

**Minutes of the Meeting of the MICs Board of Directors**  
**Wednesday, September 23, 2020 – 18h00**  
**Via videoconference @ MICs Boardrooms (BMH Lead Site)**

<b>ANSON GENERAL HOSPITAL</b>	
x	Danielle Delaurier – Chair
x	Ann Zsigmond
x	Bill Allan – Treasurer
regrets	Darcy Cybolsky – Municipal Representative
<b>BINGHAM MEMORIAL HOSPITAL</b>	
x	Bob Dennis – Chair
x	Oswald Silverson – Vice-Chair
	Vacant – Treasurer
x	Jenny Gibson – Municipal Representative
<b>LADY MINTO HOSPITAL</b>	
x	Patricia Dorff – Chair
regrets	Ken Graham – 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 (via telephone)
<b>GUESTS</b>	
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. The following item was added:

12.4 Approval of Pulmonary Function Testing Body Box

Motion:

Moved by: P. Dorff

Seconded by: J. Gibson

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 24<sup>th</sup>, 2020 were provided for information.

Motion:

Moved by: P. Dorff

Seconded by: D. Delaurier

Be it resolved,

**THAT** the MICs Board of Directors approve the minutes of the meeting held June 24<sup>th</sup>, 2020 as presented.

Carried.

## 5.0 Follow-Up Items

### 5.1 Review of the 2020-2021 Board Work Plan

- The Board Work Plan was reviewed for the month of September.
- Board Orientation was held in early September.
- The Sentinel Events/Near Misses are being presented today as well as the Corporate Scorecard.
- The survey link for the Governance Center of Excellence Board Self-Assessment Tool was distributed to all board members last week.
- Paul will present the HIRF and the Capital Budget review will be done in October.
- Will have another ONE Initiative update in November.

## 6.0 MICs Finance

### 6.1 July 2020 Operating Statements - (G. Waghorn)

#### **BMH:**

- Submitted an operating surplus of \$130,060 at the end of July
- Total Operating Revenue: \$2,928,232
- Total Operating Expenses: \$2,798,172
- \$88,000 in COVID costs for which there is no funding source
- Pandemic pay: \$159,000; this will show up in the August statements; would have operated at a large surplus if not for this
- Significant decrease in overtime

#### **AGH:**

- Submitted an operating surplus of \$158,255 at the end of July
- Total Operating Revenue: \$3,442,352
- Total Operating Expenses: \$ 3,284,098
- Pandemic Pay: \$187,000
- Drop in sick time; significant decrease in overtime as well
- \$180,000 in COVID costs; no funding received for this

#### **SCM:**

- Adjustments coming up in future statements
- LTC received COVID funding as well as \$213,000 in pandemic pay
- Total Revenue: \$2,211,805
- Non-operations deficit: (\$56,789)
- Total surplus: \$83,005
- Sick time cost of \$61,000 for 2021 fiscal year; overtime is down this quarter

**LMH:**

- Submitted an operating surplus of \$1,974 at the end of July
- Total Operating Revenue: \$5,289,644
- Total Operating Expenses: \$5,287,670
- Pandemic pay: \$227,000
- Sick time has dropped since last year
- Overtime has dropped slightly

**VM:**

- Total Revenue: \$1,139,762
- Surplus - operations: \$103,260
- Deficit - non-operations: (\$10,560)
- Total surplus: \$92,700
- Pandemic Pay: \$93,000
- COVID costs: some of the costs have been absorbed by the hospital

Motion to approve July 2020 Operating Statements

Moved by: J. Gibson

Seconded by: P. Dorff

Be it resolved,

**THAT**, the MICs Board of Directors approve the July 2020 Operational Statements for Bingham Memorial Hospital, Anson General Hospital, South Centennial Manor, Lady Minto Hospital and Villa Minto as presented.

Carried.

## 6.2 IT Capital Budget

- A budget of \$471,500 was submitted for approval
- There are two big ticket items; Polycom upgrade and security
- IT is a big part of our operation; we can't do business without it
- The board members were invited to ask questions.

Motion:

Moved by: A. Zsigmond

Seconded by: J. Gibson

Be it resolved,

**THAT**, the MICs Board of Directors approve the 2020-2021 IT Capital Budget as presented.

Carried.

## 6.3 Investments

- Three reports were provided for information: the General Transaction Report, the Portfolio Valuation and the Change in Market Value

## 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:
- COVID-19 update:
  - Now seeing outpatients including OR (LMH & AGH), visiting specialists and allowing visitors as per provincial directives.

