

**Minutes of the Meeting of the MICs Board of Directors**  
**Wednesday, September 19<sup>th</sup>, 2018 – 18h00**  
**Via videoconference @ MICs Boardrooms (BMH Lead Site)**

<b>ANSON GENERAL HOSPITAL</b>	
x	Patrick Britton – Chair
x	Danielle Delaurier – Vice-Chair
x	Stan Denault – Treasurer
regrets	Stéphanie Giguère – Municipal Representative
<b>BINGHAM MEMORIAL HOSPITAL</b>	
x	Bob Dennis – Chair
x	Irma Clarke – Vice-Chair
x	Roy Onlock – Treasurer
regrets	Doug Bender – Municipal Representative
<b>LADY MINTO HOSPITAL</b>	
x	Patricia Dorff – Chair
regrets	Gilles Chartrand – Vice-Chair
x	Julie Papineau – Treasurer
regrets	Renelle Bélisle – Municipal Representative
<b>MICs GROUP OF HEALTH SERVICES</b>	
x	Paul Chatelain – MICs Chief Executive Officer
x	Isabelle Boucher – MICs Chief Nursing Officer
x	Dr. Stephen Chiang – MICs Chief of Staff
x	Dr. Joey Tremblay – MICs President of Medical Staff
<b>GUESTS</b>	
x	Suzanne Gadoury – MICs Executive Assistant ( <i>Recording Secretary</i> )
x	Gail Waghorn – MICs Chief Financial Officer / Executive Leader of Corporate Services
x	Sylvie Lavoie-Girard – MICs Director of Human Resources / Executive Leader of H.R.

**1.0 Call to Order & Chairs Remarks (B. Dennis)**

1.1 The chair opened the meeting and welcomed everyone. He then inquired if there were any declarations of conflict of interest. There were none.

**2.0 Approval of Agenda (B. Dennis)**

The agenda was reviewed.

Motion:

Moved by: R. Onlock

Seconded by: P. Britton

Be it resolved,

**THAT** the MICs Board of Directors approve the board agenda as presented.

Carried.

**3.0 Trustee Education / Presentations**

3.1 H.R. Statistics Report – S. Lavoie-Girard

- The report was provided for information

- The Director of H.R. provided a snapshot of the HR statistics and staffing demographics as well as Labour Relations
- Director of HR oversees Human Resources, Employee Health and Occupational Health & Safety, Learning & Development and Allied Health Professionals
- Staffing Demographics: MICs employs 368 Team Members, 207 of whom are full-time and 161 are part-time; breakdown of staff by base site are: LMH - 113, AGH - 79, SCM - 73, BMH - 68, VM - 35; the average age is 41; we are working with a multi-generational workforce which is mostly female dominated; 79% have less than 10 years of experience so we have a lot of new staff; the number of hires per year since 1980 is steadily increasing
- Recruitment and Retention: we are actively recruiting for 1 general surgeon and 5 physicians by attending recruitment fairs and advertising
- Special Events: Safety BBQs, Long-Term Service Awards, etc.
- Labour Relations: majority of workforce is unionized; steadily working on better labour relations; have made great strides with ONA
- Board members were invited to ask questions
- Shared positions are: Infection Prevention and Control, EH/OH&S, Learning & Development; some of our front line workers sometimes work at more than one site

#### 4.0 Approval of Minutes (B. Dennis)

- 4.1 Minutes of the MICs Board of Directors meeting held June 20<sup>th</sup>, 2018 were provided for information.

Motion:

Moved by: I. Clarke

Seconded by: P. Dorff

Be it resolved,

**THAT** the MICs Board of Directors approve the minutes of the meeting held June 20<sup>th</sup>, 2018 as presented.

Carried.

#### 5.0 Follow-Up Items

- 5.1 Review of the 2018-2019 Board Work Plan
- The Board Work Plan was reviewed for the month of September.
  - Some of the items are a placeholder from last year.
  - There was no board orientation as there were no new board members.
  - Benchmarking link will be distributed as soon as it is received from the GCE.

#### 6.0 MICs Finance

- 6.1 July 2018 Financial Statements – G. Waghorn

- Chief Financial Officer gave a brief overview of the financial statements for all sites.

