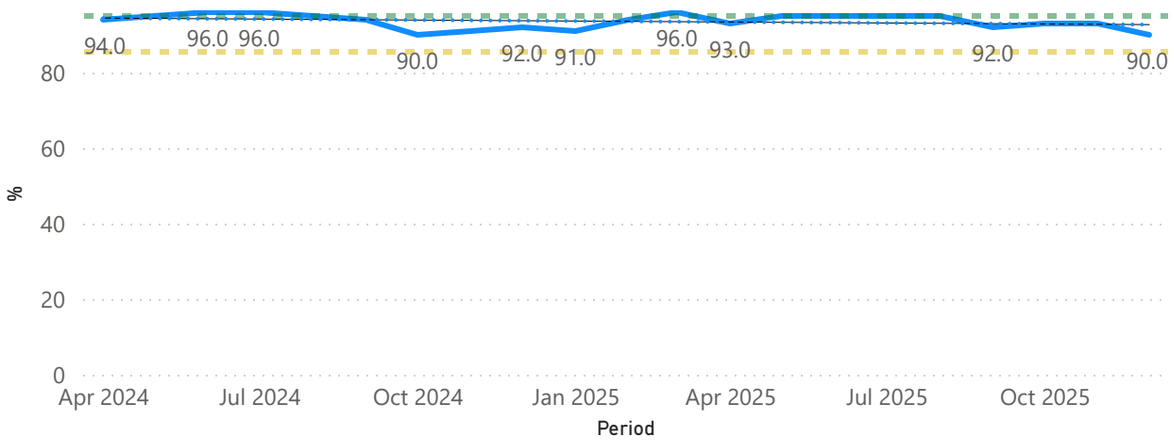
The total number of patients who were discharged who had a Best Possible Medication History (BPMH) completed divided by the total number of patients who were discharged home

Data Source

Meditech Pharmacy Patient Profile

Target	Previous YE	YTD	Status (Last 3 periods)
95	97	95	▲

Trend



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

Discharge

Description

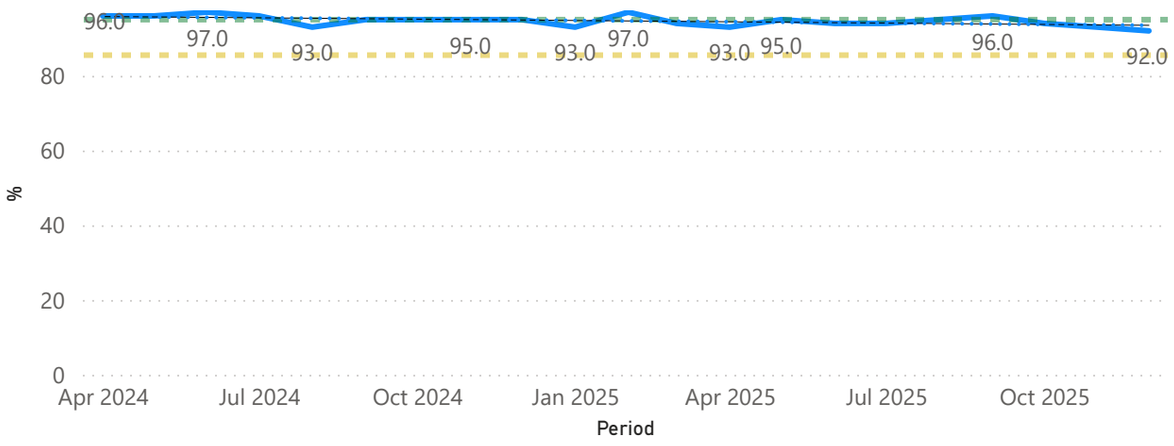
The percentage of Yes responses to the question "Was the CMH community pharmacy prescription completed? " for all inpatient locations participating in medication reconciliation at discharge

Data Source

Meditech

Target	Previous YE	YTD	Status (Last 3 periods)
95	96	95	▲

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	96.0	96.0	97.0	96.0	93.0	95.0	95.0	95.0	95.0	93.0	97.0	94.0
2025/2026	93.0	95.0	94.0	94.0	95.0	96.0	94.0	93.0	92.0			

CAMBRIDGE MEMORIAL HOSPITAL

Post-Construction Operating Plan (PCOP) Revenue

Description

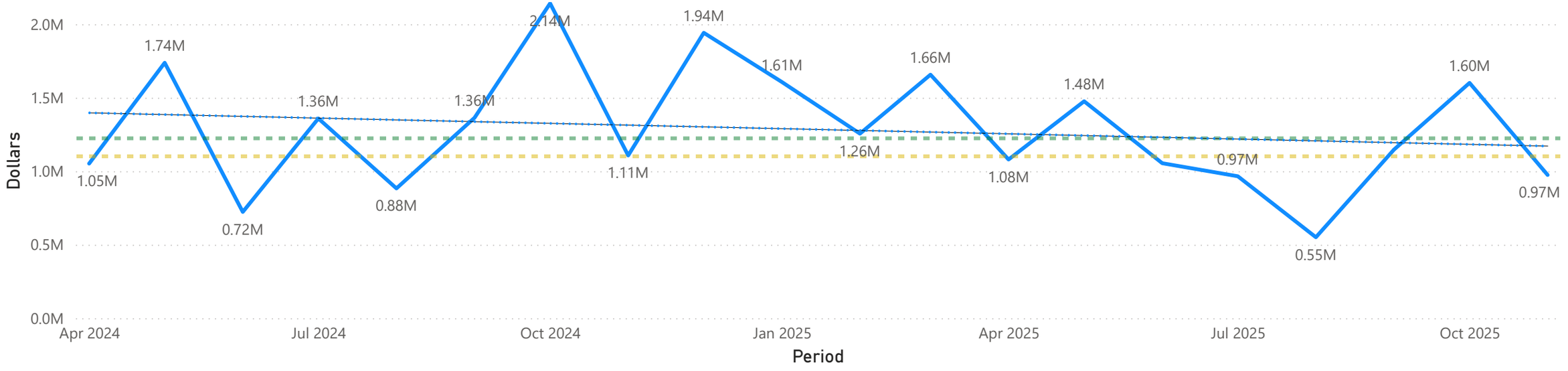
The revenue achieved through all PCOP service areas, including Acute Inpatient, ED, Day Surgery, Mental Health Day Hospital, Mental Health Inpatient, ECT, and Ambulatory Clinics (Mental Health, Paediatric, Fracture, Surgery)

Data Source

Discharge Abstract Database, National Ambulatory Care Reporting System, Meditech

Monthly Target	YTD Target	YTD Total	Status (Last 3 periods)
746.3K	6.0M	8.8M	

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	1,051,697	1,737,596	722,779	1,358,633	882,895	1,363,416	2,141,704	1,106,891	1,941,391	1,606,752	1,255,297	1,656,450
2025/2026	1,079,517	1,475,502	1,054,262	965,550	550,594	1,146,654	1,600,638	974,241				

CAMBRIDGE MEMORIAL HOSPITAL

Quality Based Procedure (QBP) Revenue

QBP Dashboard

Description

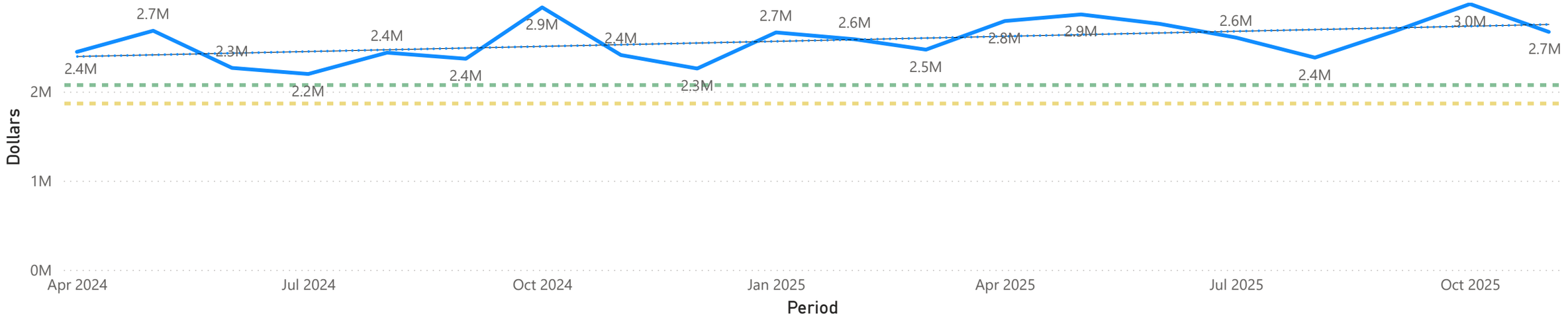
The revenue achieved through all Quality Based Procedures, including Urgent QBPs & Non-Urgent Surgical QBPs (OH), Systemic Treatment (CCO), GI Endoscopy (CCO), and Cancer Surgery (CCO).

