

**Minutes of the Meeting of the MICs Board of Directors**  
**Wednesday, November 27<sup>th</sup>, 2019 – 18h00**  
**Via OTN @ MICs Boardrooms (LMH Lead Site)**

<b>ANSON GENERAL HOSPITAL</b>	
x	Danielle Delaurier – Chair
x	Ann Zsigmond
x	Stan Denault – Treasurer
x	Darcy Cybolsky – Municipal Representative
<b>BINGHAM MEMORIAL HOSPITAL</b>	
x	Bob Dennis – Chair
x	Irma Clarke – Vice-Chair
x	Roy Onlock – Treasurer
x	Jenny Gibson – Municipal Representative
<b>LADY MINTO HOSPITAL</b>	
x	Pat Dorff – Chair
	Vacant – Vice-Chair
	Vacant – Treasurer
x	Desmond O’Connor – 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. Joey Tremblay – MICs Chief of Staff
regrets	Dr. Auri Bruno-Petrina – 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
x	Dr. Tyler Christie - Chief Medical Information Officer, Health Sciences North
x	Mark Hartman – Senior Vice-President, Patient Experience & Digital Transformation, HSN

**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: D. Delaurier

Seconded by: D. O’Connor

Be it resolved,

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

Carried.

### 3.0 Trustee Education / Presentations

#### 3.1 Hospital Information System (HIS) Roadmap – Dr. T. Christie

- All hospitals in the region are taking first steps to become digitally enabled
- Dr. Tyler explained how our communities can benefit from technology already implemented in other hospital facilities and across other industries
- EMRAM – Electronic Medical Record Adoption Model
- The medical record is a summary of a patient’s health status; the combination of electronic and paper charting is inefficient and creates risk
- Majority of hospitals are at stage 3 of stage 6
- By increasing technology, we can improve safety, improve the flow and access to evidence based care and enhance patient and family focus during care
- Orders are currently being handwritten and transcribed multiple times; this process is filled with risk
- Computerized provider order entry prevents transcribing errors or entering orders under the wrong physicians; this eliminates the risk to the patient and also reduces adverse medication incidents
- Evidence based care keep patients safe from developing further medical issues while in hospital; creating digital guard rails help to prevent variations in care which help reduce preventable deaths
- Patient and Family Focus – seamless real time access to information; experience improvement, 24 NE regional hospitals digitally connected; technology can enable care in the community while keeping specific aspects of healthcare centralized; this in turn will help keep even very sick patients in their own communities
- Five key points: improving access and reliability to a patient’s medical record across our region; improving access to evidence based care; reducing unnecessary variations in care; reducing medication administration errors; reducing testing and story duplication
- By upgrading our medical record system to a regional Meditech Expanse, system will address each of these key points
- Risks: need to develop clarity regarding the regional governance and operating model; need medical staff buy-in; hospital commitment to joining the ONE project; conflicting priorities internally
- Barriers to information flow across hospitals in the region will be removed; this will allow patients, caregivers and primary care providers better access to information thus improving patient and provider experience
- Board members were invited to ask questions.
- This model is for hospitals only however there is an interface for ambulatory clinics or third party links but this is out of this scope; there is no formal linkage at this time
- Once the acute care part has been implemented, there is capability to expand
- System will have enhanced security to mitigate cyber risks

#### 3.2 ONE Wave 2 Project – P. Chatelain

- Approval of the Letter of Intent in support of the ONE Wave 2 Project  
Motion:

Whereas the MICs Group of Health Services approved a motion at the November 27, 2019 Board of Directors Meeting as follows: That the Board of Directors commits to participate in good faith in the implementation of the NE LHIN Hospital Information System (HIS) Roadmap in accordance with the guiding principles set out.

And whereas the Capital and Cost numbers indicated in the Detailed Briefing note attached will be validated and the Governance structure for the Shared Service Organization will be defined and will be brought back to the Board of Directors in January 2020 for business case and project approval,

And whereas the final approval by the Board of Directors to proceed with implementation of the project in accordance with the business case for the ONE Project will be sought from the Board of Directors in September 2020,

Be it resolved,

**THAT**, the MICs Board of Directors authorize the Chief Executive Officer to sign the attached non-binding Letter of Intent in support of continuing the Conceptual Planning Phase of the ONE Wave 2 project as presented

Moved by: D. O'Connor

Seconded by: R. Onlock

Opposed: S. Denault, D. Delaurier

Abstained: 2 voting members

Carried.

