

Minutes of the Meeting of the MICs Board of Directors
Wednesday, April 24th, 2019 – 18h00
Via videoconference @ MICs Boardrooms (BMH Lead Site)

ANSON GENERAL HOSPITAL	
x	Danielle Delaurier – Chair
regrets	Ann Zsigmond
x	Stan Denault – Treasurer
x	Darcy Cybolsky – Municipal Representative
BINGHAM MEMORIAL HOSPITAL	
x	Bob Dennis – Chair
regrets	Irma Clarke – Vice-Chair
regrets	Roy Onlock – Treasurer
x	Jenny Gibson – Municipal Representative
LADY MINTO HOSPITAL	
x	Patricia Dorff – Chair
x	Gilles Chartrand – Vice-Chair
regrets	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
x	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

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: G. Chartrand

Seconded by: J. Gibson

Be it resolved,

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

Carried.

3.0 Trustee Education / Presentations

3.1 Amalgamation – P. Chatelain

- The presentation was provided for information
- Amended legislation now states that Minister can issue an integration order to municipalities or boards of management and stand-alone of any Health Service

Providers to coordinate services with or partner with another person/entity funded by the Ministry.

Pros: further cost savings ~ \$75K annually; one balanced budget; reduce duplication – 1 budget, 1 QIP, etc.; one site – one local collective bargaining agreement; improved staff recruitment and retention; stronger voice at the regional level; trust monies of each hospital are protected through reserves

Cons: *once completed, cannot be reversed; each of the respective liabilities become a joint liability; existing Board must dissolve first, then board members need to apply to the new organization.*

- **Savings:** *Accreditation & Northern Supply Chain fees ~ \$20K; savings in overtime wages ~ at least \$50K; audit fees ~ \$5K; non-financial savings – 1 budget, financial statement, HSAA, QIP*
- We will need to move on this as soon as possible
- Physicians are providing full support for amalgamation.

4.0 Approval of Minutes (B. Dennis)

- 4.1 Minutes of the MICs Board of Directors meeting held March 27th, 2019 were provided for information.

Motion:

Moved by: D. Delaurier

Seconded by: D. Cybolsky

Be it resolved,

THAT the MICs Board of Directors approve the minutes of the meeting held March 27th, 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 April.
 - Preparations for the CEO and Chief of Staff Performance Appraisals have been made
 - Insurance was completed in late March and implemented April 1st with Marsh Insurance
 - Motion to approve insurance company will be passed at today's meeting

6.0 MICs Finance

- 6.1 February 2019 Financial Statements – G. Waghorn
- Chief Financial Officer gave a quick review of the financial statements for all sites
 - For these statements, all the deferred MOH global operating revenue was recognized which increased the operating surplus of each corporation from Q3 reporting.
- Amounts recognized into income:
- BMH - \$300,000
AGH - \$200,000
LMH - \$300,000

BMH:

- Surplus of \$502,648
- Major revenue variances
 - Under budget in OHIP revenue due to reduced OP activity (~\$60,000)
 - Investment income recognized \$62,236
 - Hospice Funding of \$105,000 budgeted under MOH funding but subsequently told we must report under other funding. This is the other major variance in Miscellaneous Revenue
- Major Expenditure Variances
 - Salaries – unfilled physio position
 - NUPT - \$47,000
 - Lab Supply Costs under budget by ~\$80,000 – activity
 - Medical supplies and drugs – under budget by ~\$100,000 – activity

Essentially we are seeing that variable revenue and costs are lower due to low activity in the hospital.

AGH:

- Surplus of \$258,351
- Major revenue variances
 - Under budget in OHIP revenue due to lower than anticipated OP revenue (~\$40,000)
 - Investment income recognized \$450,000
 - Hospice Funding of \$105,000 budgeted under MOH funding but subsequently told we must report under other funding. This is the other major variance in Miscellaneous Revenue.
- Major Expenditure Variances
 - Salaries – unfilled budgeted hours in nursing, offsetting overtime costs; lab under budget in callback due to POCT
 - NUPT - \$90,000
 - Lab Supply Costs over budget by ~\$100,000 – costs associated with POCT (decrease in salaries but increase in supplies, net savings = ~\$50,000
 - Plant over budget by \$110,000
 - Medical supplies and drugs – under budget by ~\$50,000. Essentially, we are seeing that variable revenue and costs are lower due to low activity in the hospital.

LMH:

- Surplus of \$615,899
- Major revenue variances
 - Under budget in OHIP revenue due to lower than anticipated OP revenue (~\$75,000)
 - Investment income recognized \$165,000
 - Hospice Funding of \$105,000 budgeted under MOH funding but subsequently told we must report under other funding. This is the other major variance in Miscellaneous Revenue
- Major Expenditure Variances
 - Salaries – nursing ~\$350,000 under budget – surgical and flex staffing not utilized

- Physiotherapist not hired
- Under budget in lab and x ray (\$50,000 collectively)
 - NUPT - \$90,000
 - Medical supplies and drugs – no major variance

Equipment Amortization over budget by \$89,000 but yearend may result in some adjustment of that.