Data Source

Discharge Abstract Database, National Ambulatory Care Reporting System

Monthly Target	YTD Target	YTD Total	Status (Last 3 periods)
2.2M	17.9M	21.7M	

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	2,445,693	2,682,601	2,265,445	2,197,474	2,436,657	2,368,276	2,944,766	2,409,880	2,258,532	2,663,573	2,586,914	2,470,610
2025/2026	2,791,432	2,865,448	2,759,666	2,605,517	2,380,970	2,673,898	2,982,883	2,669,663				

Please note Actual QBP Revenue will be capped at the Funding Available for each category (Total Funding=$28.2M: $20.8M for OH Urgent + Elective QBPs; $2.9M for Cancer Surgery QBPs; $2.0M for GI Endo QBP, $2.5M for Systemic Treatment QBP)

AVG Patients in ED at 8AM waiting for IP bed

Description

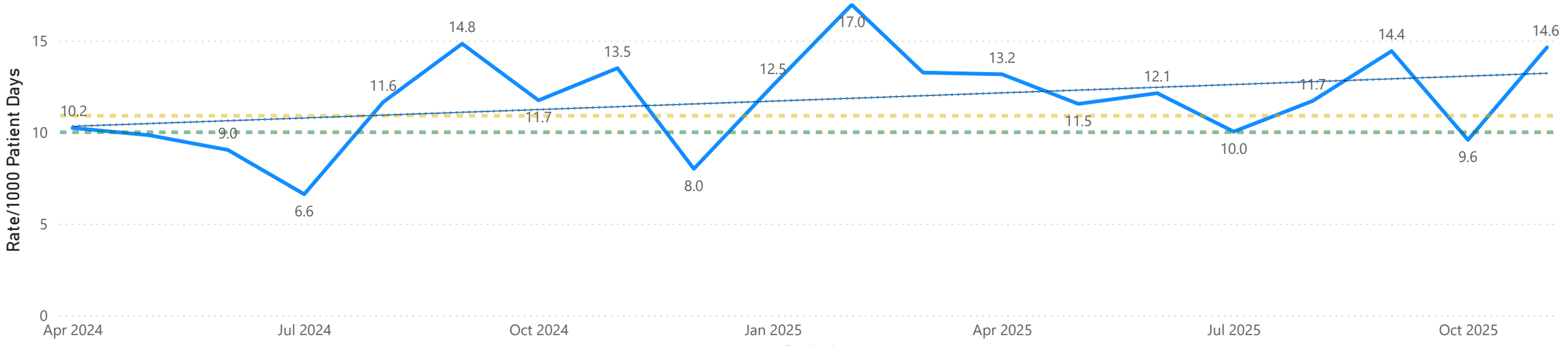
The number of patients in the emergency department waiting for an inpatient bed at 8 a.m. who have been waiting at least 2 hours since disposition. Average number of patients per day

Data Source

NACRS

Target	Previous YE	YTD	Status (Last 3 periods)
10.0	11.5	12.2	▲

Trend



Fiscal Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2024/2025	10.2	9.8	9.0	6.6	11.6	14.8	11.7	13.5	8.0	12.5	17.0	13.3
2025/2026	13.2	11.5	12.1	10.0	11.7	14.4	9.6	14.6				

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

MEMORANDUM

TO: Board of Directors, Cambridge Memorial Hospital

DATE: January 30, 2026

REPORTING PERIOD: November 29, 2025 to January 30, 2026

FROM: Patrick Gaskin
President and CEO

RE: CEO Certificate of Compliance

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

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

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

Exceptions: NIL

Patrick Gaskin
President and CEO

Our 2022–27 Strategic Plan

Jan 2026

Strategic Pillars

Sustain Financial Health

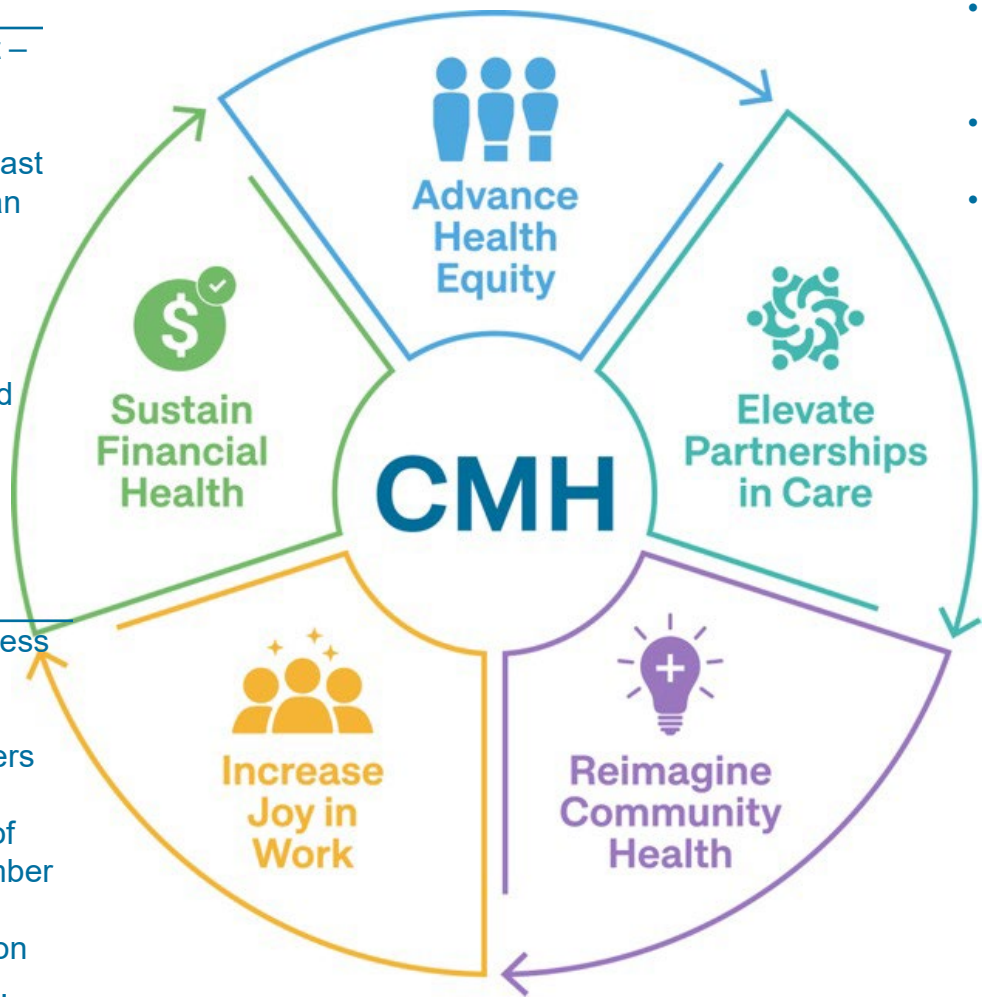
- Team working on the CMH 26/27 budget – some pressures for CMH as we are finishing up our PCOP years and will not have the surpluses we have had in the past
- HSSP – Hospital Sector Stabilization Plan – expectation of Ministry that hospitals meet service volumes with only a 2% increase for next 3 years
- Revenue optimization work among Waterloo Wellington hospitals – preferred accommodation, maximizing QBPs/OR capacity

Increase Joy in Work

- New Whistleblower system – open to all! Access on www.cmh.org
- CMH recognized as Top Employer for the Waterloo Area by Canada's Top 100 Employers AND…..
- CMH recognized by Forbes Canada as one of Canada's Best Employers! Moved up to number 51. There were 28 health and social service organization on the list – we were number 5 on that list and the number 3 hospital in Canada. What an accomplishment.

Advance Health Equity

- Indigenous Council & Diversity Council (DC) met in December and DC again this past week
- Working to update smudging policy by March – indoor, space for staff, 24/7 accessibility
- Planning underway for Black History Month



