

**Vision**  
*To provide exceptional healthcare by exceptional people*

**Mission**  
*A progressive acute care hospital and teaching facility committed to quality and integrated patient centered care*

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



**BOARD OF DIRECTORS MEETING**  
**Wednesday, January 23, 2013**  
**1600h - 1700h**  
**CMH Boardroom**  
**OPEN SESSION**

| <b>*Agenda Item (* Indicates attachment) (TBC- to be circulated)</b>          | <b>Time</b> | <b>Responsibility</b> | <b>Purpose</b> |
|---|-------------|-----------------------|----------------|
| <b>1. CALL TO ORDER</b>   | 1600        | A. Loberto            |                |
| 1.1 Confirmation of Quorum (6)  |             |                       |                |
| 1.2 Declarations of Conflict  |             |                       |                |
| 1.3 Consent Agenda  | 1602        | A. Loberto            | Approval       |
| 1.3.1 Minutes of November 28, 2012*   |             |                       |                |
| 1.3.2 President & CEO*  |             |                       |                |
| 1.3.3 Chief of Staff/Medical Advisory Committee (Dec 12, 2012 & Jan 9, 2013)* |             |                       |                |
| 1.3.6 Foundation Update*  |             |                       |                |
| 1.3.7 Board Work Plan*  |             |                       |                |
| 1.3.8 Events Calendar*  |             |                       |                |
| 1.3.9 Correspondence*   |             |                       |                |
| 1.4 Confirmation of Agenda  |             | A. Loberto            |                |
| <b>2. DISCUSSION ITEMS</b>  |             |                       |                |
| 2.1 Chief of Staff/Medical Advisory Committee (Dec 12, 2012& Jan 9, 2013)*    | 1605        | Dr. M. Lawrie         | Approval       |
| 2.2 Quality Committee* (Jan 16, 2013)   | 1610        | R. Westbrook          | Information    |
| 2.3 Compliance with WWLHIN Agreement – M-SAA*                                 | 1615        | P. Gaskin             | Approval       |
| <b>3. DATE OF NEXT MEETING: February 27, 2013</b>                             |             |                       |                |
| <b>4. ADJOURNMENT</b>   | 1620        |                       |                |

Board Members: Angelo Loberto (Chair), Chris Brown, Chuck Phillips, Keith Martin, Don McIntyre, Trish McLaren, Josephine McMurray, Sherry Peister, Al Van Leeuwen, Rita Westbrook, Marilyn Wilkinson, Brett Davidson  
 Ex-Officio Members: Patrick Gaskin, Susan Gregoroff, Dr. Mike Lawrie, Dr. Glenn Martin, Dr. Jacqueline Bourgeois

**BOARD OF DIRECTORS MEETING**  
**Wednesday, November 28, 2012**  
**OPEN SESSION**

Minutes of the open session of the Board of Directors meeting, held in the CMH Boardroom on November 28, 2012.

Present:

|                    |                  |
|--------------------|------------------|
| Mr. A. Loberto     | Mr. C. Brown     |
| Mr. C. Phillips    | Dr. M. Lawrie    |
| Mr. P. Gaskin      | Dr. G. Martin    |
| Ms. J. McMurray    | Ms. S. Peister   |
| Dr. P. McLaren     | Ms. S. Gregoroff |
| Mr. D. McIntyre    | Ms. R. Westbrook |
| Mr. A. Van Leeuwen | Dr. L. Sims      |

Regrets: Mr. K. Martin, Ms. M. Wilkinson Mr. B. Davidson

Staff Present:

|                 |                 |
|-----------------|-----------------|
| Ms. C. MacInnes | Mr. S. Beckhoff |
| Mr. M. Prociw   | Mr. A. Presta   |
| Ms. S. Toth     |                 |

Guest: Ms. J. White

Recorder: Ms. C. Vandervalk

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**1. CALL TO ORDER**

Mr. Loberto called the meeting to order at 1603 hours.

**1.1 Confirmation of Quorum**

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

**1.2 Conflict of Interest**

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

**2. CONSENT AGENDA**

2.1 Minutes of September 26 & October 24, 2012

2.2 President and CEO Report

2.3 Chief of Staff/Medical Advisory Committee

2.4 Governance Committee

- 2-D-18 Board Succession Planning
- 2-D-20 Recruitment, Selection and Nomination of Directors
- 2-D-45 Removal of a Director, Officer or Committee Member
- 2-A-10 Governance Charter & 2-A-10 Audit Charter
- 2-A-20 Role Description Board Chair
- 2-A-22 Role Description Vice-Chair
- 2-C-20 Enterprise Risk Management
- 2-A-32 Role of Non-Directors on Board Committees
- 2-A-15 Capital Projects Sub-Committee Charter

2.5 Foundation Update

2.6 Board Work Plan

2.7 Events Calendar

2.8 Q2 Tax withholding Attestation

2.9 Confirmation of Consent Agenda

The Chair moved the 2-C-20 Enterprise Risk Policy agenda item 2.4, to the agenda as agenda item 3.8 and agenda item 3.7 was moved to closed agenda.

This and the remainder of the consent agenda business was approved by the Board.

**MOTION:** (Brown/Westbrook), **that** agenda item 2.4, the 2-C-20 Enterprise Risk Policy, to the agenda as agenda item 3.8 and agenda item 3.7 was moved to closed agenda. **CARRIED**

### 3. DISCUSSION ITEMS

#### 3.1 Chair's Report

##### 3.1.1 September/October Board Meeting Evaluations

The Chair spoke to the September agenda and the concerns raised in the September Board evaluations with request to have meetings more focused on strategic items.

The Board had also discussed having the Board package sent out earlier than a Friday evening. Discussion ensued and the consensus was that Friday was fine but that a folder will be created that will contain briefing notes prior to the board meeting from the various committees that will be included in the board package.

**ACTION:** Ms. Vandervalk to develop the folder for the briefing notes.

The Chair then spoke to the October evaluations and asked that Patrick address the employee survey and the integration sessions between the area CEO's in the closed session of the meeting.

##### 3.1.2 FIPPA Delegation

The Chair brought forward the FIPPA agreement as an FYI to the Board. The Board will note that the delegate has been changed from Chuck Phillips to himself. This is in accordance with FIPPA regulations and will be required with each change of the Chair.

#### 3.2 Resources Committee

##### 3.2.1 October Financial Statements

In October, an operating surplus of \$.279M (a \$.115M positive variance from plan), and a year to date operating surplus of \$1.139M was realized after building amortization and related capital grants. Favourable variances included Sleep Lab revenue and rebates. Sick time continued to decline in October, while overtime was again over budget, but the negative effect was somewhat offset by unfilled vacancies. Management reported that \$46K of the \$80K over budget amount for drug expense was due to a drug write-off necessitated by a problem with environmental controls in the new sterile room. Recovery of the write-off is being pursued. There was no change to the balance sheet.

Discussion ensued.

**ACTION:** Mr. Gaskin to address the high temperatures in the medication preparation room. Mr. Gaskin will bring this to the Quality Committee first, and then bring forward to the Board.

3.2.2 **Year-end Financial Forecast**

The year-end forecast was unchanged from the October report (a projected year-end surplus position of \$.512M, a \$.225M positive variance from budget).

3.2.3 **Q2 HSAA Indicators**

Areas highlighted in the “red” were acute activity (inpatient and day surgery), ER length of stay, ALC, and wait times for cancer surgery, hip and knee replacement surgery, and MRI. It is expected that acute activity and MRI will meet targets by fiscal year end. Mr. McIntyre spoke to the trending of ALC as it is currently off target and he directed the Board to the comments that state the process for improvement.