Motion to approve February 2019 Financial Statements

Moved by: D. O'Connor

Seconded by: J. Gibson

Be it resolved,

THAT, the MICs Board of Directors approve the February 2019 Financial Statements for Bingham Memorial Hospital, Anson General Hospital and Lady Minto Hospital as presented.

Carried.

6.2 HIRF & Capital Budget Review – G. Waghorn

- There are two components to capital – equipment and infrastructure
- Infrastructure capital projects per site are:
- AGH: oil tank replacement project; will have to return some HIRF funding because it wasn't completed before March 31st, 2019 deadline
- BMH: generator replacement will be completed by April 30th
- LMH: lab renovation – tender went out; closed April 18, 2019; applications are being reviewed

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:
 - Initial soil samples results are in; not ideal but better than current site; meeting with engineers and architect later this month; preliminary recommendation is to pre-load site prior to development; this will be less expensive than current site but will take a year to settle.
 - SCM Fundraising Committee is planning annual lobster dinner on May 25, 2019.
 - Provincial budget announced on April 11, 2019. Hospitals to receive 2% increase, however, we believe a lot of this has already been allocated; will be receiving funding letters very soon identifying actual allocation; no mention of any HIRF or small hospital transformation funding.
 - LMH roof is complete; AGH and BMH generators are near completion.
 - aggressively recruiting for 6 physicians and 1 general surgeon; attended two recruitment fairs in April - General Surgery conference and Society of Rural Physicians of Canada conference; there was a lot of interest but nothing firm at this point; will be following up with some potential candidates.
 - CEO attended Premier's Council Regional Engagement session in Sudbury on April 11th which was a focus group organized by Dr. Rueben Devlin to discuss strategies to end hallway medicine. There was a lot of discussion on Ontario Health Teams as well.
 - An open forum in Iroquois Falls will be scheduled sometime in June once we have more information on the SCM redevelopment.

- Board Members were invited to ask questions.

7.2 Chief Nursing Officer Report: (I. Boucher)

- The CNO provided the following overview:

Quality, Risk and Patient Safety

- New EMS deployment strategy implemented on March 25th
- QIPs were submitted on March 27th
- Working on two unmet criteria from Accreditation survey due July 30th, 2019
- Received one time funding (reimbursement for Non-Urgent Patient Transfers)

Nursing

- AGH/BMH Patient Care Manager position has been filled.
- Revised inpatient, outpatient experience surveys implemented on April 1st.
- Continue to schedule one to one meetings with nursing team at each site.
- Staffing challenge at each site due to transferring to other sites, sick leaves, resignations, maternity leaves, etc.; some positions have been filled and job posting are posted for others; staff have been doing an excellent job filling available shifts.
- Attended a nursing fair at Northern College; returned with 12 resumes
- Increase in census and acuity at all sites; Complex Continuing Care beds are full at each site with patients awaiting services elsewhere (ALC); AGH and LMH also have acute care beds with ALC patients.
- Panic alarms have been installed at AGH and BMH; these are used by staff working alone (ER/OTN) as well as for staff doing 1:1 observations
- New bariatric room was created at BMH and fitted with new bed & bariatric chair
- LMH operating room closed 2 weeks in February and 2 weeks in March; remains closed as we continue to recruit for a general surgeon or locum surgeon.
- Real-time patient experience surveys being conducted weekly/every two weeks by LMH Patient Care Manager.
- Another RN has completed chemotherapy training and provides relief for vacation
- Positive feedback received for new seating in reception area.

Pharmacy Services

- Third Pharmacy Technician has been hired.
- Actively recruiting for a Pharmacist
- North West Tele-Pharmacy to provide coverage until another pharmacist is hired.

- 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:
 - **Teaching of Medical Learners**
 - A Final Year Family Medicine Resident from McMaster University will be doing a two-month rotation (May-June, 2019) at Anson General Hospital under the preceptorship of Dr. Stephen Chiang.
 - A NOSM fourth-year medical student will be doing a two-week placement (April 23 to May 5) at the Lady Minto Hospital under the preceptorship of Dr. Joey Tremblay.

- **MICs Amalgamation**
 - Paul made a presentation outlining pros and cons of MICs amalgamating at the MAC on April 17, 2019.
 - Physicians all agreed that MICs should amalgamate ASAP.
 - MAC on April 17, 2019 approved a motion to endorse MICs amalgamation.
- **Provincial Government's Health Reform**
 - The Provincial Government released a document "Ontario Health Teams: Guidance for Health Care Providers and Organizations".
 - This document outlines a readiness assessment process through which groups of providers and organizations will be confirmed as Ontario Health Team Candidates and will begin implementation.
 - Timmins & District Hospital has been inviting nearby providers and organizations to join them to form a Health Team. MICs, Iroquois Falls Family Health Team and Cochrane Family Health Team have showed interest in having further discussion with Timmins & District Hospital.
- **Recruitment of Medical Staff Update**
 - Paul, Dr. Bruno and the Executive Directors of the Iroquois Falls Family Health Team and Cochrane Family Health Team attended this year's annual conference by the Society of Rural Physicians of Canada in Halifax. The MICs booth was well attended.
 - It was suggested that a Recruitment Committee be formed. Dr. Bruno and Paul will establish a Recruitment Committee soon.

