

**Minutes of the Meeting of the MICs Board of Directors**  
**Wednesday, January 22<sup>nd</sup>, 2020 – 18h00**  
**Via videoconference @ MICs Boardrooms (BMH 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
regrets	Roy Onlock – Treasurer
regrets	Jenny Gibson – Municipal Representative
<b>LADY MINTO HOSPITAL</b>	
x	Pat Dorff – Chair
	Vacant – Vice-Chair
	Vacant – Treasurer
regrets	Desmond O’Connor – Municipal Representative
<b>MICs GROUP OF HEALTH SERVICES</b>	
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
<b>GUESTS</b>	
x	Suzanne Gadoury – MICs Executive Assistant ( <i>Recording Secretary</i> )
x	Gail Waghorn – MICs Chief Financial Officer
x	Sylvie Lavoie-Girard – MICs Director of Human Resources

**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: I. Clarke

Seconded by: S. Denault

Be it resolved,

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

Carried.

**3.0 Trustee Education / Presentations**

3.1 H.R. Statistics – S. Lavoie-Girard

- **The first of three presentations was: Staffing Demographics**

- Currently have 365 Team Members across MICs which is comprised of 330 active staff and 35 inactive; numbers have not fluctuated much from last year
- Change in age demographics - average age is 41 with different generations working together; healthcare is female dominated
- Many baby boomers who retire come back to work
- Years of service – 8% at 30+ / 64% have been here less than 10 years
- Nursing is the largest piece of the pie at 52%; administration is at 5%
- Three unions, the largest being SEIU; ONA is strictly RNs and OPSEU
- **Second presentation: Physician Recruitment**
- It is a misconception that physicians work for the hospital; they have a contractual agreement with the Ministry of Health and Long-Term Care
- Primary care works independently from the hospital
- Physicians have to provide locum coverage for the ER when they're away
- Newly recruited physician will provide primary care and some LTC services
- Still looking for a general surgeon to replace Dr. Klassen
- We are relying more and more on locums to cover our ER department
- Physician recruitment remains extremely competitive; many communities are offering lucrative incentives
- All communities except for the GTA and Ottawa are considered underserved
- Retention is challenging as the workload is overwhelming
- Currently providing travel and accommodations for ER physicians
- Looking at changing the model to attract new physicians
- We attend many recruitment fairs and have increased the number of medical learners in our hospitals to recruit them once they graduate
- We advertise in the CMJA, all other methods of free advertising plus newspapers
- Have been meeting with the municipalities to work on funding and a recruiter position; this will be added to our recruitment package
- Board members were invited to ask questions
- **Third presentation: Board Concerns**
- Nursing overtime was addressed at the last meeting
- Director H.R. reviewed the various strategies that were used to recruit RNs in the last 5 years as well as what worked and what didn't; there is a vast shortage of nurses across Ontario; discussed what other hospitals in our area are doing; everyone is struggling with nursing shortage
- Hiring practices and policies: MICs hiring policy was reviewed and updated this year; hiring process is comprehensive; new hires to through a probationary period to ensure they meet the needs of the organization
- Senior management positions: MICs does not conduct exit interviews but keep track of the reasons; because of confidentiality, we are unable to disclose why Team Members leave the organization; frequent turnover is costly; there are financial implications but difficult to put a dollar amount; terminations are a reality and occur for various reasons
- Will let team members know that they can request an exit interview
- A copy of the last presentation will be forwarded to board members

#### 4.0 Approval of Minutes (B. Dennis)

- 4.1 Minutes of the MICs Board of Directors meeting held November 27<sup>th</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 November 27<sup>th</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 January.
- The Board Peers and Board Chairs Assessments were distributed to all board members; results are being compiled and will be reviewed at a separate meeting.
- The Chief of Staff goals and objectives will be done next year due to the fact that we have a new COS who has not undergone a performance review yet
- The strategic update, HAPS and QIP are being presented today.
- Looking at an education session instead of a board retreat by the end of the year

## 6.0 MICs Finance

### 6.1 November 2019 Operating Statements – G. Waghorn

- Chief Financial Officer gave a quick update of the financial statements for all sites; doing well financial in November; financial situation has improved; all three hospitals have received NUPT money; no significant changes to any of the sites since last month; key variances are IT & HR which are \$100,000 under budget

#### **BMH:**

- Hospital operating at a surplus of \$428,154 at the end of November
- Total operating revenue: \$5,441,794
- Total operating expenses: \$5,013,640

#### **AGH:**

- Hospital operating at a surplus of \$75,092 at the end of November
- Total operating revenue: \$6,469,199
- Total operating expenses: \$,394,108

#### **SCM:**

- Long-term-care home operating at a deficit of (\$373,797) at the end of November
- Total operating revenue: \$3,358,954
- Total operating expenses: \$3,932,751

#### **LMH:**

- Hospital operating at a surplus of \$646,155 at the end of November
- Total operating revenue: \$9,964,663
- Total operating expenses: \$9,318,507

#### **VM:**

- Long-term-care home operating at a deficit of (\$82,219) at the end of November
- Total revenues: \$1,814,810
- Total operating expenses: \$1,897,029

Motion to approve November 2019 Operating Statements

Moved by: D. Cybolsky

Seconded by: P. Dorff

Be it resolved,

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

Carried.