Elevate Partnerships in Care

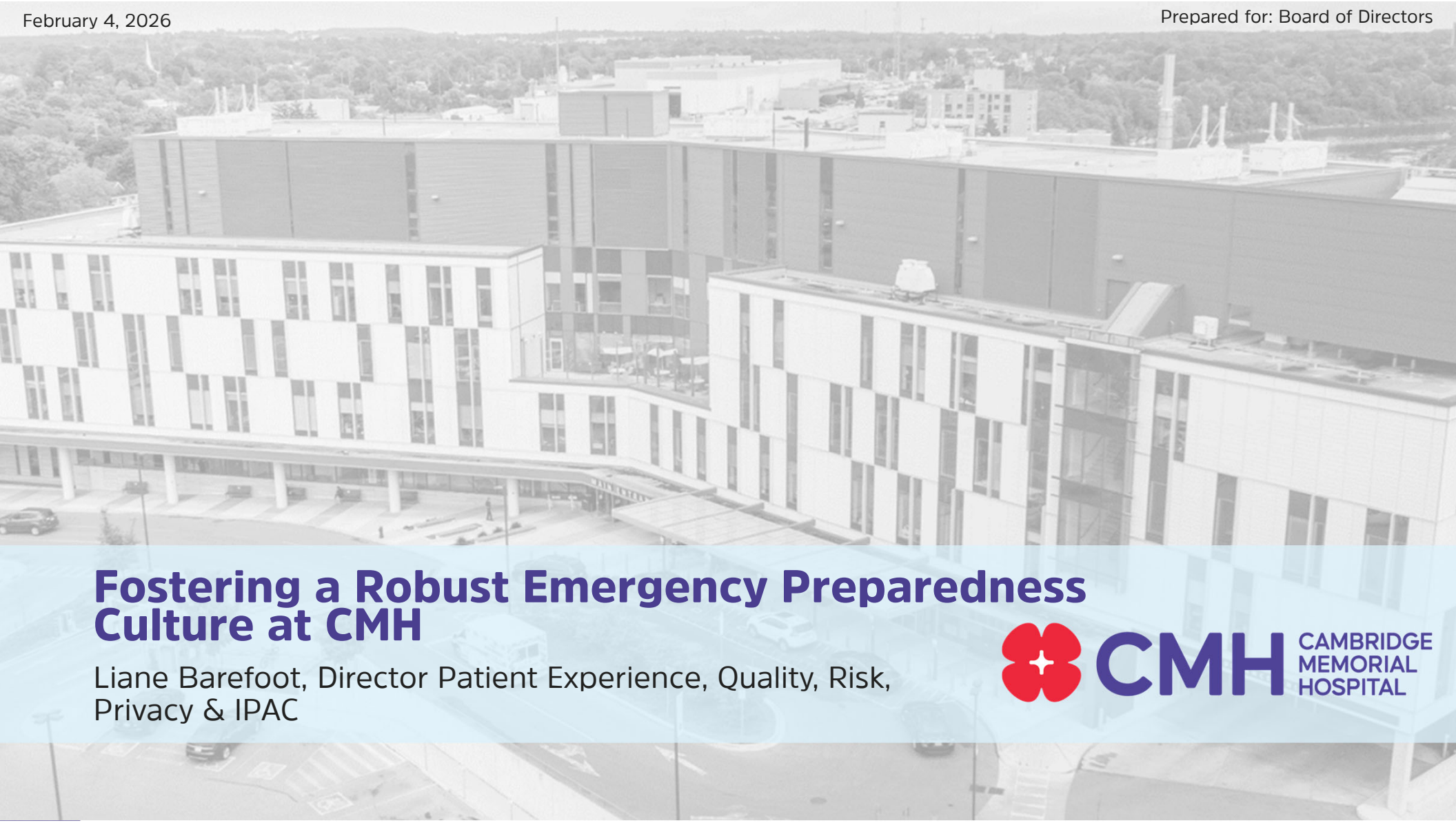
- Flow - continued work across the organization. Priority for us, our community and Ontario Health. Extra pressure on CMH right now!
- Planning for the future space needs of CMH with WRHN to support ask to Regional Council. More to come!
- Being "1 Million Ready" is more than just a new hospital in Waterloo.
- Residents of Cambridge who get care at a Waterloo hospital – 83% come to CMH, 3% to St. Mary's, 14% to GRH

Reimagine Community Health

- Project Steering Committee and Executive Committee are now meeting regularly
- 10+ staff hired to support clinical program for the implementation
- Go live in Nov 2026. Lots of work ahead!
- Our OHT has applied for an interprofessional care team to connect 10,000 unattached residents to primary care – decision in spring

February 4, 2026

Prepared for: Board of Directors



Fostering a Robust Emergency Preparedness Culture at CMH

Liane Barefoot, Director Patient Experience, Quality, Risk, Privacy & IPAC

CMH CAMBRIDGE MEMORIAL HOSPITAL

Table of Contents

CAMBRIDGE MEMORIAL HOSPITAL

Introduction to Emergency Preparedness at CMH

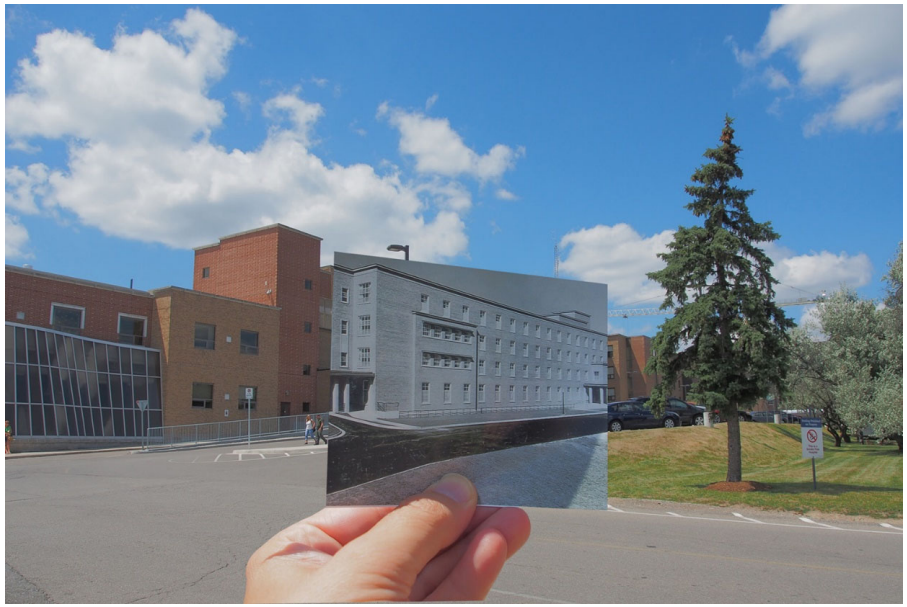
- Emergency preparedness refers to the strategies & plans to systematically respond to events that disrupt normal operations
  - Examples include medical emergencies, fire, hazardous material spills, security threats, or natural disasters

- These events could impact patient(s), staff/physicians, visitors, the broader community, equipment, and/or infrastructure

CAMBRIDGE MEMORIAL HOSPITAL

Emergency Preparedness Journey at CMH

- October 2023 – fire at CMH
- November 2023 Accreditation Canada onsite visit – 2 high priority criteria not achieved
- FY 2024/25 included Emergency Preparedness as a top Integrated Risk Management (IRM) organizational risk
  - Foundational mitigation strategy was the investment into a 2-year Emergency Preparedness Lead (EPL) role that commenced in July 2024
  - Focus has been stabilization, building, & strengthening partnerships



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Board's Key Role in Oversight

- Receive updates demonstrating that Management has an Emergency Preparedness Plan that includes mock training exercises, staff supports, and business continuity planning
- Receive updates demonstrating that CMH uses standardized frameworks and that these standardized frameworks support, and connect into, well-established linkages locally and regionally
- Celebrate successes & accomplishments
- Understand risks & mitigation strategies

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Inputs to CMH's Emergency Preparedness Program

- HIROC: Comprehensive list of risk mitigation strategies
- Accreditation Canada Standards
- Ontario Fire Code
- Other relevant legislation – Occupational Health & Safety Act, Building Code etc.
- HIRA (Hazard Identification & Risk Assessment)
- Standardized frameworks – Incident Management System (IMS), Emergency Operations Centre (EOC)
- Partnerships – local, regional, provincial; multi-sectoral

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CMH's Emergency Preparedness Plan – Components

Code	Definition
Yellow	Missing Person
Amber	Missing or Abducted Child
Orange	Disaster
Red	Fire
White	Violent/Disruptive Person
Blue	Cardiac Arrest/Medical Emergency
Green	Evacuation
Pink	Cardiac Arrest/Medical Emergency - Neonate
Brown	Hazardous Material Spill
Purple	Hostage Taking
Black	Bomb Threat
Grey	Loss of essential service
Silver	Person(s) with Firearm
OB	Obstetrical Emergency
Transfusion	Massive transfusion protocol

CMH's Emergency Preparedness Plan is comprised of 18 separate policies:

- Emergency Response & Recovery policy – overarching, how to activate an Emergency Operations Centre (EOC) using the Incident Management System framework
- 13 defined by colour (yellow, amber, orange, red, white, blue, green, pink, brown, purple, black, grey, silver)
- Code OB (obstetrics)
- Code Transfusion
- Emergency Medical Assistance Team (EMAT) policy – how to access EMAT
- + 1 net new pending approval, aqua - flood

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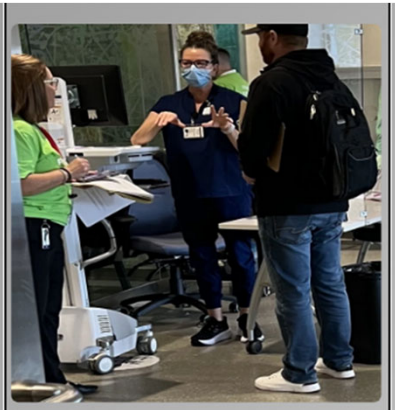
Emergency Preparedness Plan – Components

- Emergency Preparedness Committee (EPC) – multi-disciplinary group comprised of individuals from CMH and partner organizations, each contributing specialized expertise in emergency response for various code protocols.
  - 2 subcommittees – Code Blue/Pink and Code White
- Review debriefs, mock training drill performance, discuss/evaluate new equipment, policy reviews, partner organization updates

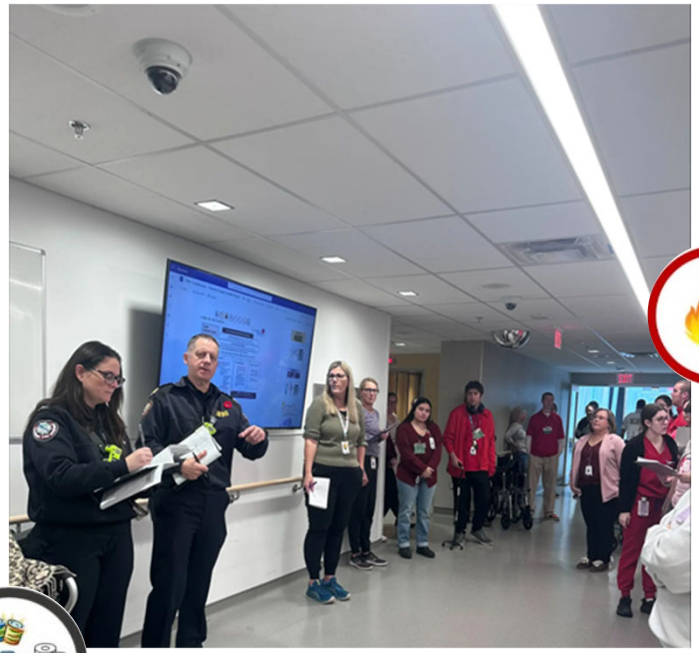
Emergency Preparedness Plan – Mocks/Training

Live Mock Code Silver



Bill registering at the screener desk in the Emergency Department-Bill was the Perpetrator in the Live Exercise.

