

Minutes of the Meeting of the MICs Board of Directors
Wednesday, September 25th, 2019 – 18h00
Via videoconference @ MICs Boardrooms (BMH Lead Site)

ANSON GENERAL HOSPITAL	
x	Danielle Delaurier – Chair
x	Ann Zsigmond
x	Stan Denault – Treasurer
x	Darcy Cybolsky – Municipal Representative
BINGHAM MEMORIAL HOSPITAL	
x	Bob Dennis – Chair
x	Irma Clarke – Vice-Chair
x	Roy Onlock – Treasurer
R	Jenny Gibson – Municipal Representative
LADY MINTO HOSPITAL	
x	Pat Dorff – Chair
	Vacant – Vice-Chair
	Vacant – 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. Joey Tremblay – MICs Chief of Staff
x	Dr. Auri Bruno-Petrina – MICs President of Medical Staff
GUESTS	
x	Suzanne Gadoury – MICs Executive Assistant (<i>Recording Secretary</i>)
x	Gail Waghorn – MICs Chief Financial Officer

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.

Add “Audit Statement” in the in-camera section

Motion:

Moved by: I. Clarke

Seconded by: P. Dorff

Be it resolved,

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

Carried.

3.0 Trustee Education / Presentations

3.1 N/A

4.0 Approval of Minutes (B. Dennis)

- 4.1 Minutes of the MICs Board of Directors meeting held June 26th, 2019 were provided for information.

Motion:

Moved by: D. O'Connor

Seconded by: R. Onlock

Be it resolved,

THAT the MICs Board of Directors approve the minutes of the meeting held June 26th, 2019 as presented.

Carried.

5.0 Follow-Up Items

5.1 Review of the 2019-2020 Board Work Plan

- The Board Work Plan was reviewed for the month of September.
- Board orientation is deferred until the two vacant positions on the LMH Board of Directors are filled
- The H.R. Director is away and will present the H.R. statistics next month
- The sentinel events/near misses and QIP scorecard/key indicators are being reviewed today

6.0 MICs Finance

6.1 July 2019 Operating Statements – G. Waghorn

- Chief Financial Officer gave an overview of the operational statements for all sites.

BMH:

- Hospital is operating at a surplus of \$145,547 at the end of July; submitted a breakeven budget

Revenue:

- Base Funding = \$6,275,727
- Base increase \$63,200
- Transformational Funding \$175,503
 - This is not in the current operating statement; funds started to flow in August
 - Still waiting approval of applications that were filed in July for use of the funds
- ELDCAP revenue is \$7,400 over budget and ~\$11,000 higher than same period last year
- ALC revenue is \$16,000 over budget and ~\$20,000 higher than the same period last year
- Recovery revenue includes \$43,750 in Hospice Funding (this is where we were directed to report it)

Expenses:

- Overall, we were breakeven on our salary budget however, there were some major variances in departments
 - Nursing is ~\$40,000 over budget. Overtime is an ongoing challenge with total nursing overtime and sick time costing us \$149,000 to the end of July (\$72,000 for same period last year).
 - Physiotherapy was \$20,000 under budget but we have another physiotherapist who has now started

- Administration and Support Services are breakeven overall
- Supplies are \$78,000 under budget
 - Diagnostic and therapeutic supplies costs are down – related to low activity and census

AGH:

- Submitted a deficit budget of (\$534,000); budgeted deficit of (\$178,000) to end of July; actual deficit was (\$202,667)

Revenue:

- Base Funding = \$8,335,516
- Base increase \$83,800
- Transformational Funding \$231,629
 - This is not in the current operating statement; funds started to flow in August
 - Still waiting approval of applications that were filed in July for use of the funds
- Non-resident and uninsured patient revenue was nil to date – budget ~\$11,000
- OHIP revenue was up \$12,000 over last year (x-ray) - ~\$59,000 actual
- Semi-private and private acute inpatient revenue is down ~\$17,000 from last year and is ~\$16,000 under budget - ~\$2,800 actual
- Complex Continuing Care revenue is \$14,000 under budget and \$15,000 less than the same period last year - ~\$50,000 actual
- Recovery revenue includes \$43,750 in Hospice funding (this is where we were directed to report it)
- Recoveries for Visiting Specialist Clinics were \$8,000 higher than the same period last year and \$12,000 higher than what was budgeted - ~\$27,000 total
- Rental income is on budget at ~\$47,000
- Last year, as of July, we had realized ~\$375,000 in market value gains when we cashed in an investment to facilitate cash flow and repay the partnership. This is being noted for comparative purposes as investments are now managed via the MICs portfolio.