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

- 4.1 Minutes of the MICs Board of Directors meeting held October 23<sup>rd</sup>, 2019 were provided for information.

Motion:

Moved by: I. Clarke

Seconded by: S. Denault

Be it resolved,

**THAT** the MICs Board of Directors approve the minutes of the meeting held October 23<sup>rd</sup>, 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 November.
  - The Board Educational Session was presented by Dr. T. Christie.
  - The Board Education and Orientation Plan was updated and provided for information; board members are asked to review and provide feedback to the CEO
  - The HIRF and capital project updates are being presented today.

#### **6.0 MICs Finance**

- 6.1 September 2019 Operating Statements – G. Waghorn

- Chief Financial Officer gave an overview of the operational statements for all sites.
- These were reported in detail to the finance committee

##### **BMH**

- Hospital operating at a surplus of \$315,643 at the end of September; total margin as a percentage of revenue was 7.66%
- Operating revenue was \$37,513 over budget at the end of September
- Received an increase of \$63,200 in base funding (1%) for fiscal year; also received

one-time funding of \$63,000 of which half was accrued for Q2; recognized \$15,400 of transformational funding (\$175,503) into operating revenue to offset Non-Urgent Patient Transportation costs

- Differential and copayment revenue was over budget by \$32,367
- OHIP and other patient revenue restricted to hospital activity was slightly over budget by \$5,818
- Operating expenses were \$177,230 under budget; budgeted expenditure were \$4.4 million
- Salaries were \$35,059 under budget
- Overtime costs were \$156,643
- Total sick time costs to end of September were \$42,948
- Benefit costs were running at 29.0% of salaries
- Other supplies and expenses were \$78,888 under budget in aggregate
- IT is under budget by over \$40,000 but will increase due to workstation rotation and privacy protection
- Utilities are under budget by \$12,000
- Medical supplies are under budget by \$12,000
- Drugs are under budget by \$21,000 due to low census and activity
- Balance sheet is good; there is a high receivable from the partnership to BMH
- Current ratio is 10.34; no significant liabilities to date
- Capital expenditures was provided for information; this is presented quarterly
- Some items are carried forward from last report
- Each site pays its part of the Honeywell project

#### **AGH/SCM**

- Hospital operating at a surplus of \$14,832 at the end of September; total margin for Q2 was -5.74%
- Operating revenue was \$170,000 over budget at the end of September
- Received increase of \$83,800 in base funding and a one-time increase of \$84,000 (1%) which half was accrued for Q2; recognized \$58,364 of transformational funding (\$231,629) into operating revenue to offset Non-Urgent Patient Transportation costs
- The shared lab service model between AGH and BMH netted a revenue recovery of \$40,495.
- OHIP and other patient revenue was under budget by \$26,000
- Differential and co-payment revenue was over budget by \$20,385
- Operating expenses were \$112,293 under budget; budgeted expenditure were \$4.96 million
- Salaries were \$74,701 under budget at the end of the second quarter
- Lab was \$51,098 under budget; administration and support services were \$32,825 over budget
- Overtime costs were \$181,960 down from last year
- Total sick time costs to end of September were \$45,864
- Orientation costs were \$27,416
- Benefit costs were running at 30% of salaries
- Other supplies and expenses were under budget by \$112,293
  - Non-Urgent Patient Transportation - \$54,000
  - Diagnostic Imaging – over budget by \$44,000; budget will be increased in 2020-21
  - Information Technology – under budget by \$80,000
  - Plant Maintenance – over budget by \$10,000

- Current ratio is (0.36); liability to the partnership is sitting just under \$1.48M