Some of the Live Exercise Participants during the debrief session.



Annual timed Code Green evacuation drill – inpatient surgery

Cambridge Fire Department providing live extinguisher training with Maintenance & Security staff

Staff using the extinguisher simulator

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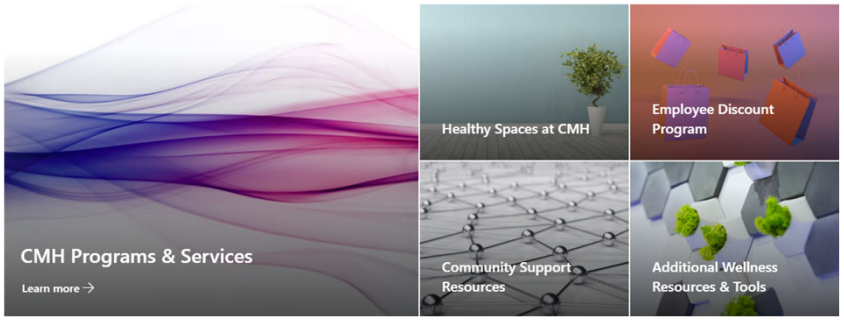
Emergency Preparedness Plan – Staff Supports

Homewood Health



Ember; Health, Safety, Wellness Department; Employee & Family Assistance program (longer term or immediately after); additional mental health benefit for all staff & physicians; wellness programming, spiritual care, staff fitness centre … despite a large offering some require leader activation, or employee awareness to access. Both proactive and in the moment/post event supports are offered. Opportunity exists for more standardization.

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Emergency Preparedness Plan - Standardized Frameworks

- CMH uses the Incident Management System (IMS) when activating an Emergency Operations Centre (EOC).
  - Standardized, on-scene framework used to manage unplanned events
  - Structure can include: Command, Operations, Planning, Safety, Logistics, Finance, Liaison, Information
- Common structure/nomenclature, scalable and can be integrated with partner organizations via the Liaison role(s)
- **Leadership Training:** 12 CMH leaders have successfully completed IMS100 & IMS200 (3-day in-person) training that was offered free by City of Cambridge. Immersive EOC activation using IMS framework training completed with all CMH leaders in spring 2025.

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Celebrating Successes – Internal

- ✓Updated **emergency stations** now in all areas of the hospital that include numbered code clipboards that contain corporate & unit specific information
- ✓**24-month mock code red schedule** developed in collaboration with Cambridge Fire Department to ensure every area of the hospital has at least 1 training mock. Includes repeatable monthly cadence (week 1 EPL meets with leader; week 2 & 3 huddle discussions with front line staff; week 4 conduct the mock)
- ✓Annual **code of the month** established. Includes 1-page summary for SharePoint and electronic huddle board dissemination. Try to align with policy review and if applicable, mock exercise. Keeps the less frequently used codes top of mind.
- ✓**Orientation** was enhanced to include an in-person presentation that includes demonstrations of equipment.
- ✓Vendor, volunteer, & partner organization information handouts developed.
- ✓EPL mentored CMH's first-ever emergency preparedness student in Winter 2025. Student assisted with a tabletop Code Silver.

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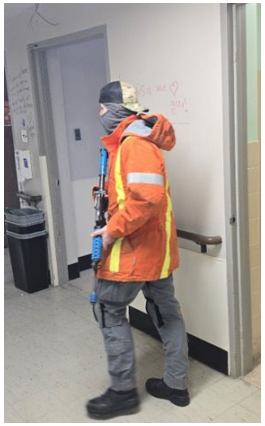
Celebrating Successes – External Linkages

- ✓ **Code Silver Mocks:**
  - Two tabletop exercises (ED)
  - First-ever live mock Code Silver (ED)
  - Observation of a live multi-sector mock code silver incident with Hamilton Health Sciences Centre (HHSC) at West Lincoln Memorial Hospital in Grimsby
- ✓ **Offsite EOC Locations:** Memos of Understanding (MOUs) are established with Fairview Mennonite Home and Galt Country Club to serve as potential offsite Emergency Operations Centre (EOC)
- ✓ **Cambridge Fire Department:** For the past 2 years CMH has partnered with Cambridge Fire Department (CFD) for annual Fire Safety Week celebrations and hosted CFD at CMH to offer on-site fire extinguisher training for responders from maintenance and security staff.
- ✓ **Waterloo Regional Police Services (WRPS):** new addition to CMH EPC as a standing member
- ✓ **Community Training Exercises:** CMH has participated in two community emergency training exercises and will be participating in a large-scale regional exercise planned for 2027.



December 2025 - Live multi-sector mock code silver with HHSC at West Lincoln Memorial Hospital in Grimsby

Fall 2025 - Annual Fire Safety Week booth

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Risks & Mitigation Strategies

Risk	Mitigation Strategies	Timeline
Competing priorities for leaders and staff make focusing on emergency preparedness efforts challenging	Bite size learning, multi-modal, go to the units/departments, hands-on/experiential opportunities	Ongoing strategies
Lack of a templated emergency communications plan	Templates, cadence, staff not on shift, or arriving for shift	TBD
Lack of standardization for staff supports	Developing wording to add to each code policy	Implement by 2026/27 Q1
No formal Business Continuity Plan (BCP)	Near completion	Finalized by 2026/27 Q1
Elimination of centralized EPL role	Develop a formalized plan for de-centralized dissemination of accountabilities	Finalized by 2026/27 Q1

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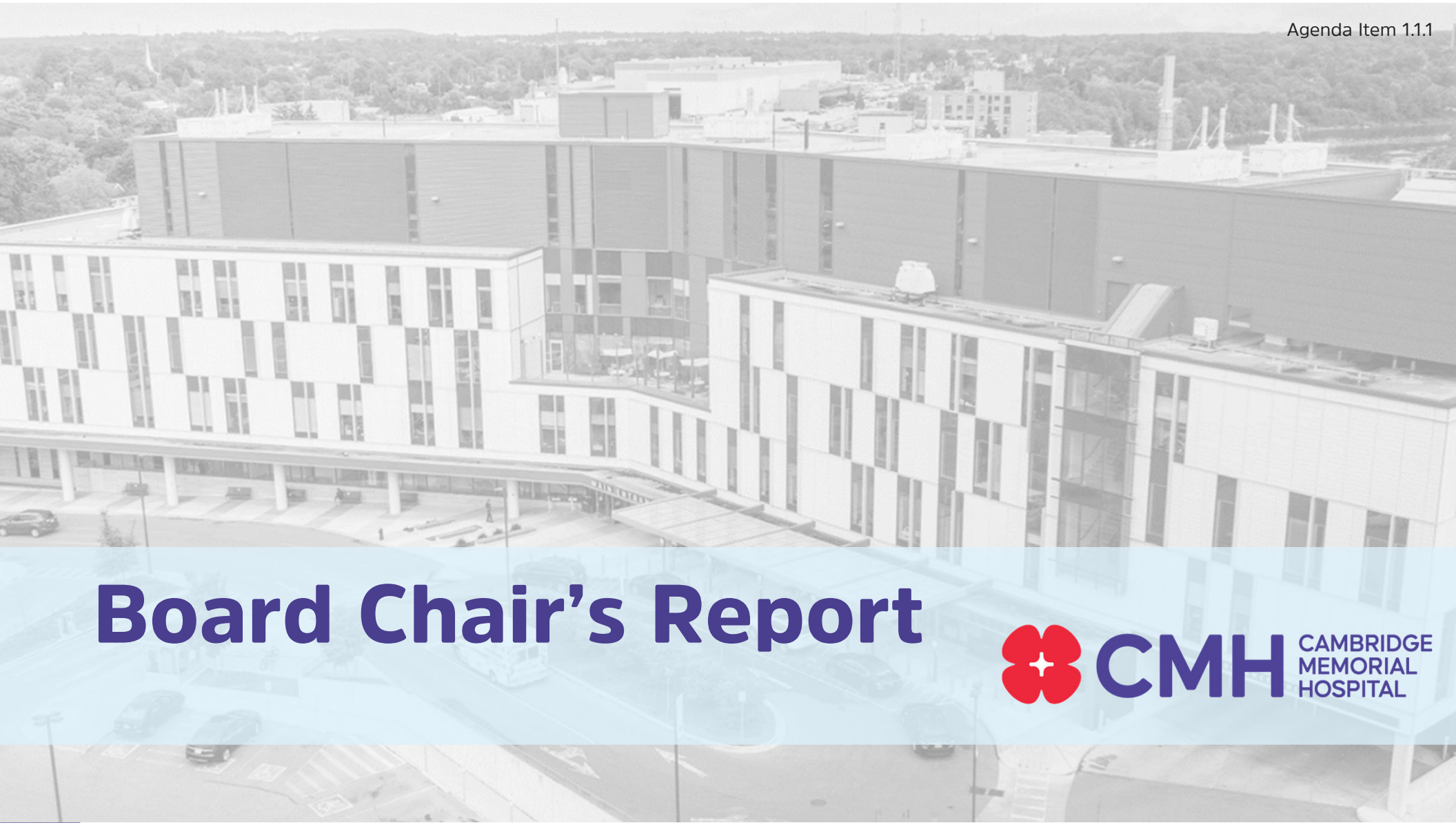


Board Chair's Report

CMH CAMBRIDGE MEMORIAL HOSPITAL

Board Chair's Report – Winter 2025

Message From the Chair

As we head into 2026, I must start by recognizing our dedicated staff, physicians and midwives. They step up every day, but even more was asked of them over the holidays. CMH opened 26 extra, unfunded beds to help manage the pressures in the Emergency Department (ED). In addition, CMH held 15-20 patients in the ED waiting for inpatient beds and other patients were held in hallway beds. Stephanie, Kunuk and the clinical teams throughout the hospital were incredible in ensuring that our community received the quality care that they needed despite the overwhelming surge. From the entire Board, a huge thank you!!!