Expenses:

- Overall we are ~\$60,000 under budget in salaries
 - Nursing, our largest department is about \$55,000 under budget despite the fact that overtime and sick time continues to be a pressure point in that department. Overtime to the end of July was ~\$96,000 (same period last year - ~\$149,000)
 - Diagnostic and Physiotherapy were also under budget by \$35,000, \$33,000 of that being in lab services.
 - Administration and Support Services were over budget by \$23,000 with the largest variances being in plant maintenance (\$7,300 - overtime), registration (\$8,350 - Maternity top up), patient food services (\$17,000 - costs associated with employee turnover)
- Supplies and Other are over budget by \$58,000
 - Nursing services ~\$15,000 (Non-Urgent Patient Transportation)
 - Lab supplies ~\$25,000 (Point of Care Testing Supplies)
 - Diagnostic Imaging \$128,000 (Radiology MD services, contracted out, service contracts – costs will level out)
 - Admin and support services are under budget by ~\$33,000 with variances between departments in both + and – but net positive results
 - Drugs and Medical surgical costs are slightly under budget and comparable to last year

SCM:

- The major costs pressure for SCM is nursing sick and overtime. To the end of July, we expensed \$173,000 versus \$75,000 for the same period last year
- There were also agency nursing costs of \$3,300 to end of July
- Plant maintenance costs associated with aging building continue to be a cost pressure (\$50,000 YTD July; \$16,000 over budget) this year.

LMH:

- Hospital is operating at a deficit of \$90,314 at the end of July
- Base Funding = \$10,448,250
- Base increase \$108,300
- Transformational Funding \$301,064
 - This is not in the current operating statement; funds started to flow in August
 - Still waiting approval of applications that were filed in July for use of the funds
- OHIP revenue is on budget (\$72,000 budgeted for X-ray revenue; \$72,000 in revenue realized to end of July)
- Semi-private and private acute inpatient revenue is down ~\$9,500 from last year and is ~\$15,000 under budget - \$~32,000 actual
- Complex Continuing Care and Alternate Level of Care copayment revenue is \$27,000 over budget and \$35,000 more than the same period last year - ~\$44,000 actual revenue
- Rental income is on budget at ~\$50,000

Expenses:

- Overall we were ~\$142,000 under budget in salaries
 - Nursing is about \$145,000 under budget despite the fact that overtime and sick time continues to be a pressure point in that department. Most of that is attributed to surgery which was not operating at budgeted staffing level. Overtime and sick time to the end of July was ~\$164,000 (same period last year - ~\$124,000)
 - Diagnostic and Physiotherapy are also under budget by \$38,000 (lab \$20,000 and physio \$15,000 – new physio starting).
 - Administration and Support Services are over budget by \$36,000 with the largest variances being in patient food services (costs associated with employee turnover)
- Supplies and Other are over budget by \$30,000. The larger variances were:
 - Nursing services ~\$30,000 (Non-Urgent Patient Transportation)
 - Diagnostic and Therapeutic is over budget by \$133,000 – lab supplies and referred out; \$70,000 in equipment maintenance fees but this will level out over the year
 - This is offset by Admin and Support being under budget by \$105,000
 - Drugs and Medical surgical costs are slightly under budget and comparable to last year
- Drug Costs are \$78,000 over budget – actual cost was \$222,108 at the end of July – more expensive drug treatments in chemo
- Medical and Surgical supply costs are \$10,000 below budget and are comparable to last year for the same time period at just over \$60,000

VM:

- Breakeven July operating statement largely in part to an estate donation at just over \$40,000
- Salaries and benefits were collectively \$12,000 under budget.

- Sick and OT costs were running at \$43,000 at the end of July (\$13,000 same period last year)

Motion to approve July 2019 Operating Statements

Moved by: D. O'Connor

Seconded by: P. Dorff

Be it resolved,

THAT, the MICs Board of Directors approve the July 2019 Operational Statements for Bingham Memorial Hospital, Anson General Hospital, South Centennial Manor, Lady Minto Hospital and Villa Minto as presented.

Carried.

6.2 2019-2020 Long-Term Care Budgets – G. Waghorn

- Chief Financial Officer presented the long-term care budgets.

SCM: budgeted operating deficit - expenses = \$5,511,969, revenue of \$5,154,004 with a variance of (\$357,965)

VM: budgeted operating deficit - expenses = \$2,913,854; revenue of \$2,696,376 with a variance of (\$217,078)

Long-Term Care benefit costs had to be increased; staffing patterns remained the same; accounted for changes in revenue

Motion to approve the 2019-2020 Long-Term Care budgets

Moved by: I. Clarke

Seconded by: D. Cybolsky

Be it resolved,

THAT, the MICs Board of Directors approve the 2019-2020 budgets for South Centennial Manor and Villa Minto as presented.