8.2 Minutes of the Medical Advisory

- Minutes of the meeting held March 20th, 2019 were provided for information.

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

9.1 MOHLTC Guidance for Health Care Providers and Organizations

- Document was provided for information
- It sets out the process for the Ministry of Health and Long-Term Care's open invitation to providers across the full continuum of care to come together and demonstrate their readiness to become Ontario Health Teams - groups of providers and organizations that are clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined geographic population.
- It is designed to guide groups of health care providers and organizations in becoming Ontario Health Teams; describes components of the model, expectations for Ontario Health Teams at maturity and readiness criteria. There is an assessment process to enable all Ontario's health providers to improve readiness and eventually become an Ontario Health Team.
- The intent of the Ontario Health Team model is to alleviate constraints and allow providers to deliver better, faster, more coordinated and patient-centered care.
- 32 health teams will be replacing the LHINs

9.2 Local Health Team Memo

- Document was provided for information
- Province of Ontario will be seeking expressions of interest from Ontario's estimated 1,800 health service providers to create between 30 and 50 "Local Health Teams" that shall constitute "integrated care delivery systems"

- Health Sciences North (HSN) is coordinating an Expression of Interest submission to create a Local Health Team and is inviting the MICs Group of Health Services to join their submission; local hospital or other locally-determined health service provider would facilitate the collaboration between health service providers in that municipality.
- A community discussion was held April 17th at Laurentian University to share perspectives on the formation of a Local Health Team in, and perhaps beyond, Greater Sudbury, and to discuss a collective plan of action for moving this process forward.
- HSN and TDH both approached MICs to support their proposal to form an Ontario Health Team; Sensenbrenner has also put in an application; there will only be 32 health teams for all of Ontario
- Many organizations are reaching out to various other organizations to partner with them; MICs needs to be on board with this

10.0 MICs Quality Committee (I. Boucher)

10.1 Quality Committee Minutes

- N/A

11.0 Site Business (B. Dennis)

11.1 Anson General Hospital:

- Hospital Improvement Plan
 - Submitted \$520,000 deficit to the LHIN with 0% funding
 - CFO prepared a plan to balance the budget
 - Reviewed all departments and services; most changes will not impact patient experience; no staff layoffs; savings in equipment maintenance and operating costs
 - Total projected savings - \$322,620.71 with \$72,664.55 left to recover

Motion:

Moved by: S. Denault

Seconded by: D. Cybolsky

Be it resolved,

THAT the AGH Board of Directors approve the Hospital Improvement Plan for Anson General Hospital as presented.

Carried.

- Approval of change in signatory authorization for the SCM Trust Account

Motion:

Moved by: D. Delaurier

Seconded by: S. Denault

Be it resolved,

THAT the AGH 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.

11.2 Bingham Memorial Hospital:

- Approval to open a Comfort Allowance Account for Rosedale. As quorum requirements were not met for this meeting, it was decided that voting would be done by email the next day.

Motion:

Moved by: B. Dennis

Seconded by: I. Clarke

Be it resolved,

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

Carried.

11.3 Lady Minto Hospital:

- N/A

12.0 Partnership Business (Bob Dennis)**12.1 March 2019 Board Effectiveness Survey Results**

- 15 out of 15 surveys were submitted.

12.2 April 2019 Board Effectiveness Survey

- The survey was emailed via Survey Monkey.

12.3 Approval of Insurance Renewal

- As per the recommendation of Northern Supply Chain, the insurance contract was tendered to Marsh Canada Ltd.; saving \$40,000 in brokerage fees

Motion:

Moved by: P. Dorff

Seconded by: J. Gibson

Be it resolved,

THAT the MICs Board of Directors approve Marsh Canada Ltd. as the insurance broker for the MICs Group of Health Services as presented.

Carried.

13.0 Board Committee Minutes

13.1 N/A

14.0 In Camera

14.1 N/A

15.0 MICs News (B. Dennis)

- April 2019 MICs Newsletter was provided for information.

16.0 Next Meeting Date (B. Dennis)

- Wednesday, May 22nd, 2019 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 8:20 p.m.
- Gilles is tendering his resignation from the board due to family obligations as of today.

CHAIR, Bingham Memorial Hospital

CHAIR, Anson General Hospital

CHAIR, Lady Minto Hospital

SECRETARY, MICs CEO