- Opened and staffing two Testing Centers two days per week.
- Hired over 20 new Team Members for COVID including retired nursing staff.
- Working with Ontario Health North on regional planning, providing education and communication to our physicians, Team Members and community members.
- Daily searching and procuring Personal Protective Equipment including two new portable ventilators paid for through a donation from a community member.
- Hired a part-time Respiratory Therapist (AGH) to begin pulmonary function testing for our communities.
- To date, there have been 81 cases in the region; 10 in the last two weeks
- COVID has been time consuming; converted our testing centers to twice a week due to students returning to school and regular LTC testing; there is a high demand for testing; everyone visiting LTC homes has to be tested as well
- Will receive \$38 a swab come October 1<sup>st</sup>; will have to have 35 swabs a day to break even; this is not a sustainable model
- Visitation policy allows families to visit their loved ones but it has a big impact on the LTC staff
- Ministry requested more information for our SCM 96-bed application that is mainly about the financing. An update will be posted on the MICs Facebook page.
- Submitted over \$2.2 million in ECP grant funding proposals for all sites; waiting to hear back. Phase II of LMH Lab renovations is on hold until we hear back from the mechanical engineer. AGH Lab renovations have been completed. The freight elevator upgrade at BMH has started. The Honeywell energy project is 95% complete; power factor and oxygen concentrators still need to be done. The oil tank project at SCM is complete. Roof repairs at SCM have begun. The Nurse Call system will begin soon.
- Dr. Smith has now settled in Iroquois Falls. We will be meeting with the Physician Recruitment and Retention committee very soon. Physician recruitment fairs will be done virtually moving forward.
- Lab accreditation will be done in mid-October; surveyors will be on site
- Board Members were invited to ask questions.

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

- The CNO provided the following overview:
  - Quality Improvement Plans (QIP) have been submitted.
  - Patient Care Team goals and objectives were updated over the summer.
  - Leadership Walkrounds were on hold during the Pandemic and potentially restarting in the fall.
  - Accreditation self-assessment process to begin in the fall in preparation for on-site survey in February 2022. The MICs Care Transitions Coordinator will be taking on the role of Accreditation Coordinator.
- **Administration/Recruitment:**
  - The new Patient Care Team Manager for AGH/BMH started work Sept. 8<sup>th</sup>.
  - Recruited several new nurses including retirees to assist during the pandemic.
  - Initiated the Nurse Warrior Award at AGH.
- **COVID-19:**

- Twelve new patient beds per site were opened as part of our surge plan and we increased the number of negative pressure rooms. Six beds have since been closed but can be quickly reopened if faced with a second wave.
- Operating Room airflow was re-engineered to provide negative pressure in OR suites (LMH) as well as the endoscopy suite (AGH) to improve staff safety.
- Outpatient services slowly being reintroduced by appointment only.
- We have increased signage throughout our buildings
- Visiting specialty clinics are gradually resuming after being on hold due to COVID-19
- **Medication safety:** BMH and AGH have successfully transitioned to new, portable medication cart systems for both chronic and active nursing
- **Oncology:** New nurse was introduced to the oncology team as the interim chemo nurse. This allows the current nurse to remain as backup and work her full-time line on unit 4. The oncology department was closed for two weeks in August due to staff shortage in pharmacy (to prepare drugs). During the closure, the room was painted and looks much brighter.
- **MDR:** As we move to centralizing MDR services at LMH, we continue to work with AGH to ensure there are no service interruptions. We are analyzing service volumes and identifying areas where disposable supplies would be preferable (i.e. dressing and catheter trays).
- **Operating Room:** Surgical services slowly resumed following the amendment of the ministry's directive #2. The OR was closed for the summer at the end of June but ran for two days in July to address the backlog of patients resulting from COVID-19 closures. Services reopened August 24<sup>th</sup>. We continue to actively recruit for a general surgeon. Locums have been providing coverage during Dr. Klassen's absences. Nursing staff is very tight in the OR; will be training two new RNs and one RPN in the fall.
- **Pharmacy Services**
  - Completed yearend inventory
  - Submitted Pharmacy Accreditation renewal application; certificates received.
  - Continue to complete regular duties in spite of COVID-19 pandemic without any delays or interruptions (dispensing medications to all sites, continue to serve our oncology patients, providing COVID-19 kits to physicians as per their request)
  - As of April, on-site pharmacist has started to take over duties from Northwest pharmacist and most recently with the chemotherapy checks. Pharmacist has successfully completed his training with the Sudbury Cancer Center.
  - Hired a Pharmacy Clerk to help with non-pharmacy technician work; North-West Telepharmacy is providing pharmacy technician coverage for maternity leave.
  - Currently recruiting for fourth Pharmacy Technician.
  - Ontario College of Pharmacists (OCP) visit conducted on September 1<sup>st</sup>
  - Training for Compounding Supervisor was scheduled in July and included training for housekeeping staff.
- **Outbreak:**
  - SCM: Organism identified as COVID-19. Seven residents were affected (1 positive case asymptomatic, 4 contacts, 2 symptoms) - 21 days in outbreak
- **COVID-19:**
  - Recruited IPAC assistance to provide support during the COVID-19 pandemic until mid-June