**BMH:** operating surplus of \$43,805; revenue \$2,635,006; expenses \$2,591,201

- Hospital operating at a ~\$43,000 surplus at the end of July
- Received additional annual base funding of \$123,800
- Total MOH base hospital funding is \$6,315,727
- Continuing to see a drop in X-Ray OHIP revenue
  - Under budget by \$7,800

- Last year's revenue at the end of July was \$17,069; this year's revenue at the end of July was \$7,182
- Salaries are 3.12% (\$41,024) below budget. This is mainly related to physiotherapy because we have not been able to fill the full time budgeted position. The clinical nutrition budget is over because we brought in extra staffing to deal with demands in LTC. Nursing salaries are up \$67,924 over the same period last year and were 1% below budget at the end of July.
- Benefit costs were running at 30% of salaries and were \$19,000 under budget at the end of July
- Supplies were 7% (\$37,342) over budget, attributed to 2 areas – plant and private physician clinic
- Drugs and medical supplies are under budget by \$34,000 and are running consistent with costs for the same period last year.

**AGH:** operating surplus of \$186,474; revenue \$3,438,339; expenses \$3,251,865

- Hospital operating at a ~\$186,000 surplus at the end of July
- Received additional annual base funding of \$163,400
- Total MOH base hospital funding is \$8,335,516
- The July Operating Statement reported a surplus of \$186,474. However, this was due to the cashing of AGH Investments to cover a cash flow shortage. By cashing in this investment, AGH realized a market gain which is recognized in income at time of transaction. The gain was approximately ~\$350,000. AGH already owed the partnership a significant amount of funds so some of the AGH investments had to be liquidated to reduce this and increase the overall MICs cash position.
- Patient revenue is 36% (\$32,170) under budget. Continuing to see a drop in X-Ray OHIP revenue
  - ~\$18,600 write down in receivables
  - X-ray OHIP revenue down \$3,000 from same period last year
  - Differential and copayment revenue is 29% over budget
  - Acute semi-private revenue over budget by ~\$13,000
  - Chronic revenue over budget by \$6,400 (up ~\$41,000 from last year, same period)
- Salaries are 4.95% (\$80,642) below budget. This is mainly related to ambulatory care (ER and clinics) and laboratory due to reduced call in costs associated with Point of Care Testing (POCT) and orientation costs.
- Benefit costs were running at 32.5% of salaries and were \$16,000 over budget at the end of July.
- Supplies were 18.5% (\$149,037) over budget, attributed to:
  - Non-urgent patient transportation costs
  - Referred out costs in lab (\$22,000 higher than same period last year) and lab supplies (POCT)
  - \$20,000 increase in referred out costs in X-ray
  - Plant maintenance costs are \$72,000 over budget but are running close to the same amount as last year for the same period.
- Drugs and medical supplies are under budget by \$18,000 and are running consistent with costs for the same period last year.

**SCM:** total revenue of \$1,665,923; total deficit of \$160,349; operational deficit of \$85,000

**LMH:** operating surplus of \$28,843; revenue \$2,118,920; expenses \$4,680,939

- Hospital operating at a ~\$28,843 surplus at the end of July
- Received additional annual base funding of \$201,815
- Total MOH base hospital funding is \$10,340,654
- Patient revenue is basically breakeven
- Differential and Copayment revenue is 26% below budget
  - Acute semi-private revenue over budget by ~\$25,000
- Chronic and ALC revenue under budget by \$40,000
- Investment income and miscellaneous recoveries are over budget by \$56,000
- Salaries are 4.26% (\$94,281) below budget. Acute inpatient nursing and diagnostic and therapeutic were under budget. In nursing, we have an unfilled NP position and OR costs were also down likely due to reduced summer hours. Lab, X-ray and Physio were all slightly under budget. We have not increased to a fulltime physiotherapist yet at LMH. Callback and overtime are up in maintenance. Sick time and orientation are up in dietary.
- Benefit costs were running at 30% of salaries and were \$30,000 under budget at the end of July
- Supplies were 8.0% (\$78,186) over budget, attributed to:
  - Non-urgent patient transportation costs
  - Referred out and equipment maintenance costs in lab and x-ray
- Drugs and medical supplies are under budget by \$35,000 and are running ~\$27,000 higher than the same period last year.

