

**Minutes of the Meeting of the MICs Board of Directors**  
**Wednesday, October 28, 2020 – 18h00**  
**Via videoconference @ MICs Boardrooms (AGH Lead Site)**

<b>ANSON GENERAL HOSPITAL</b>	
x	Danielle Delaurier – Chair
x	Ann Zsigmond
regrets	Bill Allan – Treasurer
x	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
x	Ken Graham – 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
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
x	Joyce Rickard – MICs Director of Care / Executive Leader of Long-Term Care (via telephone)

**1.0 Call to Order & Chairs Remarks (D. Delaurier)**

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 (D. Delaurier)**

The agenda was reviewed. The following items were added:

- 7.3 Long-Term Care Executive Lead Report
- 11.31 LMH Glide Scope
- 11.32 LMH OR Air Handling Unit

Motion:

Moved by: D. Cybolsky  
 Seconded by: A. Zsigmond

Be it resolved,

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

Carried.

**3.0 Trustee Education / Presentations**

### 3.1 Credentialing Process – P. Chatelain

- The presentation was provided for information
- It explained the process of how physicians, midwives, dentists and NPs are given privileges to provide services to our hospitals and order tests; physicians are not hospital employees; they are paid directly by the Ministry of Health as they have a contract with them
- It also stated the obligations of the CEO, Medical Advisory Committee and Board of Directors
- Board members were invited to ask questions.

## 4.0 Approval of Minutes (D. Delaurier)

### 4.1 Minutes of the MICs Board of Directors meeting held September 23, 2020 were provided for information.

Motion:

Moved by: P. Dorff

Seconded by: O. Silverson

Be it resolved,

**THAT** the MICs Board of Directors approve the minutes of the meeting held September 23, 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 October.
- Strategic Plan is deferred to next month.
- The Capital Budget review is being done today.
- We try to do an education session every second month; the MICs Director of Care will be presenting a report on long-term care tonight
- Invited board members to provide topics of interest
- Will have an education session on the ONE initiative next month

## 6.0 MICs Finance

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

**BMH:** operating surplus of \$21,678

Revenue Variances:

- MOH/LHIN/CCO Revenue – over budget by \$208,937
  - Included \$159,000 in pandemic pay and \$35,000 in COVID revenue (Mar/April) – both are unbudgeted
  - Will build in an accrual for o/s COVID funding for Q2 financial statements
- OHIP Revenue – over budget \$46,766
  - BMH ER AFA funding was over budget by ~\$53,000 – this is paymaster; net effect to operations is nil
- Differential and Copayment Revenue – over budget by \$34,732
  - This was related to additional ALC revenue (\$36,000 in 19/20; \$54,000 20/21)

## Operating Variances:

- Salaries and Wages – over budget by \$121,842
  - Sick Time - \$25,000 (19/20 - \$36,000); Overtime - \$92,000 (19/20) - \$141,794
  - Diagnostic and Therapeutic were over budget by \$43,000 – mainly related to shared salary costs with shared AGH/BMH lab
  - Administration and Support was over budget by ~\$92,000
    - Additional unbudgeted salaries related to COVID is \$71,000
    - Unbudgeted summer student \$13,000
  - Pandemic Pay Costs = \$152,000
- Medical Staff Remuneration
  - AFA payments are over budget –there is an adjustment required for the Q2 statements to ensure revenue = expenses
- Other Supplies and Expenses – under budget by ~\$194,000
  - Diagnostic and Therapeutic were ~\$94,000 under budget due to much lower activity during COVID related closures
  - Minimal education dollars spent due to cancellation of conferences, courses, etc.
  - \$23,000 in COVID specific costs were incurred and not budgeted
  - All departments were under budget or close to breakeven due to overall lull in activity related to COVID
- Medical and Surgical Supplies – over budget by \$27,000
  - Included \$31,000 in unbudgeted COVID PPE costs

**AGH:** operating surplus of \$99,929

## Revenue Variances:

- MOH/LHIN/CCO Revenue – over budget by \$387,097
  - Included \$175,000 in pandemic pay and \$55,000 in COVID revenue (Mar/April) – both are unbudgeted
  - Will build in an accrual for o/s COVID funding for Q2 financial statements
- OHIP & Other Patient Revenue – under budget by \$62,471
  - \$36,000 under budget in OHIP revenue – reduced activity during COVID
  - \$26,000 under budget in other patient revenues – reduced activity during COVID
- Recoveries and Miscellaneous Income – under budget by \$95,000
  - Supply recovery from BMH for lab is not booked yet; will be booked for Q2
  - No clinic salary recoveries from the visiting specialist program due to reduced activity during COVID

