

**Minutes of the Meeting of the MICs Board of Directors**  
**Wednesday, November 28<sup>th</sup>, 2018 – 18h00**  
**Via videoconference @ MICs Boardrooms (LMH 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
x	Doug Bender – Municipal Representative
<b>LADY MINTO HOSPITAL</b>	
x	Patricia Dorff – Chair
x	Gilles Chartrand – Vice-Chair
regrets	Julie Papineau – Treasurer
regrets	Renelle Bélisle – Municipal Representative
<b>MICs GROUP OF HEALTH SERVICES</b>	
x	Paul Chatelain – MICs Chief Executive Officer
regrets	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	Luis Rodrigues – Honeywell Solutions

**1.0 Call to Order & Chairs Remarks (P. Dorff)**

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

**2.0 Approval of Agenda (P. Dorff)**

The agenda was reviewed.

Motion:

Moved by: G. Chartrand

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 Board Educational Plan – P. Chatelain

- Reviewed the board education plan which was provided for information

- It provides a snapshot of the education planned for the fiscal year
  - We will populate the template at the Board Retreat
  - Last educational survey results were provided for information
  - Board members were asked to complete the new board educational needs survey via Survey Monkey which will be discussed at the board retreat on February 9<sup>th</sup>, 2019
- 3.2 Review board formal education achievement matrix
- As per 3.1
- 3.3 Review board education needs/formal requirements
- As per 3.1
- 3.4 Develop board education calendar for new year
- As per 3.1

#### 4.0 Approval of Minutes (P. Dorff)

- 4.1 Minutes of the MICs Board of Directors meeting held October 24<sup>th</sup>, 2018 were provided for information.

Motion:

Moved by: P. Britton

Seconded by: R. Onlock

Be it resolved,

**THAT** the MICs Board of Directors approve the minutes of the meeting held October 24<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 November.
  - Board education plan will be deferred to the board retreat
  - CFO will present the HIRF and Capital Project Updates today
  - Paul will present the QIP and key indicators on behalf of the CNO
  - Board Ad Hoc Committee will need to review the CEO's goals and objectives resulting from his performance review

#### 6.0 MICs Finance

- 6.1 Energy Retrofit Project – Honeywell Solutions – L. Rodrigues
- The presentation was provided for information
  - Mr. Rodrigues gave a brief overview of the following agenda items:
  - Honeywell at a glance - its history and track record
  - Experience – 35+ years in business with 60+ Canadian healthcare projects nationally
  - Program Objectives: comprehensive energy and facility renewal program developed guaranteeing all program costs and savings of \$122,695; leverage grants and incentives, comfort improvement, community engagement, carbon footprint reduction
  - Thirteen benefits were listed; financial summaries were provided and discussed
  - Program measures for all three sites were outlined
  - Communication plan for awareness of proposed activities is in place