The Chair suggested that information concerning ALC trending be added to the agenda for discussion at the next Board to Board meeting.

3.3 **Quality Committee**

3.3.1 **2012-14 Quality and Safety Patient Plan**

Ms. McMurray encouraged the Board to attend the Quality tours that will be taking place on December 17.

Ms. McMurray addressed the Quality and Safety Patient Plan and stated that the Quality Committee was pleased to bring forward the plan for approval. The plan provides a better understanding of the internal and external factors affecting Quality and the mechanisms for delivering exceptional care to our patients. Ms. McMurray noted that 31 of the 32 goals have been completed in 2012. Several new goals have been set for the coming year.

Ms. McMurray brought forward a motion for the Board to approve the Quality and Safety Patient Plan.

**MOTION:** (McMurray/McLaren) **that**, the 2012-2014 Quality and Safety Patient Plan be approved by the Board of Directors. **CARRIED**

3.4 **Chief of Staff/Medical Advisory Committee (MAC)**

Dr. Lawrie spoke to the previously circulated briefing note concerning the approval of Acute Monitoring Beds.

At the Medical Advisory Committee meeting in November, the Committee recommended the assignment of Acute Monitoring Beds for those patients who do not need ICU level care/resources but more intense monitoring, nursing and IV medications for arrhythmia and angina that can be currently provided in a telemetry bed. Access to care and standards of care are being compromised.

Dr. Lawrie brought forward the motion to the Board for approval. Discussion ensued.

The motion was received. The Board requested that the MAC bring back a full assessment regarding ramifications and resourcing for this request to the Board of Directors at the January meeting.

3.5 **Strategic Plan Update**

The report highlights the mid-year progress on the strategic initiatives of Year Two in our three year strategic plan and outlines the seven continuing and three new strategic projects for this year and the progress on these within CMH. The plan serves as an anchor for the work of the organization.

Mr. Gaskin spoke to the plan and the six "Big Dot" indicators. The Chair thanked Mr. Gaskin for the update.

*Mr. Phillips joined the meeting at 1708h*

3.6 **Update on ED Diversion Strategies**

At the September Board meeting the Board requested an update on the ED length of stay and diversion strategies and the action plan being taken. Ms. Gregoroff gave a report on the findings of the comprehensive analysis done thus far on the visit volumes in the CTAS 4 and 5 categories.

The data has been shared with Chief of Family Medicine and this has been shared in the larger Family Medicine forum with his colleagues to begin dialogue and solution generation. The volumes presenting during the day time hours was surprising to the physician group.

The next step is to further analyze the data and a follow-up meeting has been scheduled with the WWLHIN staff lead, and our Chief of Family Medicine to review data and determine collaborative next steps.

3.7 **Stage 3.2 Sketch Plan Design**

Moved to closed session

3.8 **Enterprise Risk Management**

The Board had asked for agenda item 2.4 concerning Enterprise Risk Management policy be removed from the consent agenda to be brought forward for discussion.

The Board discussed the policy and the various reporting. The Audit Committee is the umbrella Committee that will monitor all other Committees and will be responsible overseeing their risk management and is accountable to the Board.

Financial internal controls fall under Business Risk and therefore under Resources Committee responsibilities. This needs to be clarified in a future draft as this role is part of the Audit Committee Charter.

It was noted that the IT - E Health strategy was new for Quality Committee and Ms. McMurray asked that when changes are made to the charters that this be updated.

**MOTION:** (McMurray/Phillips) **that**, the 2-C-20 Enterprise Risk Policy be approved by the Board of Directors. **CARRIED.**

**4. DATE OF NEXT MEETING**

Next Meeting: January 28, 2013

**5. ADJOURNMENT**

The meeting was adjourned at 1735h.

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Angelo Loberto  
Board Chair  
CMH Board of Directors

Patrick Gaskin  
Board Secretary  
CMH Board of Directors

DRAFT



This report provides a brief update on some key activities within CMH as an FYI to the board. While it is organized against our strategic themes, it may include strategic, corporate and other projects as necessary.

## **Unparalleled Focus on Quality**

### **Volumes**

- The staff, physicians and volunteers throughout CMH should be applauded for the incredible work undertaken over the last several weeks, both in the Emergency Department and throughout the inpatient units. We have needed to go above our usual bed census to accommodate the increased inpatient load. Physicians and staff have worked hard to assist with the flow, responding to our many “bed alerts” and discharging as many patients as possible. At the time of writing this (January 18), we are still 5 beds over capacity on the 3<sup>rd</sup> floor (Medicine/Rehab unit) and 3 beds over capacity on the 4<sup>th</sup> floor (Surgery). We have a total of 28 ALC patients in the hospital, 18 that are ALC to home. Our CCAC colleagues worked very closely with us throughout this time and we appreciated their ongoing support. Thirty-four of our 136 inpatients (25%) require isolation.

### **HELP celebrates its one year anniversary**

- CMH celebrated a milestone anniversary of its innovative Hospital Elder Life Program (HELP). Launched in January, 2012, CMH was the first hospital in the region to have implemented this evidence-based program developed from the Yale University School of Medicine. As you may remember, we received funding from the WWLHIN to assist other hospitals within Waterloo Wellington to implement HELP.
- Patients who are elderly are more prone to mental and physical decline when they are in hospital, which can result in longer hospital stays and more complications. This program helps them return to their homes, where they want to be by giving patients specially designed interventions by volunteers.
- These volunteers receive extensive training. When on the floor, they coordinate with CMH staff to keep our geriatric patients engaged through communication, socialization, mental stimulation, exercise, and companionship in efforts to preserve their cognitive, physical, and emotional well-being.

### Agenda Item 1.3.2

- Since last January, over 135 patients were enrolled in the program and our complement of 30 HELP volunteers performed over 5200 interventions, donating more than 2200 hours of time over three shifts, Monday to Friday.
- Over the next year, we will be expanding the program to other inpatient units within our hospital.

#### **Site Visit – St. Thomas Elgin General Hospital (STEGH)**

- On January 16, Nisha Walibhai, Rita Sharratt and I attended a ½ session at STEGH to explore their improvements on patient flow. We attended with representatives from St. Mary's and Grand River Hospitals as well as the physician lead for ED for the WWLHIN
- STEGH has had dramatic improvement in their ability to get admitted patients to an inpatient bed. The provincial target is 8 hours for the 90<sup>th</sup> percentile (as you know our performance has been around 24 hours). STEGH is currently at approximately 7 hours and had just announced that they are reducing their target to 6 hours.
- The discussion focused on the culture changes required throughout the organization, the work undertaken to support this by their "Transformation Office" and the support and assistance they have received from a consulting company.
- We were quite impressed with the work undertaken – many of the initiatives have also been done here but there is no doubt that there are opportunities for us to learn more from STEGH.
- We are exploring how we may advance this with the other area hospitals.

#### **Inpatient Surgery and Medical Day Unit embrace Electronic Health Records**

- On December 13, work was wrapped up in getting *ClinicalConnect*<sup>TM</sup> implemented in Inpatient Surgery and Medical Day Unit
- *ClinicalConnect*<sup>TM</sup> is a secure web portal delivering an integrated Electronic Health Record (EHR) to thousands of physicians and healthcare professionals across the Hamilton Niagara Haldimand Brant (HNHB) and Waterloo Wellington (WWLHIN) LHINs.
- Staff are pleased with the new system as it promises to reduce the need for calling for reports, repeat lab and diagnostic tests and the time searching for or sending patient information.