## Operating Variances:

- Salaries and Wages – under budget by \$68,291
  - Sick Time - \$24,000 (19/20 - \$35,000); Overtime - \$168,555 (19/20 - \$113,994)
  - Ambulatory Care salaries are under budget by \$81,000
    - .5 FTE RPN position – no hours charged
    - Reduction in clinics therefore reduced salaries
  - Diagnostic and Therapeutic were under budget by \$78,000 – mainly related to shared salary costs with shared AGH/BMH lab
  - Administration and Support is over budget by ~\$85,000
    - Additional salaries related to COVID is \$88,000, unbudgeted
    - Unbudgeted summer student \$13,000
  - Assessment Centre salaries = \$17,578, all unbudgeted
  - Pandemic pay costs = \$186,236

- Medical Staff Remuneration
  - Reduced activity correlates to reduced medical staff remuneration, net is cost neutral to operating statement
- Other Supplies and Expenses – under budget by ~\$154,000
  - Diagnostic and Therapeutic were ~\$154,000 under budget due to much lower activity during COVID related closures
  - Minimal education dollars spent due to cancellation of conferences, courses, etc.
  - \$86,000 in COVID specific costs were incurred and not budgeted
  - Most departments were under budget or close to breakeven due to overall lull in activity related to COVID
- Medical and Surgical Supplies – over budget by \$27,000
  - Includes \$22,000 in unbudgeted COVID PPE costs

**SCM:** operating deficit of \$177,401

- LTC has received several pots of COVID related funding. Unsure how reconciliation process will unfold for those funds at this time, as there are no accounting estimates set up in the books for this. To the end of August, we received:
  - \$71,500 – COVID funding
  - \$78,744 – Pandemic
  - \$236,232 – Pandemic Pay
- Salaries and Wages – over budget by \$131,372
  - Sick Time - \$96,700 (19/20 - \$75,400); Overtime - \$140,300 (19/20 - \$126,536)
  - \$50,000 in additional COVID related salary costs
  - Added a maintenance student to assist during COVID
- Pandemic pay costs = \$213,481
  - Added a maintenance student to assist during COVID
- Non salary COVID costs = \$44,000

**LMH:** operating surplus of \$13,441

Revenue Variances:

- MOH/LHIN/CCO Revenue – over budget by \$631,633
  - Includes \$226,000 in pandemic pay and \$154,000 in COVID revenue (Mar/April) – both are unbudgeted
  - Cancer Care Ontario Funding - \$156,000 over budget – directly related to drug cost recovery
  - Will build in an accrual for o/s COVID funding for Q2 financial statements
- OHIP & Other Patient Revenue – over budget by \$32,436
  - AFA ER funding was over budget but this is cost/revenue neutral to the operating statement
  - \$32,000 under budget in OHIP revenue – reduced activity during COVID
  - \$19,000 under budget in other patient revenues – reduced activity during COVID

Operating Variances:

- Salaries and Wages – over budget by \$56,618
  - Sick Time - \$52,000 (19/20 - \$62,000); Overtime - \$285,000 (19/20 - \$215,000)
  - Nursing Services – under budget by \$48,000
    - \$53,000 over budget in medical but \$103,000 under budget in surgical
  - Ambulatory Care salaries under budget by \$33,000
  - Diagnostic and Therapeutic are under budget by \$27,000 (negligible in a salary grouping this big)

- Administration and Support was over budget by ~\$135,000
  - Additional unbudgeted salaries related to COVID are \$153,000 – unbudgeted
- Assessment Centre salaries = \$25,000 - all unbudgeted
- Pandemic Pay Costs = \$227,223
- Medical Staff Remuneration
  - Reduced activity correlates to reduced medical staff remuneration; net is cost neutral to operating statement
- Other Supplies and Expenses – breakeven
  - \$57,000 in COVID specific costs were incurred and not budgeted
  - Most departments were under budget or close to breakeven partially due to overall lull in activity related to COVID
  - Minimal education dollars spent to date
- Medical and Surgical Supplies – over budget by \$65,000
  - Includes \$33,500 in unbudgeted COVID PPE costs

