

Minutes of the Meeting of the MICs Board of Directors
Wednesday, February 27th, 2019 – 18h00
Via videoconference @ MICs Boardrooms (AGH Lead Site)

| | |
|--------------------------------------|--|
| ANSON GENERAL HOSPITAL | |
| x | Danielle Delaurier – Chair |
| x | Ann Zsigmond |
| x | Stan Denault – Treasurer |
| x | Darcy Cybolsky – Municipal Representative (arrived late) |
| BINGHAM MEMORIAL HOSPITAL | |
| x | Bob Dennis – Chair |
| x | Irma Clarke – Vice-Chair |
| x | Roy Onlock – Treasurer |
| x | Jenny Gibson – Municipal Representative |
| LADY MINTO HOSPITAL | |
| x | Patricia Dorff – Chair |
| regrets | Gilles Chartrand – Vice-Chair |
| x | Julie Papineau – Treasurer |
| x | Desmond O’Connor – Municipal Representative |
| MICs GROUP OF HEALTH SERVICES | |
| x | Paul Chatelain – MICs Chief Executive Officer |
| x | Isabelle Boucher – MICs Chief Nursing Officer |
| x | Dr. Stephen Chiang – MICs Chief of Staff |
| regrets | Dr. Joey Tremblay – MICs President of Medical Staff |
| GUESTS | |
| x | Suzanne Gadoury – MICs Executive Assistant (<i>Recording Secretary</i>) |
| x | Gail Waghorn – MICs Chief Financial Officer / Executive Leader of Corporate Services |
| x | Joyce Rickard – MICs Patient Care Manager – LMH/BMH |
| x | Sylvie Cloutier – BSO Recreational Therapist |
| x | Dana Rugless – Clinical Behaviour Response Specialist |
| x | Aranka Pataki – MICs Director of Care |

1.0 Call to Order & Chairs Remarks (D. Delaurier)

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 (D. Delaurier)

The agenda was reviewed.

Add 6.3 Rosedale Comfort Allowance Account

Add 6.4 SCM Trust Account Signatories

Motion:

Moved by: P. Dorff

Seconded by: I. Clarke

Be it resolved,

THAT the MICs Board of Directors approve the board agenda as amended.

Carried.

3.0 Trustee Education / Presentations

3.1 Environmental Changes – Behavioural Support Ontario – S. Cloutier

- The BSO Coordinator presented how living with dementia changes how a person experiences the world around them
- Expressive behaviours is a term that represents how people with dementia express something important about their personal, social or physical environment; it is important to recognize that all behaviour has meaning
- Montessori activities are appropriate, evidence-based interventions needed to help individuals with dementia maintain their interests, abilities and purpose through the engagement of purposeful meaningful activities. These interventions have been proven to decrease expressive behaviours while improving quality of life.
- Sylvie went on to describe out visual enhancements and the right amount of sensory stimulation can help decrease residents' responsive behaviours
- She is proposing a dementia strategy initiative by creating inviting and supportive environments for our residents by making our Long-Term Care homes more home-like and by having meaningful engagement built into the whole day instead of timed recreation or activities
- 70% of SCM Residents currently have some form of dementia
- There are shadow boxes at VM where residents can put personal items in them
- These will be incorporated for each resident at Rosedale as well
- Montessori kits will be developed for each LTC site
- Board members were invited to ask questions.
- B. Dennis highly supports this once it's costed out
- Would involve the residents to help as an activity as well as staff and volunteers
- Joyce will prepare a financial risk strategy for this project to be presented at the March 27th board meeting.
- The high school will be approached to supply and build some shadow boxes for SCM; approach hardware stores to donate the paint

4.0 Approval of Minutes (D. Delaurier)

4.1 Minutes of the MICs Board of Directors meeting held January 23rd, 2019 were provided for information.

Motion:

Moved by: D. O'Connor

Seconded by: J. Papineau

Be it resolved,

THAT the MICs Board of Directors approve the minutes of the meeting held January 23rd, 2019 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 February.
- The board retreat was held on Saturday, Feb. 9th
- The Nominating Committee met on Feb. 20th

- The Board Ad Hoc Committee met on Feb. 7th
- Board Ad Hoc Committee did not meet quorum requirements and will address deferred agenda items in April

6.0 MICs Finance

6.1 December 2018 Financial Statements – G. Waghorn

- Chief Financial Officer gave a quick review of the financial statements for all sites

BMH:

- Hospital operating at a surplus of \$71,278 at the end of December; total margin was 1.25%; hospital yearend surplus forecast of \$380,000 was submitted to the ministry of health; received increase of \$123,800 in base funding (2%) for this fiscal year; OHIP and other patient revenue were under budget by \$37,656; differential and co-payment revenue under budget by \$7,447; operating expenses were \$295,720 under budget; budgeted expenditures were \$6 million; salaries were \$100,847 under budget; overtime costs were \$145,978; sick time costs were \$56,793; orientation costs were \$23,654; benefit costs were running at 27.7% of salaries; other supplies and expenses were \$49,000 under budget; medical supplies were under budget by \$23,000; drugs were under budget by \$56,000 due to low census and activity; strong balance sheet; current ratio is 6.8
- Capital Budget: high priority items for 2018-2019 \$339,443 with an actual cost of \$298,959; total building costs of \$1,058,557