#### **Acute Care Monitored Beds - Update**

- In the November board meeting, the Board received the motion from the MAC requesting acute care monitored beds be implemented at CMH
- At this stage, the organization is exploring the development of a closed access ICU to occur within the next fiscal year. A plan to achieve this is in early development



### Agenda Item 1.3.2

- We believe that the closed access ICU should be implemented before the development of acute care monitored beds, however the strategy for additional monitored beds is proceeding in parallel.
- I will ensure the board is updated on this initiative as it proceeds.

## **Strength through Our People**

### **Dr Milne Harvey – 50 years of Service!**

- Dr. Milne Henry celebrated his 50<sup>th</sup> year of service to CMH on January 1, 2013
- He received his independent practice certificate from the CPSO on Aug 29, 1957 after he graduated from the OB/GYN program at the University of Toronto.
- Dr. Harvey started in the Department of Obstetrics and Gynaecology at CMH in 1963.
- On December 31, 2012, he closed his Cambridge office, but remains on the CMH Medical Staff as a member of the surgical assist team.

### **Welcome Mike Meyette – Director of Informatics and Corporate Services**

- On January 2, Mike Meyette joined CMH as Director of Informatics and Corporate Services
- Mike comes to us from Quinte Heath Care (QHC) in Belleville where he served as Director of Decision Support, Information Services & Privacy. Mike's career in healthcare has spanned over 20 years and several provinces, having worked for London Health Sciences Centre, Cranbrook Health Council (BC), and Red Deer Regional Hospital (Alberta).
- Mike has extensive experience in the areas of Information Systems and Decision Support, and was responsible for a major restructuring of Information Systems at QHC to prepare for the completion of its electronic record.

### **Communit-E-Cast**

- Communit-E-Dast came out at the end of December and contained 11 pages of news and pictures about the activities of the hospital.
- It is posted on our website and any interested member of the public can subscribe to it free! The next issue will come out at the end of February.

### **Over 7250 lb. raised in food drive competition**

- A staff-organized food drive competition concluded on December 4. An incredible 3.5 tons of food was raised for our local food bank
- There was so much food, it overflowed from the make shift storage room that was set aside for the competition. An emergency call to the

## Agenda Item 1.3.2

Cambridge Self Help Food Bank was made to request an unscheduled pick-up.

- The Pharmacy Department won the competition and celebrated their win with a pizza lunch on January 17

### **Count me In! Staff and physician engagement update**

- Staff and physicians were invited on November 28 and 29 to attend a forum to learn more about the results of the Count Me In! Survey. This survey was held in May and June of 2012 and measured staff's opinion on different facets of engagement
- General corporate information was shared at these forums, including our strengths and our opportunities for growth. Attendees were also informed that their managers have the departmental results and next steps.
- Housekeeping piloted a tool to help validate departmental level data and action plan for results.
- Managers attended sessions to learn the tool in early January and departments will do the work to ensure the results returned to them is reflective of their area and action plan to help improve work life in their department.

### **Cookies and Crafts a huge success**

- On December 2, CMH hosted a "*Cookies and Crafts with Santa*" party for staff and physician's children
- It was well attended with 80 children, with a wait list.
- Crafts for all age groups, face painting, and sing alongs were offered
- Despite his busy schedule, Santa met with all the children and had his picture taken them.
- The feedback received was fantastic and it will definitely be offered next year.

## **Driving Value and Affordability**

### **Budget savings strategy - Med/PRO consolidation communicated to staff**

- The MED/PRO consolidation initiative is part of an overall strategy to better position the hospital with the new health care funding model.
- The reason for implementing this strategy is to become more efficient at providing quality care, to improve our wait times and to improve discharge planning.
- On January 9, the plans for Med PRO consolidation was communicated to the organization after staff and physicians in affected areas were informed of the plan affected staff were told

### Agenda Item 1.3.2

- All were give general information that on May 12, two Medicine Units will be created by reorganizing and consolidating the current Medicine and 3B PRO Units.
- The new Medicine Units will function with identical staffing models caring for about 27 to 28 patients each and beds will surge or reduce as needed.
- There is still a lot of work to be done and staff will be invited to help plan for this change.

### **Budget savings strategy - Changes in Allied Health communicated to staff**

- On January 9, all staff and physicians were told of the initiative to reduce hours for some Allied Health disciplines staff after affected Occupational Therapy and Physiotherapy staff were informed of the decision.
- Staff were also told of earlier initiatives in reducing Therapeutic Recreation support in acute care and rehab and the reduction of hours for the Communication Disorders Assistant.

### **Staff and community receive monthly budget updates**

- Staff were given their first monthly budget update in December, based on information that is part of the board package. It is communicated through the hospital's weekly newsletter, e-Cast. The same message will be repurposed for the hospital's community newsletter communit-E-cast
- The goal is to make the hospital's finances more accessible and understandable. "Achieving Financial Objectives" is a corporate priority that aligns with our strategic direction of "Driving Value and Affordability." It is also based on the principle that the more someone knows about our business, the better we will be able to work together to find opportunities and adapt to ongoing changes in our healthcare system
- This communication aligns with our corporate values of respect and collaboration to ensure everyone remains informed.
- Last year's "*Count me in!*" Survey, favourably rated CMH's organizational communications as a corporate engagement driver (59.9%) and it is our priority to maintain and improve upon this relationship.

### **Capital Redevelopment update**

- The Cooling towers for A & B Wings were removed and replaced with new, more efficient cooling towers on January 17.
- The reason to replace is that old cooling towers could not keep up with the extreme humidity during extended heat waves.



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## BRIEFING NOTE - Open Session

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|              |  |
|--------------|--|
| Date:        | December 19, 2012                                      |
| Issue:       | Medical Advisory Committee Meeting – December 12, 2012 |
| Purpose:     | For Information  |
| Prepared by: | Dr. M. Lawrie, Chair, Medical Advisory Committee       |
| Approved by: | Patrick Gaskin, President and Chief Executive Officer  |

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### **Physician Recruitment:**

ENT: Dr. Irene Zhang has accepted our offer and will begin full time in April 2013, providing call coverage during weekends prior to this date.

General Surgery: Dr. Heather MacLeod has accepted our offer and will begin full time in May 2013, providing call coverage during weekends prior to this date.



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## BRIEFING NOTE - OPEN SESSION

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Date: January 23, 2013

Issue: CMH Foundation Update

Purpose: Information

Prepared by: Jennifer White, Executive Director

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Best wishes for a very Happy 2013. It is going to be an exciting and busy year for the Foundation Team.

I am very pleased to report that during the months of November and December we raised in excess of \$1 million. As of Dec 31, 2012 we now have commitments from 3 Caring Families and 1 Caring Business Participant, a great way to finish 2012. We are very grateful to Mike Takacs and his brother Steve for being the newest members of our Caring Families Program.

On Feb 13, 2013 Ray Tanguay, President of TMMC and members of his team will be joining us for a ribbon cutting and unveiling of their plaque naming the cafeteria. As an early Valentine's Day gift, TMMC will also be providing free coffee to staff, physicians and volunteers throughout the day as a thank-you to everyone who makes a difference in the lives of our patients every day.

Prior to Christmas the Waterloo Regional Hospitals Foundation (WRHF) held their annual General Meeting. Only 3 pledges remain outstanding and due to the audit costs and time associated with maintaining the Foundation in its current structure it was decided that the 3 Executive Directors from St. Mary's, Cambridge Memorial Hospital and Grand River will now be only directors on the Foundation and will meet annually until any outstanding pledges are completed. For the ease of donors pledge payments will be administered through one Hospital Foundation (TBD) and then distributed as per the formula to the other two hospitals. A thank-you farewell lunch was held for the many long standing members of WHRF and a token of appreciation was provided to each member. The restructured foundation will continue to file T3010 returns until its dissolution, but will not incur the cost of formal audits.