**VM:** operating deficit of \$47,500

- LTC has received several pots of COVID related funding. Unsure how reconciliation process will unfold for those funds at this time, as there are no accounting estimates set up in the books for this. To the end of August, we received:
  - \$76,300 – COVID funding
  - \$46,863 – Pandemic
  - \$140,588 – Pandemic Pay
- Salaries and Wages – over budget by \$55,000
  - Sick Time - \$12,300 (19/20 - \$30,142); Overtime - \$13,37 (19/20 - \$17,132)
  - \$149 in additional COVID related salary costs
  - Dietitian time > original budget projection
- Pandemic pay costs = \$93,175
- Non salary COVID costs = \$10,500

Motion:

Moved by: D. O'Connor

Seconded by: J. Gibson

Be it resolved,

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

Carried.

## 6.2 Capital Budget Review

- 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; these items won't necessarily be purchased
- BMH/Rosedale equipment budget: 2021-2022 = \$132,672 / 2022-2023 = \$195,500 / 2023-2024 = \$114,000; unsure at this time what we are going to do with the DI retrofit project
- BMH/Rosedale building & infrastructure budget: 2021-2022 = \$705,000 / 2022-2023 = \$267,035 / 2023-2024 = \$290,000
- Total projected cost: \$837,672 for 2021-2022 / \$462,535 for 2022-2023 / \$404,000

for 2023-2024

- AGH/SCM equipment budget: 2021-2022 = \$193,000 / 2022-2023 = \$109,000 / 2023-2024 = \$155,000
- AGH/SCM building & infrastructure budget: 2021-2022 = \$1,470,000 / 2022-2023 = \$340,000 / 2023-2024 = \$360,000
- Total projected cost: \$1,663,000 for 2021-2022 / \$449,000 for 2022-2023 / \$515,000 for 2023-2024
- LMH/VM equipment budget: 2021-2022 = \$344,972 / 2022-2023 = \$701,000 / 2023-2024 = \$186,000
- LMH/VM building & infrastructure budget: 2021-2022 = \$1,800,000 / 2022-2023 = \$3,242,000 / 2023-2024 = \$1,327,000
- Total projected cost: \$2,224,972 for 2021-2022 / \$3,943,000 for 2022-2023 / \$1,513,000 for 2023-2024

Motion to approve the Three-Year Capital Plan

Moved by: P. Dorff

Seconded by: A. Zsigmond

Be it resolved,

**THAT**, the MICs Board of Directors approve the Three-Year Capital Plan for 2021-2024 for all sites as presented.

Carried.

### 6.3 Investments

- The following reports were provided for information:
  - Monthly change in market value
  - MICs portfolio activity
  - Compliance certificate
  - Portfolio composition and performance
  - Portfolio valuation report
  - 18AM balanced strategy commentary
- The board reports are too detailed for the board; these will be sent to the Audit & Finance Committee instead and a less detailed report will go to the board
- CFO announced that the MICs Healthcare Foundation approved a pay-out of \$500,000 to AGH to reimburse them for the costs paid on their behalf
- Board members were invited to ask questions.

## 7.0 **Presentations/Reports** (D. Delaurier)

### 7.1 Chief Executive Officer Report: (P. Chatelain)

- The report was provided for information.
- The CEO provided the following overview:
  - COVID-19 update: 95 cases in our region to date with 5 active cases
    - We are now resuming our outpatient services, including OR (LMH & AGH), visiting specialists, allowing visitors as per the provincial directives and managing LTC visitation including day absences for the residents.
    - Opened and staffed three Testing Centers; 2 days per week in Cochrane and Iroquois Falls, and 1 day in Matheson. We had to cancel the Matheson testing

- center for one week as there was only one client booked; we need to have at least 25 clients to break even. There is a big demand for testing in Cochrane and I.F.
- o Working with Ontario Health North on regional planning; providing education and communication to our physicians, team members and community members.
- o Daily searching and procuring of Personal Protective Equipment.
- o We have received some COVID-19 funding for March and April.
- We are still waiting on the next steps from the Ministry on our SCM 96-bed application. The ministry responded that it is still reviewing all applications.
- Phase II of the LMH Lab renovations is on hold until we hear back from the mechanical engineer. The freight elevator upgrade at BMH is complete. The Honeywell energy project continues; power factor and oxygen concentrators are still to be done. The oil tank project and roof repairs at SCM are now complete. The Nurse Call system will begin at the end of October.
- The CFO and CEO attended four ONE Initiative (Expanse) workshops in October via zoom. The focus is to develop the Memorandum of Understanding for the governance structure of NEWco. This will be presented at next month's Board meeting.
- We received a final \$14K donation from the BMH Auxiliary on Sept. 25, 2020.
- CEO discussed COVID expenses with the NELHIN and whether or not we still need to submit a HIP for AGH; they will get back to us on this
- Lab accreditation has been indefinitely postponed due to COVID
- Villa Minto is in a respiratory outbreak as of this morning
- Board Members were invited to ask questions.