## 6.2 Approval of HAP Submission – G. Waghorn

- The budget summaries were provided for information
- Submitted preliminary budget to NELHIN in November
- Board approved budget assumptions in November; built the assumptions into this draft
- We were advised to plan for a 0% increase
- We are signed into a collective agreement and unions had already negotiated their increases
- No significant change in FTE at any sites; did not build in any significant reductions
- **BMH:** at breakeven position for next year; projections for staffing patterns is also breakeven
- **AGH:** showing a surplus but will be submitting a deficit budget of \$357,965
- **LMH:** submitting a deficit budget of \$217,078 that will not impact patient care
- Board members were invited to ask questions.

Motion:

Moved by: S. Denault

Seconded by: D. Delaurier

Be it resolved,

**THAT** the MICs Board of Directors approve the draft budget 2020-2021 Hospital Annual Planning Submission for Bingham Memorial Hospital and Lady Minto Hospital as presented. The MICs board approves the AGH deficit budget submission of \$553,000 and will wait to hear back from the NELHIN regarding the direction of the hospital improvement plan.

Carried.

## 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:
  - Attended ministry's webinar on LTC bed application extension last week; application deadline to apply for beds has been extended to March 21, 2020; need to complete another application with letters of support if we apply for 96 beds
  - Continue to work with Timmins Health Team on development submission which was sent to the ministry on January 20
  - Another delay in signing RFP for NUPT as MOHLTC cannot commit to a three-year funding agreement; has to go to Cabinet as part of the Ontario Budget Submission

- Phase II of LMH lab renovation begins in February; AGH lab renovation has started
- Community cares radio-thon with Moose FM held on December 12 raised close to \$56K; goal was to raise \$80K for lab equipment which will benefit all sites
- SCM Curling Bonspiel is being held this weekend, January 24-25 at the Iroquois Falls Curling Club
- Board Members were invited to ask questions.

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

- The CNO reported on the following items:

### Quality, Risk & Patient Safety

- Received Quality Improvement Plan (QIP) guidance materials for 2020/21; currently identifying priority indicators for MICs.

### Nursing

- Occupancy rates remain comparable to previous quarters - AGH 78%, BMH 46%, LMH 67% (Q1 and Q2 combined)
- Increase in ALC occupancy in acute care beds at LMH (55%), AGH 67%, BMH 66%
- Currently recruiting for AGH/BMH Patient Care Manager; interviews are being conducted
- Continue to see lateral movement within MICs with RN staffing due to internal postings, mat leaves, etc.
- AGH and LMH have received bladder scanners through donations; one has been added to BMH's capital list for 2020; will enhance "Lose the Tube" initiative and medical directive.
- Reviewing improvements to current LMH observation room for mental health patients; poor location poses security and privacy concerns
- LMH Surgical program: Urology services provided in October; date of dental services to be determined.

### Non-Urgent Transfers

- Accessible Transportation Services (ATS) can now accommodate stretcher; services are being well received by staff.

### Pharmacy

- Successfully recruited MICs Pharmacist who will be starting in early February.
- Pharmacy Tech leaving at end of January; no applications received for temporary position. Looking at utilizing remote pharmacy tech from NW Tele-pharmacy for order entries and possibility of hiring a Pharmacy Clerk to provide additional support.
- Reviewing ways to enhance Pharmacy services with TDH.
- ADU (Automated Dispensing Unit) project going well; finalizing policies/procedures.

### Infection Prevention and Control

#### **Outbreaks:**

- Gastroenteritis outbreak at SCM in August (Q2); symptoms were vomiting/diarrhea. Organism was not identified; eight residents & five staff met definition.

#### **Environmental Audits:**

- Commenced at BMH in September. Glitter germ placed on 15 high touch surfaces; 64% of high touch surfaces were cleaned.
- Audits were commenced in October for LMH, AGH and SCM. The information will be provided in the Q3 report.