- Questions:
- Who pays for the chiller if it fails? Honeywell will negotiate guarantees which will be passed onto the hospital; they are responsible for all repairs during warranty period
- Honeywell will work with MICs to select the right product
- MICs has already done some cost savings with the heating system so this impacts the cost savings of the scope of work that still needs to be done
- What percentage of the 65+ projects Honeywell performed received funding? In the older days, many did but most recently, none
- \$25,000 incentive comes from the local utility companies, electrical utilities, natural gas, etc.
- Capital costs are being bundled into the energy efficient program; capital items will not bring efficiencies but still need to be done
- Did you look at the generator systems we have in the hospitals; did you consider switching to a generation system? They looked at the whole gamut of possibilities. There were some concerns over having two different types of fuels; this was dismissed because it was too much of a risk. Could not justify replacing our steam system to a hot water system because the tanks are only four years old.
- Saving 334 tonnes of green gas emissions is a calculation based on the measures; this is highly accepted throughout the province of Ontario
- What's our base line now? Any carbon credits we save can be sold or traded. Energy consumptions will be calculated by Honeywell and they will report semi-annually on green gas emission savings. They have someone who is certified and specially trained to do this. If savings do not materialize, Honeywell will guarantee them. Luis encourages board to contact one of their customers for their input.
- Gail presented the finances: project cost is just over \$3,000,000
- Currently, MICs has a bank account of \$3,000,000; some of AGH's investments went back to the MICs bank account where it was owed; projected cash flow over next year's operating costs, we have enough cash to meet our current level of operating expenditure. It is the capital items that require us to either have enough in our operating reserves, capital reserves or grant money to finance.
- We will have enough money to finance this project for the next two years not assuming additional funding or ECP grant which we applied for; within cash flow allowed, \$500,000 in equipment capital expenditure in 2020; by the end of the 2020 fiscal year, we will have just under .5 million left over; cash flow projections do not allow for any infrastructure build; LMH has a significant amount of capital and we would have to utilize that if we absolutely had to; have a line of credit of \$500,000 that we can draw from; we have the dollars to undertake this project but will not be able to undertake any others afterward; we will not be using any of the investments for the energy project.
- AGH: repercussions are that \$1.2 million in investments were cashed in and will not be reinvested into capital reserves; Gail wanted to redistribute half of it into investments but since then, costs have been finalized and the energy project comes out to \$971,448; AGH investments have been depleted down to \$580,000; balance owing will come out of the partnership; this is a project of which specific components will provide operational savings that won't impact programs and services; the AGH liability to partnership will grow because of this project but it will be much less than what it has been running at the last number of fiscal years.
- Paul recommends that we move forward with this project so we can benefit from the cost savings; spoke to the LHIN and were told that we would receive some funding

from the HEEP grants that we applied for over the summer; there is a possibility to finance the project through Honeywell; they would take the money from the savings  
Motion to approve the Energy Retrofit Project

Moved by: S. Denault

Seconded by: G. Chartrand

Be it resolved,

**THAT** the MICs Board of Directors approve the Energy Retrofit Project submitted by Honeywell Solutions, based on the cost allocation by site and not to exceed \$3,100,000.

Carried.

## 6.2 September 2018 Financial Statements – G. Waghorn

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

### **BMH:**

- Hospital operating at a surplus of \$173,694 at the end of September; operating margin is 4.36%
- Operating revenue was \$20,204 over budget at the end of September
- Received increase of \$123,800 in base funding (2%) for fiscal year
- OHIP and other patient revenue restricted to hospital activity were under budget by \$33,104
- Operating expenses were \$155,426 under budget; budgeted expenditure were \$4 million
- Overtime costs are up significantly this year at \$94,754 due to short staffing even though activity is low; this will change due to recent hiring of RNs
- Total sick time costs to end of September were \$30,804
- Benefit costs were running at 29.1% of salaries and were \$76,105 under budget at the end of the second quarter
- Other supplies and expenses were \$50,000 over budget in aggregate mostly due to allocation of laundry costs for MOH submission; it is an internal allocation that is reversed in October
- Medical supplies are under budget by \$15,000
- Drugs are under budget by \$36,349
- Balance sheet is good; there is a high receivable from the partnership to BMH
- Current ratio is 10.34

### **AGH:**

- Hospital operating at a surplus of \$260,278 at the end of September
- Operating revenue was \$302,000 over budget at the end of September due to recognizing \$360,000 in investment income
- Received increase of \$163,400 in base funding for the fiscal year
- Operating expenses were \$17,108 over budget; budgeted expenditure were \$4.77 million
- Salaries were \$151,755 under budget at the end of the second quarter; nursing salary variances were provided for information; there were 1,000 unused budgeted hours
- lab was \$80,229 under budget; health records was \$19,143 over budget due to maternity leave top-ups and training
- Overtime costs were \$195,577

- Total sick time costs to end of September were \$78,828
- Benefit costs were running at 32% of salaries
- Other supplies and expenses were over budget by \$192,165
  - Non-Urgent Patient Transportation - \$35,000
  - Lab Supplies – over budget by \$36,000 (POCT supplies); there is still a net gain to the overall facility
  - Plant Maintenance – over budget by \$97,035 due to ongoing plant and building maintenance issues
- Current ratio is 0.86; liability to the partnership is sitting just under \$700,000; this has gone down significantly since last year; income from investment was used to pay the partnership