AGH:

- Hospital operating at a surplus of \$81,833 at the end of December; total margin was 1.14%; yearend forecast is projecting a hospital operating surplus of \$389,959; over budget in revenue by \$276,000 due to recognizing \$450,000 in investment income; received base increase of \$163,400; operating expenses were under budget by \$42,431; budgeted expenditures were \$7.156 million; salaries were \$204,000 under budget; lab was \$121,014 under budget; total overtime costs were \$326,777; total sick time costs were \$115,821; benefit costs were running at 30% of salaries; other supplies and expenses were over budget by \$275,565 (non-urgent patient transportation \$67,300; lab supplies \$78,000; plant maintenance \$116,000); current ratio is (0.59)
- Capital Budget: total budgeted priority items of \$318,527 with actual cost of \$246,017; building maintenance budgeted items \$1,333,000 with actual cost of \$270,707 due to ECP and HIRF funding; \$530,742 has been spent to date

SCM: ended the third quarter with a total operating deficit of \$363,602

LMH:

- Hospital operating at a surplus of \$79,644 at the end of December; total margin was .76%; submitted yearend forecast was a surplus of \$154,000; received 2% base increase of \$122,400; operating expenses were \$254,747 under budget; budgeted expenditures were \$10.6 million; salaries were under budget by \$306,564 on \$4.98 million of budgeted expenditures; nursing salaries under budget by \$291,451; lab under budget by \$24,584; x-ray under budget by \$20,210; physiotherapy – FT not recruited, under budget \$35,294; patient food services over budget by \$76,458; additional staff for VM, offset in revenue recovery; plant maintenance over budget by \$26,873 – overtime related to projects and call back; materials management \$39,539 under budget; overtime costs were \$341,111; sick time costs were \$106,155; benefit costs were running at 28.7% of salaries; orientation costs were \$63,352; other supplies and expenses

were \$182,438 over budget; non-urgent patient transportation costs are \$80,000; strong balance sheet; current ratio of 2.96; future challenge is investment in infrastructure

- Capital Budget: VM cost of budgeted priority items \$27,287 with an actual cost of \$19,242; LMH cost of budgeted priority items \$318,373 with an actual cost of \$297,060; building maintenance budgeted cost of \$3,080,000 with an actual cost of \$1,699,376 minus ECP/HIRF funding of \$1,569,286 for a balance of \$2,015,679

VM: ended the third quarter with a \$29,749 surplus

Motion to approve December 2018 Financial Statements

Moved by: S. Denault

Seconded by: R. Onlock

Be it resolved,

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

Carried.

6.2 Capital Projects Status Report – G. Waghorn

- Report was provided for information regarding capital projects for all sites

6.3 Approval to open a Comfort Allowance Account for Rosedale

- CIBC is closing in Matheson therefore we have to open an account for Comfort Allowance Account at the Caisse Populaire

Motion:

Moved by: B. Dennis

Seconded by: I. Clarke

Be it resolved,

THAT the MICs Board of Directors approve the motion to open a Comfort Allowance Account at the Caisse in Matheson since CIBC is closing as presented.

Carried.

6.4 Approval to remove K. Baxter and add A. Pataki as signatory for the SCM Trust Account

Motion:

Moved by: D. Cybolsky

Seconded by: S. Denault

Be it resolved,

THAT the MICs Board of Directors approve the removal of Kelly Baxter and add Aranka Pataki as the new signatory for the South Centennial Manor Trust Account as presented.

Carried.

7.0 Presentations/Reports (D. Delaurier)

7.1 Chief Executive Officer Report: (P. Chatelain)

- The report was provided for information.
- The CEO provided the following overview:

- Still waiting for soil tests results; received email from Architecture49 that they want to test the soil further as it is better behind the hospital
- SCM Curling Bonspiel raised \$7,500
- LMH roof has been completed; replacement of AGH generators has begun; work on BMH generator will begin in March; received HIRF and ECP funding for these projects; Honeywell to begin energy retrofit project in March; project kick-off being held at all three sites on Feb. 28th-Mar. 1st
- Aggressively recruiting for five physicians and one general surgeon; discussions regarding physician recruitment with mayors of BR-M and Cochrane were held
- There is an open forum in Matheson on March 4th
- An open forum meeting will be scheduled in Iroquois Falls possibly in April
- Board Members were invited to ask questions.