### Agenda Item 1.3.6

The foundation will be creating a City Strategy Committee to discuss and look at opportunities for further support from the City of Cambridge. The City of Burlington has agreed to fund 50% or \$60 million of their capital expansion project. I will be doing further research as to the level of support from other municipalities for their hospitals. If you are interested in being part of this committee or can recommend someone from the community it would be appreciated.

In the month of January the LCBO in the Waterloo Region will be providing coin box revenues in support of our mental health programs and CMH. This is first time the LCBO's have supported CMH.

In the Jan / Feb Grand River Magazine CMH was highlighted for October Monster Mash Halloween party organized by Ann & Terry Polyak, Susan & Terry Brown and Hennie & Mike Stork, the event was incredibly successful raising in excess of \$17,000. It was a great evening of friend-raising and fundraising. This is a unique way to get your neighborhood together to have a great time and raise funds for CMH.

Our first annual Physician's Community Gala will be occurring on March 1<sup>st</sup>. We are looking for high end silent auction items to supplement the revenues for the evening and still have tickets and tables available. If you are able to join us or provide a silent auction item please let Sue Lockett know.

Respectfully Submitted,

Jennifer White  
Executive Director

As of January 2013

**BOARD WORK PLAN  
2012-2013**

| Meeting/<br>frequency | Charter Ref<br>#4- | Board<br>Oversight Function      | Activity for Achievement   | Committee<br>Responsibility       | Notes  | Status |
|-----------------------|--------------------|----------------------------------|--|-----------------------------------|--|--------|
| Monthly               | f-i-A              | Professional Staff               | Make the final appointment, reappointment and privilege decisions for Professional Staff   | Board                             |  |        |
| Monthly               | h-i-B              | Financial                        | Review financial performance based on indicators, and established operating and capital plans  | Resources                         |  |        |
|                       |                    |                                  |  |                                   |  |        |
| September             | i-i-A              | Board Effectiveness              | Board members adhere to corporate governance principles and guidelines   | Governance                        | Annual agreement Signed by Directors                               | C      |
| September             | a-iii              | Tone at the Top                  | Oversee policies in respect of ethical personal and business conduct   | Governance                        | Code of conduct policy   | D      |
| September             | i                  | Board Effectiveness              | Establish board work plan  | Board<br>Led by Chair             | For the period September to June                                   | C      |
| September             | c                  | Corporate Performance            | Monitor performance indicators and progress toward achieving the quality improvement plan  | Board                             | Sep, Nov, Feb, May   | C      |
| September             | b-iii-C            | Corporate Performance            | Quality Framework and Annual Quality Plan  | Quality                           | Approved by Board in November                                      | C      |
| September             | i/p                | Board Effectiveness / Evaluation | Annual review and approval of board and committee charters   | Governance                        | Audit and Governance Approved in November                          | C      |
| September             | h-i-A, C           | Financial Viability              | Establish key financial objectives, ensure organization undertakes the necessary financial planning  | Resources                         |  | C      |
| September             | b                  | Strategic Planning               | Progress reports on strategic plan   | Board                             | Year 2 update reviewed in November Alignment with WWLHIN completed | C      |
| September             | c-i-E              | Corporate Performance            | Review the functioning of the Corporation in relation to the objects of the Corporation, the By-Law (see j-i-C), Legislation, and the HSAA | Governance<br>Resource<br>Quality | Sep, Nov, Feb, May   | ✓      |
| October               | n-i                | Internal Controls & Management   | Oversee and monitor the integrity of the corporation's internal controls, management   | Audit                             | Review selected internal controls and                              | D      |

Agenda Item 1.3.7

| Meeting/<br>frequency | Charter Ref<br>#4- | Board<br>Oversight Function            | Activity for Achievement   | Committee<br>Responsibility        | Notes   | Status |
|-----------------------|--------------------|--|--|------------------------------------|---|--------|
|                       |                    | Information Systems                    | information systems and audit procedures   |                                    | related policies and procedures.                                    |        |
| October               | f-i-B              | Professional Staff                     | Monitor indicators of clinical outcomes, quality of service, patient safety and achievement of desired outcomes (MAC Scorecard)  | MAC                                | Oct, Jan, May   |        |
| October               |                    |  | Declaration of Compliance with M-SAA Schedule G – due October 31 to WWLHIN   | Resources                          | Oct, April  | I      |
| November              | c                  | Corporate Performance                  | Critical incidents report – formally twice per year (ECFAA)  | Quality                            | November, May<br>To be brought forward to Board as deemed necessary | ✓      |
| November              | c-i-E              | Corporate Performance                  | Review the functioning of the Corporation in relation to the objects of the Corporation, the By-Law (see h-i-C of the Board Charter), Legislation, and the HSAA  | Governance<br>Resources<br>Quality | Sep, Nov, Feb, May  | ✓      |
| November              | c                  | Corporate Performance                  | Monitor performance indicators and progress toward achieving the quality improvement plan  | Quality                            | Sep, Nov, Feb, May  | D      |
| November              | I-i-A/M            | PHA Required Programs/ Risk Management | An occupational health and safety program and a health surveillance program are established and require accountability on a regular basis/ Report on compliance with the <i>Occupational Health and Safety Act</i> | Quality                            | Deferred at Quality Committee                                       | D      |
| January               | p                  | Governance                             | Approve the plan to recruit directors and community committee members i.e. number, competencies  | Governance                         | Feb Board Meeting   | D      |
| February              | f-i-B              | Professional Staff                     | Monitor indicators of clinical outcomes, quality of service, patient safety and achievement of desired outcomes (MAC scorecard)  | MAC                                | Oct, Feb, May<br>scorecard  | D      |
| February              | h-i-A              | Financial Viability                    | Approve key financial objectives that support the corporation's financial needs (including capital allocations and expenditures)   | Resources                          |   |        |
| February              | h                  | Financial Viability                    | Review multi-year capital strategy   | Resources                          |   |        |
| February              | h                  | Financial Viability                    | Review multi-year information technology strategy  | Resources                          |   |        |
| February              | h                  | Financial Viability                    | Review and approve annual clinical and operating plan (year 2 of Strategic Plan)   | Resources,<br>Quality              | March meeting   |        |
| February              | h                  | Financial Viability                    | Review and approve capital plan and budget   | Resources                          |   |        |
| February              | p                  | Director Recruitment                   | Approve the Nominating Committee membership  | Governance                         |   |        |

Status: ✓ = Due C = Complete I = In progress D = Delayed  
Cambridge Memorial Hospital