**SCM:**

- Had to put in a large accounting adjustment due to nursing and PSW underspent dollars from the 1995 ministry reconciliation; will be submitting a paper deficit at AGH for 2018-2019

**LMH:**

- Hospital operating at a surplus of \$145,035 at the end of September
- Operating revenue was \$39,000 over budget at the end of September
- Received a 2% increase totaling \$212,400 in base funding for the fiscal year
- Operating expenses were \$105,814 under budget; budgeted expenditures were \$7.1 million
- Salaries were under budget by \$182,032 at the end of the second quarter; nursing salaries were under budget by \$204,092
- lab was \$80,229 under budget; health records was \$19,143 over budget due to maternity leave top-ups and training
- Total overtime costs were \$250,138 mostly in nursing
- Total sick time costs to end of September were \$73,983
- Benefit costs were running at 30% of salaries
- Other supplies and expenses were over budget by \$128,238
- Most of this variance is due to an allocation of laundry costs for MOH submission which is an internal allocation and is reversed in October
- Non-Urgent Patient Transportation - \$41,000
- X-ray equipment maintenance contracts – over budget by \$50,000
- Lab Supplies and referred out costs– under budget by \$38,985
- Admin and Support Services – under budget by \$25,000
- Balance sheet current ratio is 0.98; amount owed to partnership is a little higher than it should be; transferred their investments into the new portfolio

**VM:**

- Operating at breakeven; \$40,000 estate donation received had to be recognized in operations

Motion to approve September 2018 Financial Statements

Moved by: I. Clarke

Seconded by: G. Chartrand

Be it resolved,

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

Carried.

### 6.3 HIRF and Capital Projects – G. Waghorn

- Capital budgets were presented for each hospital
- **BMH:** high priority items for 2018-2019 total \$339,443; building costs are \$490,000 for a total of \$765,788; 99% of building costs were carried over from last year
- **AGH:** high priority items are \$318,527; building costs were budgeted for \$1,333,000; actual costs totalled \$314,932; original generator was installed in 1988; oil is leaking and needs to be replaced; went to tender; received two submissions; suggest awarding contract and pay for it out of our reserves if we don't receive funding; work should be completed by March 31<sup>st</sup>, 2019
- **SCM:** bariatric lift with scale was budgeted at \$20,867 but only cost \$14,240
- **LMH:** high priority items budgeted for \$318,373; building costs were budgeted for \$3,080,000; \$1,569,286 was covered by HIRF/ECP; actual costs totalled \$960,419 as some items have not been purchased yet
- **VM:** high priority items budgeted at \$27,287; only beds were purchased at a cost of \$9,522

## 7.0 Presentations/Reports (P. Dorff)

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

- The report was provided for information.
- The CEO provided the following overview:
  - Received approval from Town of Iroquois Falls to proceed with soil testing on land behind AGH; testing should be completed by mid-December.
  - Progressive Conservative government tabled their Fall Economic Statement identifying a provincial debt of \$15 billion; other than repealing personal leave days in Bill 148, it is uncertain what is in store for healthcare.
  - Another project manager has been assigned to our redevelopment project
  - We had a community engagement visit from the NELHIN CEO and senior team on November 13. They enjoyed their tour of LMH and our new Strategic Plan.
  - Partnering with Moose FM for a twelve-hour Community Cares Radio-Thon on December 7, 2018 to raise money for portable radiography units.
  - Currently recruiting for 5 physicians and 1 general surgeon; attended a number of recruitment fairs with little success. Will put an ad in the paper to encourage BR-M patients to have their lab and x-ray work done at BMH instead of AGH.
  - Isabelle Boucher is off on medical leave until mid-January 2019. Pasty Huber and Paul are covering for her.
  - There were two interviews for the position of Director of Care last week; one candidate is coming for an onsite visit tomorrow and Friday
  - Board retreat has been re-scheduled to February 9, 2019 at the Abitibi Golf Club.
- Board Members were invited to ask questions.