**VM:** total revenue of \$908,622; operational deficit of \$28,169

Motion to approve July 2018 Financial Statements

Moved by: R. Onlock

Seconded by: J. Papineau

Be it resolved,

**THAT**, the MICs Board of Directors approve the July 2018 Financial Statements for Bingham Memorial Hospital, Anson General Hospital, South Centennial Manor, Lady Minto Hospital and Villa Minto as presented.

Carried.

#### 6.2 Long-Term Care Operating Budgets – G. Waghorn

- Operating budgets are an internal document used for management reporting and do not have to be submitted to the ministry
- SCM: expenses \$5,018,033; revenue \$5,022,206; variance of \$4,173; overall deficit of \$150,287 – breakeven budget
- VM: expenses \$2,695,974; revenue \$2,497,903; variance of \$10,881; overall deficit of \$28,381; extra staffing for 4 additional beds is built into the budget

Moved by: S. Denault

Seconded by: P. Dorff

Be it resolved,

**THAT**, the MICs Board of Directors approve the 2018-2019 long-term care budgets for South Centennial Manor and Villa Minto as presented.

Carried.

#### 6.3 Transition to 18 Asset Management Update – G. Waghorn

- Investment tender was awarded to 18 Asset Management

- Gail has been busy over the summer getting everything set up
- She will be redrafting the investment policy statement
- Investment dollars sitting in the partnership are ready to be transferred over to 18 Asset Management

## 7.0 Presentations/Reports (B. Dennis)

### 7.1 Chief Executive Officer Report: (P. Chatelain)

- The report was provided for information.
- The CEO provided the following overview:
  - Mayor Shea, CDSSAB and Paul met with the Hon. Vic Fedeli to discuss the SCM Redevelopment; he will meet with the Minister of Health to see what the status is
  - Golf Tournament fundraiser was a success raising just under \$14,000 for the manor
  - Treasury Board has implemented a wage freeze on Executive Compensation effective Aug. 13<sup>th</sup>, 2018
  - All HIRF funding has been put on hold by Progressive Conservative government; 2% increase in base funding has been received however
  - Investment tender was awarded to 18 Asset Management
  - Aggressively recruiting for five physicians and one general surgeon
  - Board retreat is scheduled for November 3<sup>rd</sup> at the Abitibi Golf Club
  - Long-term service award dates have been set for all three communities
  - Smooth Rock Falls CEO has retired
- Board Members were invited to ask questions.

### 7.2 Chief Nursing Officer Report: (I. Boucher)

- The CNO reported on the following items:
  - Emergency Department:
  - ER Wait Times: were able to extrapolate data from CIHI such as triage time all the way to physician assessment; ER wait time is for non-admitted CTAS 4 & 5 patients; high wait time is often attributed to transfer wait time as patients are not discharged.
  - Inpatient Care: occupancy rates have decreased at AGH and LMH while BMH saw a slight increase from Q4 (2017-2018)
  - Ambulatory Services: oncology visits are up in Q1; Ontario Telehealth visits are down at all three sites
  - Pharmacy Services: automated dispensing unit is on hold due to delay in interface funding; OCP assessment of all three sites was completed in May; sterile compounding being reviewed by NAPRA (National Association of Pharmacy Regulatory Authorities); HPPG is looking for a region-wide solution to non-compliance which is linked to our chemotherapy program.
- The CNO also provided a brief overview of clinical services initiatives and nursing department update; efforts continue to recruit more nurses; non-urgent transportation is still being provided by Platinum until further notice
- Board members were invited to ask questions.

### 7.3 Finance Management Report: (S. Denault)

- The AGH Treasurer attended a finance course in Toronto
- He found the course very informative and worthwhile attending
- His report was provided for information
- Board members were invited to ask questions.

## 8.0 Medical Staff (Dr. S. Chiang)

### 8.1 Chief of Staff Report:

- The report was provided for information.
- Topics covered were:
  - OMA/Ministry of Health and Long-Term Care Negotiation Update: OMA is still negotiating but no agreement has been reached yet
  - Timiskaming – Cochrane Local Education Group: education conference is being held on Nov. 2<sup>nd</sup>; theme is new diabetic guidelines and mental health in children
  - Medical Staff News: Dr. George is retiring Sept. 20<sup>th</sup>; an afternoon tea is being held for him at BMH and a farewell dinner at the Ding Ho will be held in the evening; Dr. Thomas has terminated his family practice in Iroquois Falls on Sept. 15<sup>th</sup>; he will provide locum services; Dr. Small is looking to remain for another two years in Cochrane.