Agenda Item 1.3.7

| Meeting/<br>frequency | Charter Ref<br>#4- | Board<br>Oversight Function                              | Activity for Achievement   | Committee<br>Responsibility        | Notes   | Status |
|-----------------------|--------------------|--|--|------------------------------------|---|--------|
| February              | b                  | Strategic Planning                                       | Approve performance indicators   | Board                              | Planned for March<br>(delayed)  |        |
| February              | c                  | Corporate<br>Performance                                 | Monitor performance indicators and progress<br>toward achieving the quality improvement plan   | Quality                            | Sep, Nov, Feb, May  |        |
| February              | b-ii-B             | Strategic Planning                                       | Approve annual quality improvement plan  | Quality                            | March Board meeting   |        |
| February              | c-i-E              | Corporate<br>Performance                                 | Review the functioning of the Corporation in<br>relation to the objects of the Corporation,<br>the By-Law (see j-i-C), Legislation, and<br>the HSA | Governance<br>Resources<br>Quality | Sep, Nov, Feb, May  |        |
| March                 | n-i                | Internal Controls &<br>Management<br>Information Systems | Oversee and monitor the integrity of the<br>corporation's internal controls, management<br>information systems and audit procedures                | Audit                              | Review selected<br>internal controls and<br>related policies and<br>procedures            |        |
| March                 | a-i, ii            | Tone at the Top  | Approve CEO goals and objectives<br>Approve Chief of Staff goals and objectives  | Executive                          |   |        |
| March                 | b, h               | Strategic Planning,<br>Financial                         | Approve financial performance indicators   | Resources                          | Being discussed at<br>Resources Cttee in<br>March   |        |
| March                 | b-iii              | Strategic Planning                                       | Review and approve the Hospital Services<br>Accountability Agreement (H-SAA)   | Resources,<br>Quality              | 3 month extension<br>signed (board motion<br>not required)                                |        |
| March                 | m                  | Risk Management  | Review policies and procedures to protect the<br>assets of the corporation and assure its viable<br>future.  | Resources                          | Policies reviewed in<br>March at Resources<br>Cttee. changes<br>forwarded to Gov<br>Cttee |        |
| March                 | h                  | Financial Viability                                      | Review of management programs to oversee<br>compliance with financial principles and policies  | Resources                          | <i>Needs to be more specific<br/>See Resources C work<br/>plan p.2</i>                    |        |
| March                 | p                  | Orientation  | Board education calendar   | Governance                         |   |        |
| April                 | b                  | Strategic Planning                                       | Progress reports on strategic plan   | Board                              | Sept, Apr   |        |
| April                 | p                  | Recruitment  | Review recommendations for new directors, non-<br>director committee members   | Nominating                         |   |        |
| April                 | c                  | Corporate<br>Performance                                 | Monitor patient and staff satisfaction   | Quality                            | Timing may change<br>depending on when<br>survey results are<br>available                 |        |

Agenda Item 1.3.7

| Meeting/<br>frequency | Charter Ref<br>#4- | Board<br>Oversight Function                        | Activity for Achievement  | Committee<br>Responsibility | Notes   | Status |
|-----------------------|--------------------|--|---|-----------------------------|---|--------|
| April                 |                    |  | Declaration of Compliance with M-SAA Schedule G due April 30 to the WWLHIN  | Resources                   | Oct, April  |        |
| May                   | i-i-C              | Risk Management                                    | Ensure compliance with audit and accounting principles  | Audit                       |   |        |
| May                   | n-i                | Internal Controls & Management Information Systems | Oversee the appropriate operation of the corporation including compliance with all applicable regulatory requirements through financial and other management information systems, and appropriate inspection, compliance and control systems. | Audit                       | Review this. e.g. financial withholdings vs all other regs          |        |
| May                   | a-i, ii            | Tone at the Top                                    | Year-end CEO report and assessment<br>Year-end COS report and assessment  | Executive                   | In April, seek input on the performance of the CEO, COS             |        |
| May                   | c                  | Corporate Performance                              | Critical incidents report – formally twice per year (ECFAA)   | Quality                     | November, May<br>To be brought forward to Board as deemed necessary |        |
| May                   | i-i-B              | Board Effectiveness                                | Review board evaluation results   | Governance                  |   |        |
| May                   | i                  | Board Effectiveness                                | Review recommendations for board officers, membership of committees   | Nominating                  |   |        |
| May                   | f-i-B              | Professional Staff                                 | Monitor indicators of clinical outcomes, quality of service, patient safety and achievement of desired outcomes (MAC scorecard)   | MAC                         | Oct, Feb, May   |        |
| May                   | c                  | Corporate Performance                              | Monitor performance indicators and progress toward achieving the quality improvement plan   | Quality                     | Sep, Nov, Feb, May  |        |
| May                   | c-i-E              | Corporate Performance                              | Review the functioning of the Corporation in relation to the objects of the Corporation, the By-Law (see j-i-C), Legislation, and the HSAA  | Governance<br>Resources     | Sep, Nov, Feb, May  |        |
| June                  | i                  | Board Effectiveness                                | Committee reports on work plan achievements   | All,<br>Board               | All committees report to Board                                      |        |
| May                   | n-i,ii             | Internal Controls & Management Information Systems | Receive, review and approve Audited Financial Statements including overview of financial reporting and financial control systems and the auditor's report   | Audit                       | Or June   |        |
| June                  | b                  | Strategic Planning                                 | Progress reports on strategic plan  | Board                       | Part of annual meeting  |        |

Status: ✓ = Due C = Complete I = In progress D = Delayed  
Cambridge Memorial Hospital

Agenda Item 1.3.7

| Meeting/<br>frequency | Charter Ref<br>#4- | Board<br>Oversight Function                        | Activity for Achievement  | Committee<br>Responsibility             | Notes  | Status |
|-----------------------|--------------------|--|---|---|--|--------|
| June                  | e-i-C              | Succession Planning                                | Succession plan for executive management, professional staff leadership and allied health workers   | CEO and COS to Executive                |  |        |
| June                  | e-i-A              | Succession Planning                                | CEO succession plan and process   | CEO to Executive                        |  |        |
| June                  | e-i-B              | Succession Planning                                | COS succession plan and process   | COS to Executive                        |  |        |
| June                  | a-i, ii            | Tone at the Top                                    | CEO evaluation and compensation<br>COS evaluation and compensation  | Executive                               |  |        |
| June                  | h                  | Financial Viability                                | Approve the year-end financial statements   | Board approves                          | Resources reviews                                    |        |
| June                  | i/p                | Board Effectiveness / Orientation                  | Part 1: Board orientation for all directors, non-director committee members   | Governance                              | Part 2: October                                      |        |
| June                  | i                  | Board Effectiveness                                | Election of officers  | Governance                              |  |        |
| June                  | p                  | Governance   | Review evaluation results and improvement plans for the board, the board chair (by the Governance Chair), board committees, committee chairs                        | Governance                              |  |        |
| May or June           | n-ii               | Internal Controls & Management Information Systems | Review and evaluate the quality and sufficiency of financial information provided to directors (stakeholders)   | Audit, Governance                       | Sufficient disclosure (notes from auditor)           |        |
|                       |                    |  |   |   |  |        |
|                       |                    | Professional Staff                                 | Approve quality goals and performance indicators to be monitored by MAC   | MAC                                     |  |        |
|                       | j-i-A              | Communication and Community Relationships          | Establish processes for community engagement to receive public input on material issues   | Led by CEO<br>Board Oversight           | Governance to discuss                                |        |
|                       | j-i-B              | Communication and Community Relationships          | Promote effective collaboration and engagement between the corporation and its community, particularly as it relates to organizational planning, mission and vision | Led by CEO and Chair<br>Board Oversight | Governance to discuss                                |        |
|                       | j-i-C              | Communication and Community Relationships          | Work collaboratively with other community agencies and institutions in meeting the healthcare needs of the community  | Board Oversight<br>Led by CEO           | Governance to discuss<br><br>Quality Comm oversight? |        |
|                       | j-i-D              | Communication and                                  | Up-to-date information on the website   | Board oversight                         | Governance to  |        |