- Active and passive screening continues on all patients, residents and staff
- Environmental and Hand Hygiene audits continue at all acute and LTC sites
- PPE supplies continue to come in and are being closely monitored
- Testing centers are running two days per week in Cochrane and Iroquois Falls.
- New policies on mandatory masking and Infection Prevention and Control for service were developed and circulated
- Meet regularly with communities, managers and executive council
- Hand hygiene stats were provided for information
- Board members were invited to ask questions.

## 8.0 Medical Staff (Dr. J. Tremblay)

### 8.1 Chief of Staff Report:

- Dr. Tremblay provided a verbal report.
  - Physicians and nursing staff are working hard to keep everyone safe
  - Physician recruitment continues; met with two dentists who are interested in getting hospital privileges; current dentist is only available on Fridays
  - Have not provided dental services in the last two years
  - Dr. Smith will officially start work on September 28<sup>th</sup>; he will provide services to AGH CCC, Villa Minto and Rosedale Centre
  - Surgical program continues to recruit for a general surgeon as well as locum surgeons to replace when needed; locums have a variety of skills which will expand the scope of procedures that we currently offer
  - Still need family doctors for each community
  - COVID-19 update: committee meets regularly
  - Caseload of elective surgical cases are returning to normal; phone screens are done before surgery
  - Extra cleaning in OR since COVID
  - Slowly reintroducing outpatient clinics and specialty clinics
  - AGH now has a negative pressure OR; endoscopes have restarted

### 8.2 Minutes of the Medical Advisory Committee

- The minutes of the MAC meeting held June 17, 2020 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 10, 2020 were provided for information.

### 10.2 Sentinel Events/Near Misses & Adverse Events

- The information is extrapolated from our RL6 incident reporting system
- The raw data is provided for acute care as well as long-term care for Q4 and Q1
- The report covers total incidents, total incidents by site, near misses by site and critical incidents
- Near misses promote a culture of risk management
- Hospital critical incidents and LTC critical incidents have very different definitions

### 10.3 Corporate Scorecard

- The Corporate Scorecard for Q1 2020 was provided for information.
  - Total Margin: not reported at this time

- Medication Reconciliation at discharge: AGH – 100%; BMH – 100%; LMH – 70%
- Assessment of Palliative Care Needs (QIP): collecting baseline
- Assessment of Palliative Care Needs (LTC QIP): collecting baseline
- Repeat ER Visits for Mental Health (QIP): in development
- Resident Satisfaction (LTC): SCM - 100%; Rosedale - 0%; VM – no data
- ER Client Satisfaction: AGH – no data; BMH – 100%; LMH – 0%
- Inpatient Client Satisfaction (QIP): AGH – 100%; BMH – 100%; LMH – 100%
- Acknowledgement of Complaints: AGH – 100%; BMH – 100%; LMH – 100%
- Acknowledgement of Complaints (LTC): SCM – N/A; Rosedale – N/A; VM – N/A
- Percentage of Total Alternate Level of Care Days: AGH – 78%; BMH – 73%; LMH – 55%
- Number of Emergency Department Visits: not reported at this time
- Harmful Falls Experienced (LTC): not reported at this time
- Hand Hygiene Compliance Before (Hospital): not reported at this time
- Hand Hygiene Compliance Before (LTC): not reported at this time
- Workplace Violence Incidents Reported (QIP): AGH – 1; BMH – 1; LMH – 0
- Discharged Patient Summaries (QIP): AGH – 72%; BMH – 53%; LMH – 40%
- Potential Avoidable ER Visit (LTC): not reported at this time

## 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:

N/A

## 12.0 Partnership Business (Bob Dennis)

### 12.1 June 2020 Board Effectiveness Survey Results

- 12 out of 13 surveys were submitted.

### 12.2 September 2020 Board Effectiveness Survey

- The survey was emailed via Survey Monkey.

### 12.3 Election of Officers of the Board of Directors

- B. Dennis called on the CEO to begin the nomination process

#### **ELECTION OF BINGHAM MEMORIAL HOSPITAL CHAIR**

- Nomination of B. Dennis was moved by O. Silverson, seconded by J. Gibson.
- No further nominations were presented.
- B. Dennis agreed to let his name stand.
- B. Dennis was then declared Chair for the 2020/2021 fiscal year.
- The meeting was turned over to the Chair to conduct the remainder of elections.