**Hand Hygiene Rates for Q2:**

- BMH/Rosedale's rates were below goal; departments where misses were noted were discussed and four moments of hand hygiene were reviewed by manager.
- No threats of Corona virus in our area; are taking extra precautions nonetheless
- All hospitals are required to keep a certain amount of pandemic supplies; these are replaced when they expire

**Care Transitions/Hospice**

- Received 46 discharge planning referrals (Q3)
- Received 13 referrals for Hospice (Q3)
- Process for collecting data on discharge summaries sent to primary care within 48hrs was established.
- We now have access to tele-psychiatry services through the Centre for Addiction and Mental Health (CAMH) for initial assessments.
- Funding was secured for visiting volunteer program.
- Mental Health First Aid education will be offered in house in March (two-day training).
- 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 physicians for all our communities
  - Always encouraging medical residents and NPs to come to our hospitals
  - Next urology clinic in early February; will increase it to four visits a month
  - Dental surgery - next dates are March 27<sup>th</sup> and May 8<sup>th</sup>

**8.2 Medical Advisory Committee Minutes**

- N/A

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

## 9.1 deferred to February meeting

**10.0 MICs Quality Committee (I. Boucher)**

## 10.1 Quality Committee Minutes

- N/A

## 10.2 Review of QIP and Key Indicators

- The document was provided for information.
- ALC rate: continue with it even though we have no way to reduce our numbers
- Number of inpatients receiving care in unconventional spaces or ER stretchers: does not apply to us; we don't have any hallway medicine
- Time to inpatient bed: we are exempt
- Discharge summaries sent from hospital to primary care provider within 48 hours of discharge: will continue to monitor this indicator
- Patient experience: will determine the question to use
- Complaints acknowledged in a timely manner: we are doing well with this (100%) and should continue to monitor but not add it to the QIP
- Number of workplace violence incidents; we will continue with this as it is mandatory
- Documented assessment of palliative care needs among patients identified to benefit

from palliative care: Care Transition Coordinator looks after this; it will be added to our plan

- Repeat emergency visits for mental health: we hope to get more data on this; it will be added to the QIP
- Medication reconciliation at discharge: doing well; remove from plan but continue to monitor
- Total of 6 indicators for acute care
- LTC: potentially avoidable emergency department visits; add to QIP; looking at the questions on the LTC survey
- Resident experience: add to QIP
- Documented assessment of palliative care needs among residents identified to benefit from palliative care
- The Executive Team approved all recommendations.

#### 10.3 Corporate Scorecard:

- Readmission of Mental Health Patients: HQO has retired this indicator
- Resident Satisfaction (LTC): will continue with one question out of the survey
- ER satisfaction: pulled from ER questionnaire; lower response rates than expected
- Acknowledgement of complaints: response within 5 business days/ LTC – 10 days; 100%
- ALC days: remain a challenge; provincial priority; limited ability to influence outcome
- Harmful falls: showing in the red for all three sites; monitor falls through RL6; level of severity scale from 0 to 6; measuring level 2 and greater; 95% of all these falls were level 2
- Workplace violence: mandatory indicator; remains on QIP this year; committed to improving quality in acute care sites
- Discharged patient summaries; wanted to collect baseline data; sent to primary care provider within 48 hours; built into database
- Potential Avoidable ER Visits: good numbers; continue to monitor indicator for this year

### 11.0 Site Business (B. Dennis)

#### 11.1 Anson General Hospital:

- A letter of appreciation from a SCM Resident family member was provided for information

#### 11.2 Bingham Memorial Hospital:

- N/A

#### 11.3 Lady Minto Hospital:

- N/A

### 12.0 Partnership Business (Bob Dennis)

#### 12.1 November 2019 Board Effectiveness Survey Results

- 12 out of 12 surveys were submitted.

#### 12.2 January Board Effectiveness Survey

- The survey was emailed via Survey Monkey.

#### 12.3 Review Strategic Directions Progress / Update

- 2020 goals - changes were highlighted in red

- More focus on seniors
- Protect staff and patients from violence
- Mental health will be worked on
- Improve pharmacy services
- Removed health hubs; replaced with Ontario Health Teams
- Partner with all Wave 2 hospitals to plan Meditech expense EMR
- Will be reviewed at the Strategic Planning meeting on February 6<sup>th</sup>

12.4 Board Educational Opportunity

- The document was provided for information
- Client Centered Governance is offering a one-day session on April 10<sup>th</sup> in Sudbury
- This education meets the essential skill-building needs of board members
- Board members were invited to contact the E.A. if interested in participating
- Paul will try to get an educational speaker on governance to come here to provide education to board members

**13.0 Board Committee Minutes**

13.1 N/A

**14.0 In Camera**

14.1 N/A

**15.0 MICs News (B. Dennis)**

- December 2019 and January 2020 MICs Newsletters were provided for information.

**16.0 Next Meeting Date (B. Dennis)**

- Wednesday, February 19<sup>th</sup>, 2020 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 8:11 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