### 8.2 Medical Advisory Committee Minutes

- Minutes of the MICs MAC meeting held March 21<sup>st</sup>, 2018 were provided for information

## 9.0 LHIN / MOHLTC Business (P. Chatelain)

### 9.1 N/A

## 10.0 MICs Quality Committee (I. Boucher)

### 10.1 Quality Committee Minutes

- Minutes of the meeting held March 14<sup>th</sup>, 2018 were provided for information.

### 10.2 Sentinel Events/Near Misses & Adverse Events

- The hospital Critical Incident Report for Q1 was provided for information: no critical incidents were reported during this quarter
- The LTC Critical Incident Report for Q4/Q1 was provided for information: top five incidents by category were reported; several abuse/neglect causing harm or risk of harm to resident reported in this reporting period; included resident to resident and staff to resident incidents; acute respiratory and enteric illnesses were reported at two facilities; injuries for which the resident was taken to hospital were fractures from falls; critical incident types that are included under other category include unplanned evacuation; environmental hazard; misuse/misappropriation of resident's money; missing resident (more than 3 hrs); improper/incompetent treatment of a resident that results in harm or risk to a resident
- The Inpatient Client Experience Quarterly Scorecard for Q1 was provided for information.
- The ER Client Experience Quarterly Scorecard for Q1 was provided for information.
- The Resident Experience Quarterly Scorecard for Q1 was provided for information.

### 10.3 QIP and Key Indicators

- The Hospital Quality Improvement Plan scorecard for 2018-2019 was provided for information: data available for first three bullets only – 100% of target for medication reconciliation at discharge was attained at all three sites for Q1; two of three hospitals reached their target for person experience and all three hospitals did not reach their target for total number of ALC inpatient days
- The Long-Term Care Quality Improvement Plan scorecard for 2018-2019 was provided for information: the only data available for Q1 was provided for the 2<sup>nd</sup> bullet – Person Experience which received a green thumb for reaching its overall

target of more than 90%

### 11.0 Site Business (B. Dennis)

#### 11.1 Anson General Hospital:

- N/A

#### 11.2 Bingham Memorial Hospital:

- N/A

#### 11.3 Lady Minto Hospital:

- N/A

### 12.0 Partnership Business (Bob Dennis)

#### 12.1 June 2018 Board Effectiveness Survey Results

- 9 out of 14 surveys were submitted.

#### 12.2 September Board Effectiveness Survey

- The survey was emailed via Survey Monkey.

#### 12.3 Fiscal Advisory Committee

- There used to be such a committee but it was combined with another committee since the membership was the same for both committees
- MICs will create a committee which will meet about twice a year
- This will be discussed at the board retreat
- Will add the CFO to the membership in the Terms of Reference

### 13.0 Board Committee Minutes

#### 13.1 N/A

### 14.0 In Camera

#### 14.1 Motion to go in camera

Moved by: I. Clarke

Seconded by: D. Delaurier

#### 14.2 Discussion of physician privileges

#### 14.3 Motion to go out of camera

Moved by: P. Britton

Seconded by: P. Dorff

#### 14.4 Approval of physician's hospital privileges

- Motion to approve courtesy privileges for Dr. Ru Jun Zhang who works for the Good Doctors via OTN and Amy Moland-Osbourne who is a midwife

Moved by: J. Papineau

Seconded by: R. Onlock

Be it resolved,

**THAT** the MICs Board of Directors approve courtesy privileges for Dr. Ru Jun Zhang and Amy Moland-Osbourne as recommended by the MICs Medical Advisory Committee as presented.

Carried.

**15.0 MICs News (B. Dennis)**

- July, August and September 2018 MICs Newsletters were provided for information.

**16.0 Next Meeting Date (B. Dennis)**

- Wednesday, October 24<sup>th</sup>, 2018 at 6:00 p.m. (AGH Lead Site)

**17.0 Upcoming Meeting Dates**

- As per agenda.

**18.0 Adjournment (B. Dennis)**

- There being no further business, the meeting adjourned at 7:47 p.m.

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CHAIR, Bingham Memorial Hospital

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CHAIR, Anson General Hospital

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CHAIR, Lady Minto Hospital

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SECRETARY, MICs CEO