#### **ELECTION OF BINGHAM MEMORIAL HOSPITAL VICE-CHAIR**

- Nomination of O. Silverson was moved by J. Gibson, seconded by B. Dennis.
- No further nominations were presented.

- O. Silverson agreed to let his name stand.
- O. Silverson was then declared Vice-Chair for the 2020/2021 fiscal year.

**ELECTION OF BINGHAM MEMORIAL HOSPITAL TREASURER**

- This position remains vacant.

**ELECTION OF ANSON GENERAL HOSPITAL CHAIR**

- Nomination of D. Delaurier was moved by A. Zsigmond, seconded by B. Allan.
- No further nominations were presented.
- D. Delaurier agreed to let her name stand.
- D. Delaurier was then declared Chair for the 2020/2021 fiscal year.
- The meeting was turned over to the Chair to conduct the remainder of elections.

**ELECTION OF ANSON GENERAL HOSPITAL VICE-CHAIR**

- Nomination of A. Zsigmond was moved by B. Allan, seconded by D. Delaurier.
- No further nominations were presented.
- A. Zsigmond agreed to let her name stand.
- A. Zsigmond was then declared Vice-Chair for the 2020/2021 fiscal year.

**ELECTION OF ANSON GENERAL HOSPITAL TREASURER**

- Nomination of B. Allan was moved by A. Zsigmond, seconded by D. Delaurier.
- No further nominations were presented.
- B. Allan agreed to let his name stand.
- B. Allan was then declared Treasurer for the 2020/2021 fiscal year.

**ELECTION OF LADY MINTO HOSPITAL CHAIR**

- Nomination of P. Dorff was moved by P. Chatelain.
- No further nominations were presented.
- P. Dorff agreed to let her name stand.
- P. Dorff was then declared Chair for the 2020/2021 fiscal year.

**ELECTION OF LADY MINTO HOSPITAL VICE-CHAIR**

- Nomination of K. Graham was moved by P. Dorff.
- No further nominations were presented.
- K. Graham was then declared Vice-Chair for the 2020/2021 fiscal year in absentia.

**ELECTION OF LADY MINTO HOSPITAL TREASURER**

- This position remains vacant.

**12.4 Approval of Pulmonary Function Testing**

- The equipment is outdated and must be replaced. The PFT will cost about \$60,000 but it will serve all of MICs. This is a revenue generating service which should be cost neutral. We are currently sending approximately 1,000 of our patients to TDH for this service annually.

Motion:

Moved by: P. Dorff

Seconded by: D. Delaurier



Be it resolved,

**THAT** the MICs Board of Directors approve pulmonary function testing (body box) for a cost of up to \$60,000 to be paid through the partnership reserves as presented.

Carried.

### 13.0 In Camera

#### 13.1 Motion to go in-camera

Moved by: J. Gibson

Seconded by: B. Allan

#### 13.2 Discussion of physician privileges

#### 13.3 Motion to go out of in-camera

Moved by: A. Zsigmond

Seconded by: O. Silverson

#### 13.4 Approval of physician privileges

**Motion** to approve the list of reappointments to the Professional Staff in the categories of Active Staff, Locum Tenens, Consulting and Courtesy as recommended by the MICs Medical Advisory Committee

Moved by: A. Zsigmond

Seconded by: D. Delaurier

Be it resolved,

**THAT** the MICs Board of Directors approve hospital privileges for all physicians listed in the attachment provided as recommended by the MICs Medical Advisory Committee as presented. It is to be noted that Dr. Richard McGuire be given privileges for Lady Minto Hospital only.

Carried.

Approval of Dr. Daniel Mahoney's privileges

**Motion** to approve Dr. Daniel Mahoney's application for appointment to the professional staff in the General Surgery Department as recommended by the MICs Medical Advisory Committee

Moved by: P. Dorff

Seconded by: J. Gibson

Be it resolved,

**THAT** the MICs Board of Directors approve Dr. Daniel Mahoney's hospital privileges as recommended by the MICs Medical Advisory Committee as presented.

Carried.

### 14.0 MICs News (B. Dennis)

- September 2020 MICs Newsletter was provided for information.

### 15.0 Next Meeting Date (B. Dennis)

- Wednesday, October 28, 2020 at 6:00 p.m. (AGH Lead Site)

**16.0 Upcoming Meeting Dates**

- As per agenda

**17.0 Adjournment (B. Dennis)**

- There being no further business, the meeting adjourned at 8:03 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