I also want to recognize CMH's meteoric rise on the Forbes ranking of Canada's Best Employers – from #233 in 2025 to #51 in 2026. Survey participants anonymously evaluate their employers on criteria such as workplace culture, compensation, flexibility, professional development, leadership, and whether they would recommend their organization to others. Kudos to Mari, Diana, Jenna and everyone throughout CMH for creating a caring, supportive and collaborative work environment.

Finally, a thank you to the Board for your efforts to be present at CMH and community activities. Your involvement makes a difference and shows our staff, physicians, and midwives how much you support their work.

I look forward to continuing to work with you in 2026, doing our part to make CMH the best it can be.

CAMBRIDGE MEMORIAL HOSPITAL

Board Chair's Report – December 2025

CMHVA Holiday Lunch
On December 3, 2025 Diane Wilkinson attended the CMHVA held their Holiday Lunch celebrating the season and everything it has to offer.

Facilities / Maintenance Tour
On December 23, 2025, Tom Barker, joined Facilities Manager Bill Hibbs and the maintenance team for an insightful visit. The visit included a firsthand look at the team huddle, followed by a guided tour of the CMH facilities. The visit provided valuable insights into the day-to-day operations and teamwork.

The team expressed gratitude for the engagement and looks forward to continued collaboration between the Board and staff.

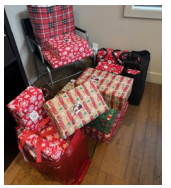
Good Morning Cambridge Breakfast – Conversation with City of Cambridge Mayor, Jan Liggett
On December 10, 2025, the City of Cambridge's Chamber Breakfast Series hosted a Breakfast Series event featuring an engaging conversation with Mayor Jan Liggett. Sara Alvarado, Miles Lauzon, Bill Conway, and Lynn Woeller joined Mari Iromoto representing CMH and the Board, showing our commitment to fostering strong community relationships.

thechamber
CAMBRIDGE CHAMBER OF COMMERCE

CMH Directors Christmas Family Wrap Up
Thanks to the your incredible generosity, a Cambridge family was able to experience a more joyous holiday season. The Board sponsored a family of a 14yr old girl, 10yr old boy, 8yr old girl, 4yr old girl and mom.

In addition, thanks to the extra special generosity of one of our Directors & her parents, 3 bikes were purchased.

Thanks to our shoppers including Paulo's wife Alice & past Board member Tom Dean's wife Terrie – this would not have been possible without the time they put in!



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Board Chair's Report – December 2025

CMH Holiday Staff Meal Event
On December 4, 2025 our Board of Directors rolled up their sleeves, put an apron on and lent a helping hand to CMH Leadership, serving sweet treats and greeting guests during the annual CMH Staff Holiday Meal. Thank you to Diane Wilkinson, Miles Lauzon, Paulo Brasil, Lynn Woeller, and Tom Barker who help spread the holiday cheer.

"Thank you so much. It was a pleasure to be there. Having the chance to interact with staff is always incredible. I am always so impressed with the energy of the staff. It's amazing seeing that big of a group of people where they all look like they want to be there doing the work they do. This truly speaks to the corporate culture the entire management team brings.

Thank you again for making me feel welcome!" Tom Barker

Cambridge Symphony Orchestra
Thank you to Sara Alvarado for coordinating a musical display by the Cambridge Symphony Orchestra on December 17, 2025. They played beautifully bringing comfort and care through the sound of music to all.

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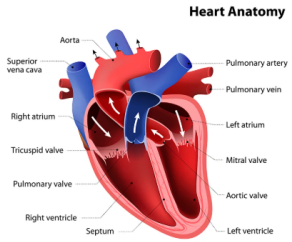
Board Chair's Report – January 2025

Vision 1 Million: Are We Ready? Healthcare
Despite the unpredictable Canadian weather, on January 15, 2026, CMH's CEO Patrick Gaskin joined forces with Ron Gagnon, CEO of WRHN, for an insightful panel discussion hosted by the Kitchener Chamber of Commerce as part of their Vision 1 Million series. Despite the snowy roads, CMH's Board members showed their support by attending in person or tuning in via live stream. This demonstrated a strong community spirit and commitment to regional progress.

Grand Rounds: Lifestyle Medicine and the Management of Cardiovascular Disease.
On January 22, 2026 Sara Alvarado, Bill Conway, and Miles Lauzon participated in the virtual Grand Rounds Series presented by Dr. A. Shekhar Pandey - Adult Invasive, Multi-modality Cardiac Imaging & Preventative Cardiologist
Assistant Clinical Professor (Adjunct), Department of Medicine, McMaster University.
Participants heard about the role of cardiac rehabilitation in ASCVD, the expanded role of cardiac rehab in CHF and AFIB patients and the current and novel targets in the management and prevention of Cardiovascular Disease.



CAMBRIDGE MEMORIAL HOSPITAL

Board Chair's Report – January 2025

Good Morning Cambridge Breakfast – Conversation with City Manager Rob Axiak

On January 16, 2026, Bill Conway, Jayne Herring, and Lynn Woeller, and Patrick Gaskin participated in the Good Morning Cambridge Breakfast conversation engaging with the newly appointed City Manager, Rob Axiak. Rob is a seasoned municipal leader with over three decades of experience in driving transformation and building high-performing teams within Ontario. We appreciate the Directors for their participation and representation of CMH in the community.

Fairview Seniors Community Tour

Miles Lauzon attended the joint meeting of the CND OHT's Steering and Joint Board Committees as they considered a new operating model for the organization. The meeting included a tour of the newly expanded (and renovated) expansion of the long term care beds at Fairview Seniors Community. Miles is pictured with Rick Robertson, who co-chairs the Joint Board Committee.

City of Cambridge Salute to Women Event.

On January 28, 2026, Sara Alvarado, Bill Conway, Jayne Herring, Miles Lauzon joined Patrick Gaskin, Winnie Lee and other members of the CMH Leadership team in representing CMH at the Salute to Women event recognizing all the brilliant and talented women that make up Cambridge business community. The keynote speaker at the event was Ruth Casselman, CEO of the Accelerator Centre - a business leader, founder, executive and respected leader in the investment community. Ruth spoke about the importance of artificial intelligence in organizations, the disparity between women and men in the adoption and use of AI and the importance of investing in employees in the AI literacy and adoption. Patrick is hoping to have Ruth do a lunch and learn at CMH. She was quite willing to share her knowledge with us. Stay tuned.

The event was not only celebratory but also philanthropic, raising nearly $14,000 to support breast reconstruction services at CMH. This contribution will significantly impact patients and their journeys toward recovery.

CMH congratulates all the remarkable women honored during the event and thanks everyone who supported this meaningful cause.

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CAMBRIDGE MEMORIAL HOSPITAL

BRIEFING NOTE

Date: December 11, 2025
Issue: Proposed Approach to Policy Review Process
Prepared for: Governance and Nominating Committee
Purpose: ☒ Approval ☒ Discussion ☐ Information ☐ Seeking Direction
Prepared by: Stephanie Fitzgerald, Administrative Assistant
Approved by: Patrick Gaskin, President & CEO, Julia Goyal, Governance and Nominating Committee Chair

Attachments/Related Documents:
Policy 2-D-02 Board Policy Development, Review and Approval
Proposed Revised Policy Review Schedule

Recommendation/Motion

Board

That, the Board of Directors approve policy 2-D-02 Board Policy Development, Review, and Approval as amended to reflect a 3-year/5-year review schedule as outlined in the Policy Review Schedule and as recommended by the Governance and Nominating Committee at their meeting of December 11, 2025.

Governance and Nominating Committee

That, after review and discussion of the information provided, the Governance and Nominating Committee recommends to the Board of Directors, the approval of policy 2-D-02 Board Policy Development, Review, and Approval as amended to reflect a 3-year/5-year review schedule as outlined in the Policy Review Schedule. **CARRIED.**

Executive Summary

Cambridge Memorial Hospital (CMH) Leadership asserts that the CMH Board of Directors is well-positioned for effective governance, supported by over 80 Board policies, most in place for over a decade and aligned with best governance practices. These policies are fundamental to the CMH Board's success and standards. However, given the recent expansion of GNC's role, and GNC's current 2025-2026 strategic goals, the GNC and CMH Leadership have expressed concern for work and time involved each year for the current policy review process.

Based on the current policy review schedule, this year, GNC reviews 20 to 30 policies annually. Considering those reviews and the priority work of the GNC, it is recommended to implement a process where some policies are reviewed on a 5-year basis, and some are reviewed on a 3-year basis.