**SCM:** operating at a deficit of (\$410,433); high cost in nursing overtime

**LMH:**

- Hospital operating at a surplus of \$340,756 at the end of September; total margin as a percentage of revenue was 3.58%
- Operating revenue was \$254,930 over budget at the end of September
- Received an increase of \$108,300 in base funding and a one-time increase of \$108,000 half of which was accrued in Q2 and recognized \$67,494 of transformational funding (\$301,064) into operating revenue to offset the Non-Urgent Patient Transportation costs
- Patient revenue was over budget by \$14,000
- Operating expenses were \$181,951 under budget; budgeted expenditures were \$7.2M
- Salaries were under budget by \$235,994 at the end of the second quarter; nursing salaries were under budget by \$57,971
- Diagnostic and therapy were \$61,027 under budget; administration and support services were \$35,000 over budget
- Total overtime costs were \$292,517
- Total sick time costs to end of September were \$80,749
- Benefit costs were running at 30% of salaries
- Other supplies and expenses were under budget by \$66,840
- Nursing Services for Non-Urgent Patient Transportation – over budget by \$67,000
- Diagnostic and therapeutic – over budget by \$98,000
- Admin and Support Services – under budget by \$154,000
- IT under budget by \$70,000 and utilities are under budget by \$51,000
- Balance sheet current ratio is 5.48%

**VM:** operating at a deficit of (\$52,613); salary costs are up a little bit

Motion to approve September 2019 Operating Statements

Moved by: B. Dennis

Seconded by: D. O'Connor

Be it resolved,

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

Carried.

## 6.2 Budget Assumptions – G. Waghorn

- **Revenues:**  
MOH Base Funding Increase: 0% - build in additional funds for Hospice  
MOH One Time Funding: recognition of applicable portion of deferred MOH revenue  
All Other Revenues: line by line review of revenues; percentage increases/decreases applied if known otherwise budget is based on historical trend (2 year)
- **Expenses:**  
Salaries: Executive – frozen; any Program Leader > \$100,000/year – 1% annualized;  
Non-union staff < \$100,000 – 1% annualized; SEIU – 1.6% annualized; ONA – 1.75% annualized; OPSEU – 1.75% annualized
- **Benefits**  
Canada Pension - 5.25 % up to \$58,700 annual earnings (YMPE); Employment

Insurance - 1.63% up to \$53,100 annual earnings x 1.4; WSIB – 0% (based on 1.1% of wages); Employer Health Tax - 0 % increase based on 1.95% of wages; Hospital of Ontario Pension Plan – 0% (based on 6.9% up to YMPE + 9.2% over YMPE) x 1.4

**Based on 6 year average**

Extended Health Care – 2.5% (decreased last year)

Dental – 4.7% (decreased last year)

Group Life Insurance – 4% increase

Long-Term Disability – 6% increase

Utilities - ~5%

**Drugs and all other supplies and expenses:** Line by line review was done; hold all other spending to a 0% increase in overall budget.

6.3 Three-Year Capital Plan 2020-2023 – G. Waghorn

- Chief Financial Officer gave the following overview of the three-year capital plan.
- These items were identified by the managers for the next three years; won't necessarily be purchased
- BMH: equipment and building - 2020-2021 \$1,463,200; 2021-2022 \$443,000; 2022-2023 \$483,535 for a total of \$2,389,735
- AGH/SCM: equipment and building - 2020-2021 \$1,895,241; 2021-2022 \$1,020,500; 2022-2023 \$491,000 for a total \$3,406,741
- LMH/VM: equipment and building - 2020-2021 \$2,326,000; 2021-2022 \$3,069,000; 2022-2023 \$1,870,500 for a total of \$7,265,500

Motion to approve the Three-Year Capital Plan

Moved by: D. O'Connor

Seconded by: J. Gibson

Opposed: S. Denault

Be it resolved,

**THAT**, the MICs Board of Directors approve the Three-Year Capital Plan for 2020-2023 for all sites as presented.

Carried.

6.4 Investment Update – G. Waghorn

- Chief Financial Officer provided documents for the board's information.
- Portfolio is doing very well.
- Arrangements have been made to have 18AM make a presentation at the board meeting in January

**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:
  - Architect provided construction cost of three options; next steps are to prepare a F/S statement and present to the Town of Iroquois Falls Council in December
  - Pat Britton and Paul met with Hon. Dr. Fullerton, Minister of Long-Term Care on Nov. 4, 2019 at Queens Park to present an update on the redevelopment of SCM and the challenges in the Town's ability to raise \$4 million to cover the construction shortfall. This is a challenge to all long-term care homes.