Carried.

6.3 Investment Update – G. Waghorn

- The 18 Asset Management Portfolio Valuation report for the period ending August 31st, 2019 was provided for information.
- MICs Portfolio Performance has been strong with YTD (as of August 31) returns of 9.77%. This return compares favourably to the MICs Benchmark return of 8.29%. Performance has been strong because of surging stock markets. Canadian Equities lead the pack, up 20.9% YTD (to August 31), followed by US at 15.5% and International at 14.2%. All strong returns. Fixed income has performed decently, all in the 7% to 8.5% range.
- The portfolio composition remains in compliance with MICs requirements. We started the year with 50% of the portfolio in short-term investments. This cash was an outcome of several MICs securities being sold by the prior manager to facilitate the transfer of assets to 18 AM. The cash remained in the account until MICs' draft Investment Policy was released in March. At that time, we converted the portfolio to a 60/40 mix of equities and bonds. Given the market return, that mix has shifted to 62% / 38%. We monitor the portfolio continuously to ensure that it doesn't go outside of permitted ranges.
- Finished with a \$332,430.42 unrealized gain at the end of August

- 6.4 AGH Hospital Improvement Plan Update – G. Waghorn
- Most of the action plan items have been implemented.
 - The total projected savings are \$322,620.71; there would be \$72,664.55 left to recover; considering various other changes to offset balance

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:
 - Waiting for final topographical survey on proposed site; results should be coming in soon; AGH board members and CEO met with the mayor of Iroquois Falls over the summer to discuss options; he will be meeting with the MP and MPP to advocate for funding.
 - Annual SCM golf tournament was cancelled due to lack of registrations; next fundraiser is the annual vacation draw.
 - Joyce Rickard is the new Executive Lead and SCM Director of Care Jennifer Emond is the new Director of Care for Villa Minto and Rosedale Centre.
 - 34 Ontario Health Teams, including HSN, have been approved for full application whereas 60 Health Teams have been approved at the developmental stage including Timmins.
 - Waiting for an amalgamation application from the NELHIN
 - Still waiting to hear back from the Ministry on our \$2 million HIRF ECP grants submission; phase 1 of the LMH Lab renovations has begun; will be completed by end of November.
 - Aggressively recruiting for 6 physicians and 1 general surgeon; a Physician Recruitment and Retention Committee including members from each town council was formed; first meeting is scheduled for early November.
 - Dates for Long-Term Service Awards have been set
- Board Members were invited to ask questions.

7.2 Chief Nursing Officer Report: (I. Boucher)

- The CNO reported on the following items:
 - RN staffing had stabilized over the summer but some issues have cropped up since then
 - Reached out to recruitment firm for RNs over the summer; candidates often cancelled at last minute; difficult to recruit as unable to guarantee FT position
 - Current AGH/BMH Patient Care Manager is resigning in November to return to LMH nursing; his replacement will be starting Oct. 15th
 - Pharmacy recruitment is ongoing; interviews were done in August; will be doing a site visit with a potential candidate
 - Reviewing different pharmacy models if unable to recruit a pharmacist
 - Ontario College of Pharmacists was on site at LMH; received a “pass with action plan” report; action plan has been submitted
 - Automated Dispensing Unit (ADU) education for super-users and pharmacy staff was held
 - ADU went live in BMH; LMH is next
 - AGH Hospice received a generous donation to update the courtyard
 - There were two outbreaks: a respiratory outbreak at SCM in April that lasted 21 days and a respiratory outbreak at AGH that lasted 8 days in May
 - LMH laboratory and physiotherapy department renovations are underway

- Public Health Ontario Urinary Tract Infection program has been implemented at all long-term care sites
- Evidence was successfully submitted to Accreditation Canada; waiting for results
- MICs has been utilizing Accessible Transport Service over the last few weeks; they can only transport ambulatory and wheelchair patients, no stretcher patients at this time
- Board members were invited to ask questions.

8.0 Medical Staff (Dr. S. Tremblay)

8.1 Chief of Staff Report:

- Dr. Tremblay provided a verbal update on the following:
 - Continue to recruit for 6 GPs; forming a recruitment team consisting of MICs board members, town councillors, mayors, administration and executive directors
 - Dr. Klassen has agreed to continue working for another year
 - Dr. Terterov's privileges were approved; he provided locum services last week and was very well liked by Team Members
 - Bringing back Urology and Dental Services to LMH in order to provide more services to our clients; this will prevent them from having to travel out of town
 - The next LEG education will take place on Nov. 15th

8.2 Medical Advisory Committee Minutes

- Minutes of the MICs MAC meeting held May 22nd, 2019 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 June 12th, 2019 were provided for information.