Key Benefits:

- **Efficiency:** By staggering policy reviews into two distinct cycles, resources can be allocated more effectively, ensuring thorough evaluations without overwhelming the GNC.
- **Strategic Focus:** This change will provide the GNC with additional bandwidth to focus on high-priority strategic initiatives and relationship management.

- **Flexibility:** Policies that are less likely to be affected by external changes shall be reviewed on a 5-year cycle, while those in more dynamic areas shall continue to be reviewed every three years.
- **Sustainability:** This approach supports sustainable governance practices by ensuring timely updates to critical policies without disrupting ongoing operations.

This proposal aims to streamline the policy review process and enhance the overall effectiveness of the GNC. This will better position CMH for continued success in an ever-evolving healthcare landscape.

Analysis
CMH Leadership has conducted a comprehensive review of the current policies and identified several that are well-suited for a 5-year review cycle. These policies are considered stable and unlikely to require significant updates, as the guidance and information they contain is not anticipated to change substantially over time.

This approach is designed to optimize resource allocation while maintaining the integrity and relevance of CMH's governance framework. It allows the GNC to focus more attention on policies that operate in more dynamic areas, ensuring that these remain current with evolving best practices and regulatory requirements.

As always, if there are significant changes in guidance or best practices, policies may be reviewed or updated at any time outside scheduled review cycles. This flexibility ensures that CMH's governance structure remains agile and responsive to critical changes as they arise.

Next Steps
Upon approval of the Board of Directors, the amended process will take effect immediately and the Governance and Nominating Committee will adopt the revised Policy Review Schedule.

CAMBRIDGE MEMORIAL HOSPITAL

BOARD MANUAL

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

Policy

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

The Board shall be responsible for setting the strategic context in which policies are developed and for the formal review and approval of policies. The Board may delegate development and review of policies to a committee.
The Board shall, when appropriate, limit its policy making to matters of governance.

Development and Implementation

Except as set out below, the Governance and Nominating Committee (GNC) shall be responsible for the development of new policies.

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

The GNC shall recommend all new policies and any revisions to existing policies to the Board for approval.

The GNC shall:

- Develop and maintain a policy review schedule consistent with this policy; and
- Develop (in conjunction with other committees as required), recommend and maintain governance policies to promote effective functioning of the Board and committees.

The CEO shall:

- Be responsible for management of the policies, including maintaining current policies on a publicly accessible website;
- Maintain a Board policy manual;
- Maintain a system of policies, to ensure on-going review, version control and archiving of policies;
- Refer policies that are due for review to the GNC for policy oversight;
- Review policies to ensure consistent format and established guidelines are followed; and
- Make minor modifications to policies that do not alter the substantive context, intent or compliance requirements.

Review and Revision

The GNC shall oversee the review process with assistance from the CEO's office. Policies shall be reviewed at least every five years as outlined in the policy review schedule. Any Board committee may at any time, initiate a review of a Board policy within the scope of their terms of reference.

The "Date" field indicates the Board approval date of the current version. The "Developed" date field indicates the date the original policy was approved by the Board. The "Revised/Reviewed" dates record the dates of policy amendments since the original policy was approved.

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

Approval

Policies shall be approved as a consent or discussion item on the agenda and approved in the open meeting of the Board.

Policies shall be effective upon approval unless an effective date in the future is specified.

DEVELOPED: November 24, 2010	REVISED/REVIEWED:	
September 28, 2011	January 28, 2015	May 26, 2021
December 6, 2023	May 7, 2025	Click or tap to enter a date.
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CMH CAMBRIDGE MEMORIAL HOSPITAL

Agenda

Not for Governance Approval

DRAFT

Section #	Description	Last Review	Freq of Review	Next Review Period
Board Policy Manual Part 1: The Hospital				
1-A The Organization				
1-A-02	Corporate Mission, Vision and Values	28-Jun-22	5 yr	28-Jun-27
1-A-03	Board Accountability Statement	4-Oct-23	3 yr	4-Oct-26
1-A-04	Code of Conduct (including Board)	9-May-24	3 yr	9-May-27
1-A-05	Board Statement of Culture	6-Dec-23	5 yr	6-Dec-28
1-A-06	Ethics Framework		As needed	
1-A-08	Strategic Plan	29-Jun-22	5 yr	29-Jun-27
1-A-15	CMH Programs	28-Jun-23	As needed	
1-A-20	Organizational Chart	15-Sep-25	As needed	
1-A-21	Patient Declaration of Values	1-Mar-25	As needed	
1-B Relationships and Partnerships				
1-B-02	The Health Care Environment (reference to OHA GtoGG)	12-May-25	As needed	
1-B-05	Ministry of Health Key Priorities		As needed	
1-B-10	CMH Volunteer Association	12-Jun-25	Annual	12-Jun-26
1-B-12	CMH Foundation	01-Sep-25	Annual	1-Sep-26
1-C Legal Structure				
1-C-02	Legislative Compliance	6-Mar-24	3 yr	6-Mar-27
1-C-05	Letters Patent and Supplementary Letters Patent	18-Mar-11	As needed	
1-C-10	Corporate By-Law (ONCA Compliant)	28-Jun-23	As needed	
1-C-11	Medical/Professional Staff By-Law	28-Oct-20	As needed	
1-C-13	Medical Professional Staff Credentialing Process	15-May-25	As needed	
1-C-14	Board's Role in the Credentialing Process (reference to OHA GtoGG)	12-May-25	As needed	
1-C-20	Reporting on Compliance	7-May-25	3 yr	7-May-28
Board Policy Manual Part 2: The Board				
2-A Structure, Roles and Responsibilities				
2-A-02	Principles of Governance	4-Oct-23	**5 yr**	4-Oct-28
2-A-04	Roster of Directors	25-Jun-25	Annual	25-Jun-26
2-A-06	Committee Membership	25-Jun-25	Annual	25-Jun-26
2-A-08	Board Terms of Reference	28-Jun-23	3 yr	28-Jun-26
2-A-10	Audit Committee Terms of Reference	6-Mar-24	3 yr	6-Mar-27
2-A-11	Waterloo Wellington Research Ethics Board Terms of Reference	1-Feb-24	1 yr	1-Feb-25
2-A-12	Executive Committee Terms of Reference	28-Jun-23	3 yr	28-Jun-26
2-A-14	Resources Committee Terms of Reference	4-Dec-24	3 yr	4-Dec-27
2-A-16	Governance Committee Terms of Reference	26-Jun-24	3 yr	26-Jun-27
2-A-17	Digital Health Strategy Committee Terms of Reference	3-Dec-25	3 yr	3-Dec-28
2-A-18	Quality Committee Terms of Reference	4-Dec-24	3 yr	4-Dec-27
2-A-19	Medical Advisory Committee Terms of Reference	28-Jun-23	3 yr	28-Jun-26
2-A-20	Role Description for Chair of the Board	28-Jun-23	**5 yr**	28-Jun-28
2-A-22	Role Description for Vice-Chair	28-Jun-23	**5 yr**	28-Jun-28
2-A-26	Role Description for Secretary	28-Sep-22	**5 yr**	28-Sep-27
2-A-28	Role Description for Committee Chair	30-Nov-22	**5 yr**	30-Nov-27

CMH CAMBRIDGE MEMORIAL HOSPITAL

DRAFT

Section #	Description	Last Review	Freq of Review	Next Review Period
2-A-30	Responsibilities of Director	2-Oct-24	3 yr	2-Oct-27
2-A-31	Ex-Officio Directors	28-Sep-22	5 yr	28-Sep-27
2-A-32	Responsibilities of Non Directors on Board Committees	28-Jun-23	3 yr	28-Jun-26
2-A-34	Confidentiality Policy	28-Sep-22	3 yr	28-Sep-25
2-A-36	Conflict of Interest Policy	28-Jun-23	3 yr	28-Jun-26
2-A-38	Board and Committee Meeting Attendance Policy	28-Sep-22	5 yr	28-Sep-27
2-B Oversight of Management and Professional Staff				
2-B-5	CEO Role Description	4-Oct-23	5 yr	4-Oct-28
2-B-6	Chief of Staff Role Description	25-Apr-18	5 yr	25-Apr-23
2-B-10	Succession Planning for the President & Chief Executive Officer, Chief of Staff and Executive Team	3-Dec-25	5 yr	3-Dec-30
2-B-15	Recruitment and Selection of the President & Chief Executive Officer and Chief of Staff	3-Dec-25	5 yr	3-Dec-30
2-B-20	Executive Compensation Policy	3-Dec-25	5 yr	3-Dec-30
2-B-25	President & Chief Executive Officer & Chief of Staff Annual Performance Review	3-Dec-25	5 yr	3-Dec-30
2-B-32	CNE Role Description	1-Nov-23	5 yr	1-Nov-28
2-C Corporate Performance and Oversight				
2-C-10	Quality and Patient Safety	3-Dec-25	3 yr	3-Dec-28
2-C-20	Integrated Risk Management	30-Nov-22	3 yr	30-Nov-25
2-C-30	Financial Objectives	27-Apr-22	3 yr	27-Apr-25
2-C-31	Financial Planning and Performance	28-Apr-21	3 yr	28-Apr-24
2-C-32	Resource Protection and Liability	1-May-24	3 yr	1-May-27
2-C-34	Approval and Signing Authority	3-Dec-25	3 yr	3-Dec-28
2-C-36	Borrowing	5-Feb-25	3 yr	5-Feb-28
2-C-38	Investment Policy	3-Dec-25	3 yr	3-Dec-28
2-C-40	Capital Projects - Change Order Approval Process	4-Dec-24	3 yr	4-Dec-27
2-C-50	Performance Monitoring	30-Nov-22	3 yr	30-Nov-25
2-C-55	Hospital Naming	26-Jun-24	5 yr	26-Jun-29
2-D Board Processes				
2-D-2	Board Policy Development, Review and Approval	7-May-25	5 yr	7-May-30
2-D-4	Annual Board and Committee Work Plan	3-Dec-25	5 yr	3-Dec-30
2-D-6	Board Meeting Agenda (including Consent Agenda)	1-May-24	5 yr	1-May-29
2-D-7	Quorum and Voting at Meetings	28-Jun-23	5 yr	28-Jun-28
2-D-8	Board and Committee Meetings Policy	2-Oct-24	5 yr	2-Oct-29
2-D-9	Procedure for Members of the Public Addressing the Board	28-Jun-23	3 yr	28-Jun-26
2-D-10	Guidance for Decision Making Process	1-May-24	3 yr	1-May-27
2-D-11	Communications Policy	27-Apr-22	3 yr	27-Apr-25
2-D-12	Freedom of Information and Protection of Privacy Act (FIPPA) Delegation of Duties	7-May-25	3 yr	7-May-28
2-D-16	Meeting of Independent Directors and Committee Members	25-Jan-23	5 yr	25-Jan-28
2-D-18	Board Succession Planning	28-Jun-23	3 yr	28-Jun-26