Agenda Item 1.3.7

| Meeting/<br>frequency | Charter Ref<br>#4- | Board<br>Oversight Function               | Activity for Achievement   | Committee<br>Responsibility      | Notes   | Status |
|-----------------------|--------------------|---|--|----------------------------------|---|--------|
|                       |                    | Community Relationships                   |  | Led by CEO                       | discuss   |        |
|                       | k                  | Fund Raising                              | Support fund raising initiatives including donor cultivation activities.   | Foundation                       | Appoint Board member from CMH to Foundation Board |        |
|                       | m                  | Risk Management                           | There are appropriate systems to manage the principal risks of all aspects of the corporation's business   | Audit, Governance                | Define and differentiate responsibilities         |        |
|                       |                    | Risk Management                           | Enterprise Risk Management: Consolidate and evaluate the overall effectiveness of the risk management activities of each committee   | Audit                            |   |        |
| Ongoing               | h-i-C              | Financial Viability                       | Necessary financial planning activities ensure that resources are allocated effectively and within the parameters of the financial performance indicators  | Resources                        |   |        |
| Ongoing               | i-i-C              | Board Effectiveness                       | Compliance with the By-Law   | Governance                       |   |        |
|                       | i-i-D              | Board Effectiveness                       | Periodically review and revise governance policies, processes and structures as appropriate  | Governance                       |   |        |
|                       | j-i-E              | Communication and Community Relationships | Establish a communication policy for the corporation; review periodically  | Governance                       |   |        |
|                       | o                  | Communications Policy                     | Oversee the maintenance of effective stakeholder relations through the corporation's communications policy and programs  | Governance                       |   |        |
| Ongoing               | c-i-D              | Corporate Performance                     | Processes in place to monitor and continuously improve upon the performance metrics  | All committees Board oversight   | Governance oversight?                             |        |
| Annual                | c-i-F              | Corporate Performance                     | Procedures to monitor and ensure compliance with applicable legislation and regulations  | Governance                       | Develop method                                    |        |
| Annual                | i-i-C              | Board Effectiveness                       | Ensure ethical behaviour and compliance with laws and regulations  | Governance                       | Framework, policies                               |        |
| As needed             | c-i-A, B           | Corporate Performance                     | Ensure there are systems in place to identify, monitor, mitigate, decrease and respond to the principal risks to the Corporation: <ul style="list-style-type: none"> <li>o financial</li> <li>o quality</li> <li>o patient/workplace safety</li> </ul> | Audit, Resources Quality Quality | Duplication of charter item m above?              |        |

Agenda Item 1.3.7

| Meeting/<br>frequency | Charter Ref<br>#4-        | Board<br>Oversight Function | Activity for Achievement  | Committee<br>Responsibility | Notes   | Status |
|-----------------------|---------------------------|-----------------------------|---|-----------------------------|---|--------|
| As needed             | n                         | Controls & Systems          | Approve as needed, the tender and award of a 5 year contract to provide audit services.   | Audit                       | September   | ✓      |
| As needed             | b                         | Strategic Planning          | Strategic plan: approve process, participate in development, approve plan   | Board                       | Also in Governance work plan;<br>Executive assistance with selection of consultants                                     |        |
| As needed             | d                         | CEO and COS                 | Executive compensation strategy, philosophy   | Executive                   |   |        |
| As needed             | d-ii-A,B                  | CEO and COS                 | Select the CEO, delegate responsibility and authority, and require accountability to the board                                      | Executive                   |   |        |
| As needed             | d-ii-C                    | CEO and COS                 | Policy and process for the performance evaluation and compensation of the CEO   | Executive                   |   |        |
| As needed             | d-ii-D, E                 | CEO and COS                 | Select the COS, delegate responsibility and authority, and require accountability to the board                                      | Executive                   |   |        |
| As needed             | d-ii-F                    | CEO and COS                 | Policy and process for the performance evaluation and compensation of the COS   | Executive                   |   |        |
| As needed             | c-i-C<br>put in<br>other? | Corporate<br>Performance    | Oversee implementation of internal control and management information systems to oversee the achievement of the performance metrics | Resources                   | Related goal?<br>Link with<br>performance reports   |        |
| As needed             | h                         | Financial Viability         | Approve collective bargaining agreements  | Board                       | Resources ensures costs and impact are considered in the operating plans  |        |
| As needed             | h                         | Financial Viability         | Approve salary increases, material amendments to benefit plans, programs and policies<br>Is this a management activity?             | Board                       | Resources evaluates overall costs/changes in the operating plan;<br>Executive discusses overall compensation philosophy |        |
| As needed             | h                         | Financial Viability         | Approve capital projects  | Resources                   |   |        |
| As needed             | c-i-G                     | Corporate<br>Performance    | Policies providing direction for the CEO and COS in the management of the day-to-day processes within the hospital                  | Governance<br>Executive     | Board Charter   |        |
| As needed             | f-i-A                     | Professional Staff          | Ensure the effectiveness and fairness of the credentialing process  | MAC                         |   |        |

Status: ✓ = Due C = Complete I = In progress D = Delayed  
Cambridge Memorial Hospital

Agenda Item 1.3.7

| <b>Meeting/<br/>frequency</b> | <b>Charter Ref<br/>#4-</b> | <b>Board<br/>Oversight Function</b> | <b>Activity for Achievement</b>   | <b>Committee<br/>Responsibility</b> | <b>Notes</b>          | <b>Status</b> |
|-------------------------------|----------------------------|-------------------------------------|---|-------------------------------------|-----------------------|---------------|
| Ongoing                       | g                          | Build Relationships                 | Build and maintain good relationships with the corporation's key stakeholders | Led by CEO<br>Board oversight       | Governance to discuss |               |
| Ongoing                       | f-i-C                      | Professional Staff                  | Oversee the Professional Staff through and with the MAC and COS               | COS                                 | Related goals?        |               |



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## BRIEFING NOTE- OPEN SESSION

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Date: January 23, 2013  
Issue: Upcoming Meetings & Upcoming Events  
Purpose: Information  
Prepared by: Cheryl Vandervalk  
Approved by: Patrick Gaskin

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### **January 2013**

|                      |                  |                 |
|----------------------|------------------|-----------------|
| Resource Committee   | January 28, 2013 | 4:00pm - 6:00pm |
| Governance Committee | January 29, 2013 | 3:00pm - 6:00pm |
| Audit Committee      | January 30, 2013 | 3:00pm - 5:00pm |

### **February 2013**

|                    |                   |                 |
|--------------------|-------------------|-----------------|
| Quality Committee  | February 20, 2013 | 7:00am - 9:00am |
| Resource Committee | February 25, 2013 | 4:00pm - 6:00pm |
| Board of Directors | February 27, 2013 | 4:00pm - 6:00pm |

### **WWLHIN Board Meetings**

(Meetings take place at 2:00pm-5:00pm at Sportsworld Crossing, Kitchener)

January 31, 2013  
February 28, 2013

### **OHA Conferences**

|  |                  |                |
|--|------------------|----------------|
| Community Engagement Imperative for Health Care Boards       | January 31, 2013 | 8:00am- 4:30pm |
| Risk Governance for Health Care Boards and Senior Management | April 8, 2013    | 8:00am-4:30pm  |

### **Upcoming Events**

|                                       |                   |                 |
|---------------------------------------|-------------------|-----------------|
| Hallman Foundation MRI Ribbon Cutting | February 5, 2013  | 4:00pm-5:00pm   |
| Toyota – Recognition Event            | February 13, 2013 | 10:00am-11:00am |
| Physician Gala                        | March 1, 2013     | 6:00pm-11:00pm  |



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## **BRIEFING NOTE –**

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Date: January 23, 2013

Issue: Correspondence

Purpose: Information

Prepared by: Patrick Gaskin

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Attached please find two documents that are important to share with you:

Guelph Health Links – this is the press release concerning the Health Links Project in Guelph. In November, we provided you with the Health Links information presented at the OHA Annual Convention

Ontario's Action Plan for Health Care – this is the one year progress report that was released earlier this month.





**--Newsflash--**

## **Health for Guelph** Enhanced Health Services Project is launched

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A new era in Guelph is about to begin.