- While continuing to work with the Timmins Health Team on the development submission, the MOHLTC announced the transformation of the 14 LHINs to 5 Regions on Nov. 13. NE and NW Ontario has been combined into “Northern Ontario”. All other health agencies (Cancer Care, E-Health, HFO, HQO, etc.) have been transferred to the Central Ontario Health Team.
- Still waiting on amalgamation from NELHIN in terms of next steps. This will be on hold for some time as a result of the Ontario Health transformation.
- Small hospitals received a one-time funding adjustment of 1% in October. Bill 124, the *Protecting a Sustainable Public Sector for Future Generations Act, 2019*, was passed into law in November. This bill imposes three-year moderation periods for unionized and non-unionized public sector employees during which time compensation increases must not exceed one per cent per year.
- Received confirmation from the Ministry of \$2M in HIRF ECP grants. Phase 1 of the LMH Lab renovations continue. The oil tanks for SCM have been tendered but have come in way over budget. The engineer is reviewing the discrepancy.
- Honeywell projects: list of projects was provided for information for each site; \$1.8M spent on progress draws; 40% paid; project is delayed due to ordering and installation; completion date of May 2020
- The Physician Recruitment and Retention session on Nov. 6, 2019 was well attended; summary report to be released in early December.
- The Moose FM Community Cares Radio-thon will be held on Dec. 12, 2019. The goal is to raise \$80K for laboratory equipment which will benefit all sites.
- Board Members were invited to ask questions.

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

- The CNO reported on the following items:
- **Accreditation** letter received; no outstanding criteria left to address.
- **Lose the Tube** project was presented back to Dorothy Wylie Institute. Bladder scanners were purchased for Lady Minto Hospital and Anson General Hospital via donations to support this initiative; protocol put in place to remove catheters sooner
- **Quality Improvement Plan:** continue to work on action plan and collecting information (baseline data) on certain indicators.

### **Infection Prevention and Control:**

- Influenza clinics were held in all MICs facilities (16 total) and are now complete.
- Approximately 60% of staff have been immunized to date.

### **Nursing:**

- RN Staffing has stabilized at each site.
- Currently recruiting for a Patient Care Manager at AGH/BMH.

### **Pharmacy:**

- Pharmacy recruitment efforts are ongoing for a Pharmacist and Pharmacy Technician to cover a maternity leave in the New Year.
- Workload is being reviewed within Pharmacy department as the Automated Dispensing Units (ADU) have had a significant impact on their workflow.
- ADUs have gone live at each site and is going well. Nursing staff are adjusting to the new process.
- Oncology and OTN clinics stats for Q2 were provided for information.
- 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:
  - We continue to recruit for physicians for all communities
  - In October and November, BMH took on 2 Medical Learners; LMH had 2 Medical Learners and AGH had 4 Medical Learners, 1 Family Medicine Resident and 1 Nurse Practitioner for a total of 10 who will hopefully return to our communities once they graduate
  - The MAC approved a surgical locum and a locum anesthetist
  - Patient charting is a standing item on the MAC agenda: the Medical Director must ensure that all physicians complete outstanding charts

#### 8.2 Medical Advisory Committee Minutes

- Minutes of the MICs MAC meeting held September 18<sup>th</sup>, 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

- N/A

### 11.0 **Site Business** (P. Dorff)

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 October 2019 Board Effectiveness Survey Results

- 11 out of 12 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 Motion to go in camera

Moved by: R. Onlock

Seconded by: D. Cybolsky

14.2 Board Topics

14.3 Motion to go out of camera

Moved by: A. Zsigmond

Seconded by: D. Delaurier



**15.0 MICs News (P. Dorff)**

- November 2019 MICs Newsletter was provided for information.

**16.0 Next Meeting Date (P. Dorff)**

- Wednesday, January 22<sup>nd</sup>, 2020 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 9:05 p.m.

---

CHAIR, Bingham Memorial Hospital

---

CHAIR, Anson General Hospital

---

CHAIR, Lady Minto Hospital

---

SECRETARY, MICs CEO