CMH CAMBRIDGE MEMORIAL HOSPITAL

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Section #	Description	Last Review	Freq of Review	Next Review Period
2-D-20	Recruitment, Selection, and Nomination of Directors	4-Dec-24	3 yr	4-Dec-27
2-D-21	Staff Member Recruitment to Quality Committee	6-Mar-24	**5 yr**	6-Mar-29
2-D-22	Board of Directors and Committee Members Declaration	28-Jun-23	**5 yr**	28-Jun-28
2-D-24	Indemnity for Directors and D&O Insurance Coverage for Directors	28-Jun-23	**5 yr**	28-Jun-28
	Annual Certificate from HIROC	1-Jan-25	Annual	1-Jan-26
2-D-30	Board and Board Committee Orientation	6-Dec-23	3 yr	6-Dec-26
2-D-32	Board Education	2-Oct-24	**5 yr**	2-Oct-29
2-D-34	Board Travel and Expense Policy	28-Sep-22	**5 yr**	28-Sep-27
2-D-40	Evaluation of Board, Committee and Individual Performance	26-Jun-24	3 yr	26-Jun-27
2-D-45	Removal of a Director, Officer or Committee Member	28-Jun-23	**5 yr**	28-Jun-28
2-D-48	Whistleblower	3-Dec-25	3 yr	3-Dec-28
2-D-50	Perquisite	4-Jun-25	**5 yr**	4-Jun-30
2-D-60	Recognition of Board Service	2-Oct-24	**5 yr**	2-Oct-29
2-D-61	Celebrating & Honouring Board Members	4-Jun-25	**5 yr**	4-Jun-30
Tools for Board Evaluation				
Appendix A	Board/Committee Orientation	26-Jun-24	3 yr	26-Jun-27
Appendix B	Board/Committee Meeting Evaluation	26-Jun-24	3 yr	26-Jun-27
Appendix C	Board Education	26-Jun-24	3 yr	26-Jun-27
Appendix D	Future Intentions of the Board - Directors	26-Jun-24	3 yr	26-Jun-27
Appendix E	Future Intentions of the Board - Non-Directors	26-Jun-24	3 yr	26-Jun-27
Appendix F	Skills Matrix	26-Jun-24	3 yr	26-Jun-27
Appendix G	Self Identification Survey (Optional Participation)	26-Jun-24	3 yr	26-Jun-27
Appendix H	Individual Director and Non-Director Committee Member personal-assessment	26-Jun-24	3 yr	26-Jun-27
Appendix I	Director and Non-Director Peer-Assessment	26-Jun-24	3 yr	26-Jun-27
Appendix J	Board Chair / Committee Chair Assessment	26-Jun-24	3 yr	26-Jun-27
Appendix K	Board and Committee Annual Evaluation	26-Jun-24	3 yr	26-Jun-27
Appendix L	PFAC Board Appointee Annual Evaluation	26-Jun-24	3 yr	26-Jun-27
Appendix L	CMHVA Board Appointee Annual Evaluation	26-Jun-24	3 yr	26-Jun-27
Appendix L	CMHF Board Appointee Annual Evaluation	26-Jun-24	3 yr	26-Jun-27
	Glossary of Terms	24-Jul-25	1 yr	24-Jul-28

CAMBRIDGE MEMORIAL HOSPITAL

BRIEFING NOTE

Date: **January 23, 2026**
Issue: **Quality Committee Report to the Board of Directors, January 21, 2026 – OPEN**
Prepared for: **Board of Directors**
Purpose: **☐ Approval ☐ Discussion ☒ Information ☐ Seeking Direction**
Prepared by: **Jennifer Morgan, Administrative Assistant to Clinical Programs**
Approved by: **Bill Conway, Quality Committee Chair**

Attachments/Related Documents: None

A meeting of the Quality Committee took place on Wednesday, January 21, 2026 at 0700 hours.

Attendees:	W. Conway (Chair), D. Wilkinson, Dr. W. Lee, N. Gandhi, M. McKinnon A. Schrum, J. Herring, P. Brasil, K. Baldock, S. Pearsall, D. Haughton, P. Gaskin, A. McCarthy, T. Mohtsham, M. Adair, Dr. K. Rhee, L. Barefoot
Staff Present:	M. Iromoto
Guests:	K. Abogadil, Dr. A. Sharma
Regrets:	None

Committee Matters – For information only

1. **Program Presentation: Mental Health Program (includes Patient and Staff Stories):** The Interim Director of the Mental Health Program highlighted key strengths and progress in Mental Health alongside the Chief, Mental Health Programs. The Committee members were directed to the pre-circulated presentation.

   During the meeting, the Interim Director of CMH's Mental Health Program expressed gratitude to the committee members for their participation and highlighted the presentation's focus on transforming CMH's mental health services into a more cohesive and reliable system. The program emphasized delivering appropriate care at the right time, enhancing patient transitions between different levels of care, and building stronger external partnerships beyond CMH. Serving as Interim Director has been meaningful, underscoring the team's strength and dedication. The presentation showcased a successful case study illustrating a patient's journey from inpatient stabilization through day hospital programs to community services, demonstrating improved continuity of care and stability for patients and families, which also reduces the risk of relapse. Additionally, feedback was shared from a Physician Resident who recently completed training within CMH's inpatient mental health program, noting strong leadership presence, physician accessibility, and a collaborative team environment.

   The Interim Director further discussed the progress towards an integrated mental health program aimed at standardizing roles, balancing workloads, and aligning consultation services across both inpatient and outpatient settings. This structural improvement aims to reduce variability and enhance reliability, with notable engagement from staff and unions. The presentation reiterated CMH's commitment to

enhancing the daily experience for both patients and staff while adding value to the broader organization.

The Chief of Mental Health provided a clinical overview, underscoring the evolution towards more collaborative and integrated mental health services. The recruitment of a full-time psychiatrist as the Consultation-Liaison (CL) has addressed a significant gap existing for approximately two or three years, enhancing support for patients in medicine and surgery requiring mental health assistance. Additionally, an established program featuring both a primary CL nurse and a part-time CL nurse for coverage has been implemented. Furthermore, the Early Childhood Development (ECD) program was noted to be operating successfully with plans to expand its capacity further.

A Committee Member thanked the team for their work and raised a question about the integration of mental health support within the senior-friendly hospital initiative. Noting that elderly patients often have undiagnosed mental health issues that may be overlooked due to age-related assumptions, such as attributing behaviors solely to dementia. It was asked how the mental health program is integrating with the senior-friendly initiative to ensure proper diagnosis and support for these complex cases. The Interim Director, Mental Health responded by highlighting their emerging partnership with Langs Heart Hub. The goal is to have an allied health professional, or a nurse practitioner embedded in the emergency department (ED) to identify early signs of mental health issues and also acknowledged that there are opportunities for improvement and stated the intention to take this feedback back as they continue developing their work with Langs Heart Hub. The Chief, Mental Health agreed that elderly patients often face multiple challenges, including underlying mental health issues that can be missed due to cognitive delays. The current process involves collaboration between the psychiatric nurse and geriatric medicine nurse to identify and address these issues. CMH has a successful collaboration with the seniors' program through CMHA, where they have recruited a geriatric psychiatrist, who is open to referrals and working with their team.

A Committee member raised a concern about the reduction in antipsychotic drug use, referencing previous meetings. Noting that elderly patients often receive antipsychotics when treated in the ED and upon discharge are sent to community settings such as retirement homes. These medications may not be suitable for these environments, highlighting the need for better medication reconciliation and management. The Chief, Mental Health responded by emphasizing the importance of consultation with a geriatric psychiatrist. The goal is to reconcile medications or address underlying mental health issues from the initial identification stage. This approach helps ensure that appropriate treatment plans are in place, reducing the inappropriate use of antipsychotics.