The Guelph Family Health Team, which includes 73 local family physicians is partnering with local health service organizations to examine the local health system and find ways to improve the overall experience for patients, clients and residents. The aim is for better care, better coordination of care and better use of our health care dollars.

The Guelph Family Health Team has also accepted responsibility for the newly announced Ministry of Health and Long-term care initiative: Guelph *Health Link*, focused on ‘improving care for high-needs patients.’<sup>1</sup> *Health for Guelph* will incorporate the *Health Link* to focus on greater collaboration and coordination of health services and supports for all Guelph patients, clients and residents. The Waterloo-Wellington LHIN is a key supporter of this work.

### **WHO IS INVOLVED?**

Everyone! - A critical component of this work is to reach out to local residents as well as to services in our community whose work is not seen as health care but impacts the health of our citizens. Examples include housing, immigration support, transportation and volunteer services. Community leaders, government representatives, education and research organizations and others will also be engaged. These key individuals and organizations will be involved in other ways such as work groups and key informant interviews in order for them to contribute to the model options developed.

A Project steering committee has been formed and includes:

|  |   |
|--|---|
| <i>Alzheimer Society of Guelph Wellington</i>                      | <i>Homewood Health Centre</i>                             |
| <i>City of Guelph Police Service</i>                               | <i>Hospice Wellington</i>                                 |
| <i>Family &amp; Children’s Services of Guelph &amp; Wellington</i> | <i>St. Joseph’s Health Centre, Guelph</i>                 |
| <i>Family Counselling &amp; Support Services</i>                   | <i>Trellis Mental Health &amp; Developmental Services</i> |
| <i>Guelph Community Health Centre</i>                              | <i>Waterloo Wellington Community Care Access Centre</i>   |
| <i>Guelph Family Health Team</i>                                   | <i>Wellington Dufferin Guelph Public Health</i>           |
| <i>Guelph General Hospital</i>                                     |   |
| <i>Guelph Independent Living</i>                                   |   |

### **NEXT STEPS – Get Involved**

The consultation phase will largely occur over the month of January in ways designed to gather community experiences and perspectives to help reshape the local health system. Also, please keep an eye out for posters, meeting times and dates posted on our Facebook page early in the New Year.

We are excited about having the opportunity to work together to drive health system transformation with our community and we look forward to your contributions in the New Year!

For further information regarding the process or how you can become involved please contact the project team at [healthforguelph@guelphfht.com](mailto:healthforguelph@guelphfht.com)

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<sup>1</sup> <http://news.ontario.ca/mohltc/en/2012/12/improving-care-for-high-needs-patients.html>

# Ontario's Action Plan for Health Care

## Making Healthy Change Happen

**Our goal is to make Ontario the healthiest place in North America to grow up and grow old.**

**We need to protect and strengthen health care, so it's there for our children and grandchildren, just as it is there for us.**

**Ontario's Action Plan for Health Care is our plan to get us there.**

**In our health care system, patients must come first. We will continue to work with health care partners to build a quality health care system that is more responsive to patients and delivers better value for taxpayers.**

**January 2013**

# Ontario's Action Plan for Health Care – One Year Progress Report

## Keeping Ontario Healthy

### Smoke-Free Ontario

- Expanded access to nicotine replacement therapies and counselling for smokers in Family Health Teams, Nurse Practitioner-Led Clinics, Community Health Centres, Aboriginal Health Access Centres and addiction services
- Helped Ontario Drug Benefit (ODB) clients by providing funding for smoking cessation drugs through the ODB Program
- Increased support for Ontarians who smoke with hospital-based cessation initiatives in 15 locations and workplace-based cessation programs in collaboration with 19 Public Health Units

### Childhood Obesity

- Engaged experts and leaders from the health and education sectors, NGOs and the Aboriginal community to form the Healthy Kids Panel, whose report will inform the provincial strategy to reduce childhood obesity by 20 per cent over five years

### Cancer Screening

- Integrated screening programs for cervical, breast and colorectal cancer, with participants benefiting from screening reminders. Ontarians at high-risk will be linked to screening programs, prevention supports or genetic testing
- Increased access for girls aged 9-12 to school-based HPV immunization program to prevent cervical cancer

**Working with patients and their families, health care partners, organizations and clinicians, we will continue to deliver on making Ontario the healthiest place in North America to grow up and grow old. Building on our success, we will:**

- Take action to reduce childhood obesity by 20 per cent over the next five years
- Work to reduce youth smoking and tanning by minors
- Continue to implement the 2012 Physician Services Agreement

## Faster Access and a Stronger Link to Family Health Care

### Local Integration and Family Health Care at the Centre of the System

- Established 19 early-adopter Health Links, with more to come, to better co-ordinate care for high-needs patients including seniors and others with complex conditions. With personalized care plans developed by the Health Links, patients will receive the quality of care they need, when they need it

### Faster Access and Focus on Quality in Family Health Care

- Enhancing benefits for patients under new Physician Services Agreement with:
  - Better access to virtual care through telemedicine initiatives, e-consults and virtual connections between family doctors and specialists
  - Expansion of Quality Improvement Plans to primary care
  - Increasing after-hours access to family health care providers

### House Calls

- Improving care for seniors and others with complex conditions by adding 30,000 more house calls by primary care providers
- Continued expansion of access to house calls by other health care professionals including nurses and occupational therapists

## Right Care, Right Time, Right Place

### More Home Care for Seniors

- Improving quality of life for 90,000 more seniors who will benefit from new funding for home care services
- Adding 3 million more Personal Support Worker hours over 3 years, to help with a range of essential daily activities that help maintain a patient's physical well-being

### Ontario Seniors Strategy

- Launched the Seniors Strategy to improve quality of care and life for older Ontarians. Informed by Dr. Samir Sinha's report, *Living Longer, Living Well*, the strategy will prepare the health care system to meet the needs of an aging population
- Enhanced the ability of seniors to live independently in their homes longer through the new Healthy Home Renovation Tax Credit

### Building Resilient Patient-Based Funding for Hospitals

- Modernized funding in more than 100 hospitals to reflect population growth and clinical needs
- Focused on value and quality with the implementation of Quality-Based Procedures to fund hospitals for the number of patients treated for select procedures, based on efficiency and best practices

### Aligning Procedures into the Community

- Provided women with more choice on where to have their babies through two new midwife-led birth centres
- Expanding non-profit clinics for select procedures starting in 2013

### Expanded Scope of Practice – Pharmacists

- Improved access to care through pharmacists who can now administer flu vaccines, renew and adapt existing prescriptions, and prescribe smoking cessation drugs, among other services

- Help seniors stay healthy and at home longer by implementing the Seniors Strategy, which will reduce strain on hospitals and long-term care homes and improve quality of life for older Ontarians

- Expand Health Links to strengthen the circle of care around patients, improving transitions within the system and helping to ensure that patients receive more responsive care

- Continue to modernize health system funding to improve the delivery of cost-effective and high quality patient care with more quality-based procedures

- Move services from acute care hospitals to specialty clinics where appropriate

- Support Cancer Care Ontario with the creation of an online tool that uses medical/family history to assess personal cancer risks to identify Ontarians requiring genetic testing, prevention supports or screening

# Making Healthy Change Happen

## – *by the Numbers*

- Increased investments in home care and community services by 4 per cent means

**90,000** more seniors receiving care at home

- Additional funding means

**3 million** more personal support worker hours over the next 3 years

- **19** early-adopter Health Links

providing care to almost one million people, through the co-operation of 18 hospitals, 42 primary care groups and over 60 community service providers