10.2 Sentinel Events/Near Misses & Adverse Events

- Information is pulled from our RL6 incident reporting system
- The hospital Critical Incident Report for Q4 and Q1 was provided for information: the OHA proposed clarification to the definition of a "critical incident"; there was one critical incident reported for Q1 of a fall resulting in an injury/fracture at LMH
- There are 20 types of critical incidents that fall under the Long-Term Care Homes Act
- The LTC Critical Incident Report for Q4 and Q1 was provided for information: there were two abuse/neglect causing harm or risk of harm to a resident one of which was a resident to resident and the other, staff to resident.

10.3 QIP and Key Indicators

- The Hospital Quality Improvement Plan scorecard for Q1 2019 was provided for information. We always aim for "Optimal" and "Good."
 - Medication Reconciliation at discharge: AGH – 100%; BMH – 100%; LMH – 70%
 - ER Client Satisfaction: AGH – 82%; BMH – 78%; LMH – 77%
 - Inpatient Client Satisfaction: AGH – NR; BMH – 100%; LMH – 100%
 - Percentage of Total Alternate Level of Care Days: AGH – 62%; BMH – 71%; LMH – 44%
 - Hand Hygiene Compliance: AGH – 86%; BMH – 100%; LMH – 98%

- Workplace Violence Incidents Reported: AGH – 0; BMH – 1; LMH – 0
- ALC numbers are increasing because it is a systemic issue; lacking strategies to deal with this; luckily, small hospitals have the capacity for ALC patients
- Q2 numbers should be available by the October meeting
- The Long-Term Care Quality Improvement Plan scorecard for 2019-2020 was provided for information:
 - Resident Satisfaction: SCM – NR; Rosedale – 100%; VM – 100%
 - Harmful Falls Experienced: SCM – 11%; Rosedale – 0%; VM – 15%
 - Hand Hygiene Compliance: SCM – 100%; Rosedale – NR; VM – 98%

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:

- Board Member Application
 - A former LMH employee has applied for a position on the board
 - Unfortunately, she is related to three of our current employees which excludes her from becoming a board member as per the by-laws

11.4 Amendment to by-law:

- As it is getting more and more difficult to recruit board members and the community being so small from which to choose potential candidates, we are recommending removing the following item from the by-laws:

ARTICLE 1 DEFINITIONS AND INTERPRETATIONS

1.1 Definitions:

(x) “**Excluded Person**” means:

- iii) any spouse, common law partner, child, parent, brother or sister of an employee or member of the Professional Staff of the Corporation or MICs, or any MICs Hospital Corporation
- Action item: The Executive Assistant will poll other hospitals and OHA on best practices. Application will be reviewed at the next nominating committee meeting for discussion.

Motion:

Moved by: D. Cybolsky

Seconded by: S. Denault

Be it resolved,

THAT, the MICs Board of Directors approve the removal of “Excluded Person” as presented.

Carried.

12.0 Partnership Business (Bob Dennis)

12.1 June 2019 Board Effectiveness Survey Results

- 13 out of 14 surveys were submitted.

12.2 September 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 Motion to go in camera

Moved by: R. Onlock

Seconded by: A. Zsigmond

14.2 Discussion of Chief of Staff and President of Medical Staff appointments

14.21 Audit Statement

14.3 Motion to go out of camera

Moved by: P. Dorff

Seconded by: R. Onlock

14.4 Approval of medical appointments

- Motion to approve appointments of Dr. Joey Tremblay as MICs Chief of Staff and Dr. Auri Bruno-Petrina as MICs President of Medical Staff

Moved by: D. O'Connor

Seconded by: D. Delaurier

Be it resolved,

THAT the MICs Board of Directors approve the appointment of Dr. Joey Tremblay as MICs Chief of Staff and Dr. Auri Bruno-Petrina as MICs President of Medical Staff as recommended by the MICs Medical Advisory Committee.

Carried.

15.0 MICs News (B. Dennis)

- July, August and September 2019 MICs Newsletters were provided for information.

16.0 Next Meeting Date (B. Dennis)

- Wednesday, October 23rd, 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 8:08 p.m.

 CHAIR, Bingham Memorial Hospital

 CHAIR, Anson General Hospital

 CHAIR, Lady Minto Hospital

 SECRETARY, MICs CEO