A Committee member expressed her appreciation for the external validation from the psychiatric intern resident and noted the emphasis on strong interprofessional collaboration and inquired about the role redesigning process, particularly how it was implemented given the numerous allied staff and clinicians involved. The Interim Director, Mental Health responded by explaining the role redesigning process. The team recognized that caring for a vulnerable mental health population requires collaboration across different professionals. They focused on evaluating outpatient programs and leveraging highly qualified allied health staff to provide similar services as inpatient allied health professionals. Staff were involved in the conversation from the beginning, understanding the problem they were solving and contributing to the change process. The Manager, Mental Health led this effort, ensuring that staff felt part of the solution rather than fearing role changes. The daily rounds involve all allied health professionals, social workers, peer workers, care coordinators, charge nurses,

and nursing staff discussing each patient's case to ensure everyone is informed. Weekly meetings are held to delve deeper into patients' needs, focusing on safe discharges and community support requirements. The Chief, Mental Health highlighted the importance of their teaching site status for medical students, residents, and nursing students. Many nurses who have trained with them have a strong sense of belonging and have grown with the program. An example was provided of an ECT nurse who progressed from a learner to an RPN and now an RN. This sense of belonging has inspired her to produce new ideas and programs. The program supports staff in their professional development by fostering creativity and supporting new initiatives.

The Committee member noted the versatility of professionals within the mental health team, including clinicians, social workers, and peer support workers and asked about the role of social workers within the mental health clinicians, particularly regarding assessments and discharge planning. The Chief, Mental Health acknowledged the roles of social workers in various capacities, including assessments and discharges and confirmed that there is one social worker on the inpatient unit who also floats between the day hospital and inpatient services. The outpatient services have two to three social workers trained to provide therapy, discharge planning, and other related services. With the amalgamation of the program, outpatient social workers also participate in inpatient services to facilitate discharges and collaborate with other organizations. The Manager, Mental Health, is also a social worker.

A Committee member asked about the role of peer support workers. The Chief, Mental Health explained that peer support workers have lived experiences and are well-versed with community resources and patient challenges. There are two peer support workers on the unit; one is currently on medical leave, and the other is actively involved in daily morning rounds. Peer support navigators help patients connect with staff or physicians when needed, enhancing patient engagement and ensuring smoother transitions and discharges.
The Committee member commended the coverage, resilience, and staff engagement within the mental health program, expressing satisfaction with the current setup.

A Committee member thanked the presenters and asked about youth and adolescent mental health support at CMH. The Interim Director, Mental Health mentioned there is a dedicated psychiatrist embedded in the outpatient programs for this population, noting the high volume of cases and also indicated that there are dedicated clinicians for youth and adolescent patients. CMH has a child and adolescent psychiatrist along with three therapists who are part of the team embedded in the outpatient mental health program.
They have a short wait list for psychiatry, allowing quick referrals to psychotherapy and community resources. An outreach worker collaborates closely with Child and Adolescent Inpatient Unit (CAIP) and Grand River to facilitate discharges and support young individuals with community resources. The psychiatric nurse works closely with various community agencies such as the Front Door ED Diversion program to provide immediate therapy support. The Committee member asked if there is still a Patient and Family Advisory Council (PFAC) in the mental health department. The Director, Patient Experience, Risk & Quality responded that there was previously a PFAC for the mental health department, but it did not continue due to attrition. At the time, only two members remained, and they were integrated into the corporate PFAC. These remaining members have since completed their terms on the corporate PFAC.
A Committee member noted the positive alignment between community partnerships with Lang's and Stonehenge and the region of Waterloo's strategic plan, which emphasizes creating supportive communities for those struggling with mental health and addiction. The Committee member inquired about slide 39 on utilization, capacity, and sustainability, and asked about the target of 83% versus the current rate of 76%.

Inquired whether this target is reasonable, what it would take to achieve it, and if there are sufficient resources. The Interim Director, Mental Health, acknowledged that hitting the target has been challenging, and noted that their numbers reflect both internal and external regional dynamics. In recent months, they have operated at or above capacity and have taken inter-facility transfers from other hospitals in the region. The Chief, Mental Health and Manager, Mental Health recently refreshed sessions with family physician groups to emphasize direct admission for patients in crisis. Year-to-date performance is at 76%, with some variability observed in December due to holiday-related factors. Emphasized continuous work with partners to monitor and utilize capacity effectively. The Committee Member acknowledged the need for reserve capacity to respond to crisis, indicating understanding of the operational challenges and resource constraints.

A Committee member acknowledged the mental health team's efforts in redesign work, peer support integration, and system reliability without utilizing extra resources. She raised two questions: The first question was about ensuring equitable access across different demographics such as housing instability, substance use, language barriers, and cultural differences. The Interim Director, Mental Health emphasized that this is a critical issue not just for the mental health program but for the broader system. The team is actively involved in the Waterloo Wellington system transformation efforts to ensure they are informed about addressing these issues. Efforts start with staff education, particularly at the emergency department, which serves as the first point of contact and noted that it involves utilizing available resources and ensuring professionals at CMH understand their capacity to help individuals in crisis.

The Chief, Mental Health was acknowledged for their leadership in equity, diversity, and inclusion. For over five years, the Chief, Mental Health has worked extensively with shelters and specifically Bridges Shelter, conducting outreach to ensure support for equity-deserving communities and the unhoused. Emphasized the front-line efforts to reduce stigma not only on units but also in the emergency department (ED), praising the Chief, Mental health for consistent, sustained, and highly engaged medical leadership.

A Committee Member inquired about how peer support navigators are supported to avoid burnout given the emotional intensity of their roles, specifically about the measures taken to ensure these navigators take care of themselves. It was emphasized that supporting peer support navigators involves leveraging CMH resources and a collaborative approach within the program. The key is continuous communication and shared burden among all professionals, including allied health and nursing teams. The Interim Director, Mental Health highlighted that this collaborative approach helps prevent burnout by ensuring everyone communicates effectively and shares challenges

A Committee member congratulated the entire team for their exceptional work in integrating care from inpatient to day hospital to outpatient settings and thanked the Chief, Mental Health specifically for her efforts in promoting equity within the region and city. The Committee member inquired how CMH supports detox either at the hospital or outside of it, noting that access to detox beds is often a barrier to addictions care.
The Chief, Mental Health noted that detox beds are indeed scarce throughout the region. When CMH is below capacity, they offer patients the opportunity to undergo detoxification on their unit. However, the unit is a lock unit without access to fresh air, and some patients may not feel comfortable or choose to take up this offer.

A Committee member thanked the team for their presentation and commented on the positive aspects of community partnerships and peer support availability and asked about patient issues that are not provided care at CMH and what resources are available to those patients. The Interim Director, Mental Health stated that patients are assessed upon arrival in the ED mental health area, and efforts are made to connect them with appropriate outpatient supports such as medication-assisted treatment. For cases requiring detox services, patients are referred to community centers or other facilities based on assessment by psychiatric experts. The Committee member inquired about different levels of psychiatric care and asked whether CMH provides primary and secondary care and if there are tertiary and quaternary levels. The program responded that CMH provides acute care facilities and offers primary and secondary care. For tertiary care, they collaborate with Freeport in Kitchener for specialized long-term hospitalizations. Also noted that eating disorders are a challenging area due to limited resources and patient factors such as lack of willingness to accept treatment.

Another question was raised regarding patients who drift away from care and inquired if there is an issue with patients becoming lost to follow-up care. The Chief, Mental Health responded that this is a common issue, particularly for transient populations. CMH tries to address this through outreach programs, offering psychiatry support at shelters and collaborating with organizations like Heart Hub to help engage these individuals.
(included in package 2)

2. **Quality Monitoring Scorecard**: It was highlighted that seven metrics have been trending away from their targets for three or more months. Five of these metrics are related to flow and access, which were extensively discussed in previous items. The remaining two metrics involve sick time and overtime, both of which have consistently pressured the organization. Management spends considerable time addressing flow/access issues and managing overtime to ensure units are adequately staffed, especially when newly opened beds need staffing, particularly during the holiday season when staff illnesses are more prevalent.

   A Committee member inquired about the in-hospital sepsis numbers, noting that data from October was concerning. The Chief of Staff responded by explaining that the charts have been pulled and are being reviewed to identify outliers for in-hospital sepsis cases. This process is used to determine if there are issues with coding or actual concerns requiring deeper investigation.

   Another Committee member raised a question about metrics where year-to-date numbers were higher than the target but still showed as meeting the target, specifically regarding falls with harm and medication events with harm, both of which have targets set at zero yet have had more than zero occurrences. The Director, Patient Experience, Risk & Quality & CPO explained that the status shown as green refers to performance over the past three months, not year-to-date figures. For the last three months, the numbers for falls with harm and medication events with harm have been zero or very low (e.g., 0.02 or 0.04). The column indicates the status for the last three periods, explaining why they are shown as green despite higher year-to-date numbers.

   The QC Chair inquired about the trend of increasing congestive heart failure readmissions based on October data and asked whether this trend would be recognized and addressed. The Chief of Staff responded that the team is currently investigating the increase in congestive heart failure readmissions. They have consulted with cardiologists to identify additional strategies beyond routine assessments, emphasizing the need for innovative support approaches for this population.

Additional information will be provided as the MAC (Mortality and Adverse Clinical Events Committee) rolls out for the year.

3. **Medical Advisory Committee Update:** The December briefing note was pre-circulated in the package, while the January meeting details were not included due to timing. The Chief of Staff provided a summary on the December and January MAC meetings.