7.2 Chief Nursing Officer Report: (I. Boucher)

- The CNO provided the following overview:
 - **Inpatient Care:** total occupancy rates are down at BMH but up at AGH and LMH at the end of the third quarter; alternate level of care rates were provided; AGH and LMH have ALC patients waiting for placement in acute care beds as their Complex Continuing Care beds are full; this is not unique to MICs as other hospitals have the same issue
 - **Emergency Department:** at the end of the second quarter, AGH and BMH emergency visits were down whereas LMH was slightly up
 - **ER Wait Times:** are for non-admitted CTAS 4 & 5 patients; increased wait time is often attributed to transfer wait time. There has been a steady decrease in wait times at all facilities; ED wait time for physician initial assessment for CTAS 1-3 and CTAS 4&5 were provided for information
 - **Ambulatory Services:**
 - Oncology Services: down from 94 visits in Q2 to 76 visits in Q3
 - Ontario Telehealth: AGH had 171 visits in Q3 compared to 155 in Q2; BMH is even with 53 visits and LMH had 122 visits in Q3 compared to 123 in Q2
 - **Hospice Data:** stats were provided for all three sites for information; at the time of the report, there was one patient still occupying the hospice suite at AGH.
 - **Pharmacy Services:**
 - OCP (Ontario College of Pharmacists) visits scheduled for June 26th, 2019
 - The LHIN has secured some funding to send some of our staff for NAPRA training
 - **Nursing Department:**
 - Ongoing nursing shortages, specifically RNs at AGH; attending recruitment fairs at Northern College in February and Toronto in May.
 - Continuing contract with Platinum until RPF is approved by NELHIN Board; could see regional solution by fall 2019.
 - Revised Inpatient and Emergency Department Client Experience Surveys going out on April 1st, 2019.
 - Finalizing Quality Improvement Plan hospital and LTC indicators; final plan to be approved at March board meeting.
 - Accreditation letter indicated that more evidence is required on two criteria; these will be addressed.
- Meditech Downtime Debrief: the report was provided for information; virus infiltrated HSN in Sudbury which impacted Meditech at MICs in January; held a debrief with each department in conjunction with the IT department; we have to be

prepared for something similar to happen again; some departments were crippled by this virus; this should have been called a “Code Grey”; will develop a contingency plan to deal with this type of event

- 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 - arbitration awarded the following:
4 year term for new PSA from April 1, 2017 to March 31, 2021; no cap; this means government, not doctors will be responsible to fund the physician services that Ontario requires
April 1, 2017 to March 31, 2018 global payment increases by 0.75%
April 1, 2018 to March 31, 2019 global payment increases by 1.25%
April 1, 2019 to March 31, 2020 global payment increases by 0.5%
April 1, 2020 to March 31, 2021 global payment increases by 1.0%
 - Minister of Health and Long-Term Care Announcement on February 26, 2019 - will introduce legislation to create new agency, called Ontario Health, to consolidate the 14 local health integration networks, Cancer Care Ontario, eHealth Ontario, Health Quality Ontario and several other agencies
 - Recruitment of Medical Staff Update - Despite excellent efforts of the HR department, we have not been able to recruit the physicians who are needed in our 3 hospitals; we will continue to recruit rigorously to fill the vacant positions.

8.2 Medical Advisory Committee Minutes

- Minutes of the meeting held January 16th, 2019 were provided for information.

9.0 LHIN / MOHLTC Business (P. Chatelain)

9.1 OHA - Wholesale Change on the Way for Ontario’s Health System

- This information has already changed as the announcement has been made that a new super agency called “Ontario Health” will be replacing six different health care agencies
- Paul is participating in an OHA member teleconference on Bill 74 taking place on March 5th

10.0 MICs Quality Committee (I. Boucher)

10.1 Quality Committee Minutes

- Minutes of the meeting held November 14th, 2018 were provided for information

11.0 Site Business (D. Delaurier)

11.1 Anson General Hospital:

Motion to approve Ann Zsigmond as an AGH board member

Moved by: S. Denault

Seconded by: D. Cybolsky

Be it resolved,

THAT the AGH Board of Directors approve the appointment of Ann Zsigmond as a

director of the Anson General Hospital Board of Directors for a three-year term as presented.

Carried.

11.2 Bingham Memorial Hospital:

- N/A

11.3 Lady Minto Hospital:

- N/A

12.0 Partnership Business (Bob Dennis)

12.1 January 2019 Board Effectiveness Survey Results

- 11 out of 14 surveys were submitted.

12.2 February 2019 Board Effectiveness Survey

- The survey was emailed via Survey Monkey.

12.3 Board Retreat Evaluation Survey

- The results of the survey was provided for information.

13.0 Board Committee Minutes

13.1 N/A

14.0 In Camera

14.1 N/A

15.0 MICs News (D. Delaurier)

- February 2019 MICs Newsletter was provided for information.

16.0 Next Meeting Date (D. Delaurier)

- Wednesday, March 27th, 2019 at 6:00 p.m. (LMH Lead Site)

17.0 Upcoming Meeting Dates

- As per agenda.

18.0 Adjournment (D. Delaurier)

- There being no further business, the meeting adjourned at 7:48 p.m.

CHAIR, Bingham Memorial Hospital

CHAIR, Anson General Hospital

CHAIR, Lady Minto Hospital

SECRETARY, MICs CEO