- Since 2005, Ontario has led all provinces and territories by having the

**lowest surgical wait times**

- As of January 2013, **619** pharmacies are participating in the Universal Influenza Immunization Program

- More than **9,800** community-based clinicians implementing Electronic Medical Records – represents 9 million Ontarians

- **4,000** more doctors practicing in Ontario today than 9 years ago

- **26** Nurse Practitioner-Led Clinics serving over 27,000 patients and growing

- **200** Family Health Teams in operation, serving nearly 3 million Ontarians and growing





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## **BRIEFING NOTE - Open Session**

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Date: January 15, 2013

Issue: Medical Advisory Committee Meeting – January 9, 2013

Purpose: For Information

Prepared by: Dr. M. Lawrie, Chair, Medical Advisory Committee

Approved by: Patrick Gaskin, President and Chief Executive Officer

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### **Validating Credentials Committee Membership for 2013:**

|                                     |                            |
|-------------------------------------|----------------------------|
| Chief of Staff:                     | Dr. M. Lawrie              |
| President of the Medical Staff:     | Dr. G. Martin              |
| Vice-President of the Medical Staff | Dr. J. Bourgeois           |
| Secretary of the Medical Staff      | Dr. W. Lee                 |
| 2 MAC Members                       | Dr. M. Shafir & Dr. P. Cyr |



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## BRIEFING NOTE – OPEN

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Date: January 18, 2013

Issue: Information presented to the Quality Committee of the Board meeting, January 16, 2013

Purpose: Information

Prepared by: Susan Gregoroff, VP Clinical Programs & CNE

Approved: Patrick Gaskin, President & CEO

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### 1. Program Presentations: Perioperative and Inpatient Surgery

Ms. Bartlett, Director of Patient Services, and Ms. Woods, Manager of Perioperative Services, provided a program presentation Perioperative and Inpatient Surgery.

Ms. Woods highlighted some key points about Inpatient Surgery:

- Call bell response times are within targets
- Proactive patient focused discharge planning
- Positive feedback and results from NRC Picker Patient Satisfaction Survey

Feedback from a patient family was shared with the Quality Committee and how this is being used with the surgical inpatient team in planned sessions to determine opportunities in improved emotional support strategies for patients and families.

### 2. Workplace Safety Principles and Policies

Based on an action item from the October 17, 2012 Quality Committee meeting, Ms. Toth spoke to the pre-circulated briefing note.

There were two unannounced inspections conducted by the Ministry of Labour in December 2011 and November 2012. Ms. Toth reported that no orders for work stoppages or work refusals were issued, as CMH met or exceeded Ministry standards. Ms. Toth was encouraged to publically share

## Agenda Item 2.2

this information. Ms. Toth was asked about trends and comparative performance metrics with other regional hospitals.

**ACTION:** Ms. Toth will provide the Committee Members with a high level detailed report of WSIB performance over three years in the next report to the Committee.

### 3. Patient Relations Process

Ms. O'Connor referred to the pre-circulated briefing note and provided a detailed summary. Discussion ensued regarding the measurement of Patient Satisfaction, through our external and in-house surveys.

**ACTION:** This topic will be considered for future Board development.

### 4. DRAFT 2013/14 QIP

The Committee members reviewed the Draft 2013/14 Quality Improvement Plan (QIP) and discussed each indicator. It was suggested the following indicators be included the 2013/14 QIP:

#### Safety:

- Hand Hygiene
- Falls
- Surgical Safety Checklist or an alternative indicator and measure of surgical quality.

#### Effectiveness:

- Sick and Overtime variance from target

#### Access:

- 90<sup>th</sup> Percentile ER LOS for admitted patients

#### Patient Centred:

- Patient Satisfaction - new question to be developed related to communication and continuity of care and discharge.

#### Integrated:

- Percent of ALC days

**ACTION:** Management will update the 2013/14 QIP indicators, and bring a draft plan including suggested targets and action plans for each indicator to the next Quality Committee meeting.





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## **BRIEFING NOTE**

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Date: January 18, 2013

Issue: Special Votes – MSAA Declaration of Compliance

Purpose: Board approval of Submission of Schedule G

Prepared by: Rita Sharratt

Approved by: Patrick Gaskin

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### **Recommendation**

That the President & CEO recommends to the Board, support and submission of the Multi-Sector Service Accountability Agreement (M-SAA) Schedule G – Form of Compliance Declaration.

Schedule G, Form of Compliance Declaration, describes that the Health Service Provider (HSP) has complied with applicable procurement practices, the Local Health System Integration Act, 2006 and the Public Sector Compensation Restraint to Protect Public Services Act, 2010.

### **Background**

The programs referred to in the M-SAA are for the Special or Other votes budget for Mental Health Services. The agreement of provision of services is for the Primary Care Mental Health Counseling and Treatment including Psychiatric Emergency Services, Psychogeriatrics, Day Hospital and the Medical Resources for these programs. The client population served for the above programs is primarily from within the City of Cambridge and North Dumfries catchment areas.

With regards to the volumes and financial performance of these programs, CMH is in line with the anticipated patient attendances (visits) and financial performance for all programs. The Day Hospital which is a new service as part of the Schedule 1 status of CMH is slower in start-up due to recruitment of appropriately trained staff.

The Director for the Mental Health Program at CMH has attested that to the best of her knowledge, as of January 18 2013, CMH has complied with the M-SAA.

Last year, we brought this briefing note through the Resources Committee and then onto the Board. However, due to timing (this must be submitted with an approved board

## Agenda Item 2.3

motion by January 31), we must bring this motion directly to the Board. The report was due on October 31. The WWLHIN has provided us with an extension to January 31. We have worked with the WWLHIN and internally (now on the board and Resources Committee work plan) to ensure that in the future we meet these deadlines in a timely manner.

### **Proposed Motion**

After making inquiries of the President and CEO and other appropriate officers of the HSP and subject to any exceptions identified on Schedule G, to the best of the Board's knowledge and belief, the HSP has fulfilled, its obligations under the service accountability agreement (the "M-SAA") in effect during the Applicable Period. (April 1, 2012 to September 2012)

Without limiting the generality of the foregoing, the HSP has complied with:

- (i) Article 4.8 of the M-SAA concerning applicable procurement practices;
- (ii) The *Local Health System Integration Act, 2006*; and
- (ii) the *Public Sector Compensation Restraint to Protect Public Services Act, 2010*.

## SCHEDULE G FORM OF COMPLIANCE DECLARATION

### DECLARATION OF COMPLIANCE

Issued pursuant to the M-SAA effective April 1, 2011

**To:** The Board of Directors of the Waterloo Wellington Local Health Integration Network (the "LHIN"). Attn: Board Chair.

**From:** The Board of Directors (the "Board") of the Cambridge Memorial Hospital

**Date:** January 23, 2013

**Re:** April 1, 2012– Sept. 30, 2012 (the "Applicable Period")

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Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the M-SAA between the LHIN and the HSP effective April 1, 2011.

The Board has authorized me, by resolution dated January 23, 2013 to declare to you as follows:

After making inquiries of the President and CEO and other appropriate officers of the HSP and subject to any exceptions identified on Schedule G, to the best of the Board's knowledge and belief, the HSP has fulfilled, its obligations under the service accountability agreement (the "M-SAA") in effect during the Applicable Period. (April 1, 2012- September 2012)

Without limiting the generality of the foregoing, the HSP has complied with:

- (i) Article 4.8 of the M-SAA concerning applicable procurement practices;
- (ii) The *Local Health System Integration Act, 2006*; and
- (ii) the *Public Sector Compensation Restraint to Protect Public Services Act, 2010*.

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Angelo Loberto, CMH Board Chair