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

- The CEO reported on the following items on behalf of the CNO:
  - **Nursing:** RPN staffing levels remain stable; RN staffing also stabilized; charge nurse now working full-time at LMH; scope services have resumed at AGH; will continue to monitor
  - **Non-Urgent Patient Transportation:** an announcement from the NELHIN regarding solution will be coming soon; contract with Platinum continues in the

meantime

- **Pharmacy:** Automated Dispensing Units interface funds to be released soon; continue working towards compliance with critical elements of NAPRA standards by January 2019 which is challenging; most of the hospitals in our region will not be in compliance
- **Quality, Risk & Patient Safety**
  - Accreditation: addressing unmet criteria; due January 30<sup>th</sup>, 2019
  - QIP: waiting for release of 2019-2020 guidance documents
  - Risk Management Plan: finalizing plan to be submitted to Accreditation Canada
  - Patient Care Team: working on improving effective transitions from hospital to home which is in line with our Strategic Plan and next year's QIP
  - Applied to HIROC for a grant to improve client identification; awaiting response
- 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: still in Arbitration
  - Timiskaming – Cochrane Local Education Group (LEG): educational conference was held on Friday, November 2, 2018 which was a great success; more than 70 people attended; Dr. Chiang has been replaced by Dr. Bruno-Petrina as Lead Physician for the LEG and Dr. Small is the new Secretary/Treasurer; board members are invited to attend the next educational conference on February 22, 2019.
  - NOSM Medical Students: seven NOSM medical students have recently completed their clinical placements in our three hospitals; MICs will host another seven NOSM medical students in February 2019.
  - Recruitment of Medical Staff Update: despite best efforts by the HR department, we have not been able to recruit the physicians needed in our three hospitals; will continue to recruit rigorously to fill vacant positions; Dr. Klassen has agreed to stay on longer to help us out. We should see an increase in recruiting new grads in five years or so once the southern cities become saturated.

### 8.2 Medical Advisory Committee Minutes

- N/A

## 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 September 12<sup>th</sup>, 2018 were provided for information.

### 10.2 Review of QIP and Key Indicators for Q2

- **Hospital:**
  - Number of ALC Days – all three sites are in red; high % of Alternate Level of Care days; we are trying to correct this

Person Experience – AGH has a 90% rate; BMH has a 100% rate; LMH has 57% rate; PFAC created a new patient experience survey; hoping to get better results  
Medication Reconciliation upon Discharge – AGH and BMH both have a 100% rate; LMH has an 80% rate  
Workplace Violence – all three sites are green showing improvement since Q1  
Timely Access to Care – Q2 data was not available for this indicator

- **LTC:**

Avoidable ER Visits – Q2 data was not available for this indicator  
Person Experience – all three LTC homes are in the green with 100%  
Reducing Number of falls – Q2 data was not available for this indicator  
Medication - Q2 data was not available for this indicator

## 11.0 Site Business (P. Dorff)

### 11.1 Anson General Hospital:

- The original generator was installed in 1988; it has had numerous failures over the years and is very unreliable; new generator was approved in June on the capital list and was to be paid through ECP funding but it can't wait; it will take about 12 weeks to receive the item once ordered with a completion date of March 1<sup>st</sup>, 2019.

Motion: approval of Emergency Generator RFP

Moved by: D. Delaurier

Seconded by: P. Britton

Be it resolved,

**THAT**, the MICs Board of Directors approve the AGH Emergency Generator contract be awarded to CGV Builders in the amount of \$436,000 plus HST.

Carried.

### 11.2 Bingham Memorial Hospital:

- N/A

### 11.3 Lady Minto Hospital:

- N/A

## 12.0 Partnership Business (Bob Dennis)

### 12.1 October 2018 Board Effectiveness Survey Results

- 10 out of 14 surveys were submitted.

### 12.2 November Board Effectiveness Survey

- The survey was emailed via Survey Monkey.

## 13.0 Board Committee Minutes

13.1 N/A

## 14.0 In Camera

14.1 N/A

## 15.0 MICs News (P. Dorff)

- November 2018 MICs Newsletter was provided for information.

## 16.0 Next Meeting Date (P. Dorff)



- Wednesday, January 23<sup>rd</sup>, 2019 at 6:00 p.m. (BMH Lead Site)

**17.0 Upcoming Meeting Dates**

- As per agenda.

**18.0 Adjournment (P. Dorff)**

- There being no further business, the meeting adjourned at 8:26 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