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

- The CNO's report was provided for information.
- **Clinical / Pharmacy Services:**
  - o Ontario College of Pharmacist did their site visit on September 1, 2020. Received "Pass with action plan"
  - o NEORRC site visit held September 24<sup>th</sup>; report under review. Increased visits and number of treatments compared to last year.
- **Emergency Department**
  - o Total ER Visits Q1 (April to June)
  - o MICs: 2590 ↓ (Q4, 19/20 – 4472)
- **Length of Stay (LOS) in Emergency for Low-Urgency Patients Not Admitted to Hospital**
  - o **Definition:** How long low-urgency patients (e.g. sore throat or vomiting) as assessed by the emergency department, spent in emergency and were not admitted to hospital (sent home or to another facility such as long-term care).
  - o Provincial Target is 4 hours
  - o NOTE: Increased wait time is for wait time for transfers
- **Length of Stay in Emergency for High-Urgency Patients Not Admitted to Hospital**
  - o **Definition:** How long high-urgency patients (e.g. severe allergic reaction or overdose) as assessed by the emergency department, spent in emergency and were not admitted to hospital (sent home or to another facility such as long-term care).
  - o Provincial Target is 8 hours

- **Length of Stay in Emergency for All Patients Admitted to Hospital**
  - **Definition:** This is how long patients spent in the emergency department, and were then admitted to hospital (includes any time a patient may have waited in the emergency department for a bed to be available in the hospital)
  - Provincial target is 8 hours
- Board members were invited to ask questions.

### 7.3 Long-Term Care Executive Lead Report – J. Rickard

- There are a total of 69 beds at SCM, 66 of which are occupied; almost to capacity
- We are admitting residents slowly in order to ensure all security precautions are taken
- We are monitoring the increase of essential visitors coming into the manor and providing the required training
- Hired a screener for 9 hours a day
- Risk assessments are being done for residents who are going on outings
- The DOC must verify and approve outings; she is doing her due diligence to protect the residents and her staff
- Villa Minto is in a respiratory outbreak as of this morning
- All Rosedale and VM beds are full; only SCM is accepting new admissions
- SCM gets admissions in crisis from other parts of the province, some with large wounds and some are bariatric patients
- Staff turnover and sick time have been a big issue since COVID which will make it more difficult going into a second wave
- We have done some reorganization within the manor in preparation for COVID
- Still struggling with the dining process; some residents are finding it difficult not being able to eat in groups
- Determination of who gets an LTC bed is made by the CCAC, not the Director of Care; with COVID, the LTC homes down south are not allowed to admit a fourth resident to a room so they are sent elsewhere; Director of Care can refuse admissions but has to provide good reasons
- PSWs have the hardest job and do most of the physical work with Residents; they require specific training
- COVID swabbing is being done every two weeks which is mandated by the Ministry

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

### 8.1 Chief of Staff Report:

- Dr. Tremblay provided a verbal report.
  - Physician recruitment is ongoing for physicians, locum surgeons, dentists and Nurse Practitioners
  - We have recruited quite a few locum general surgeons lately
  - The MICs Medical Recruitment Committee has not met since January due to COVID; they hope to meet in November
  - Surgical program: Dr. Klassen has given us his official retirement date of Nov. 20<sup>th</sup>; trying to recruit two to four experienced locum surgeons to provide relief until we can recruit someone full-time; Medical Learners will not be coming in the fall as usual
  - We have reintroduced visiting specialist clinics; almost back to normal

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

### 9.1 N/A



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

- N/A

**11.0 Site Business (D. Delaurier)**11.1 Anson General Hospital:

- Freight elevator and chiller
- The briefing note was provided for information; the chiller is over 30 years old and is past its useful life since 2009; the freight elevator is over 50 years; these projects cannot be deferred.
- We will use the \$200,000 ECP grant received for an automatic transfer switch towards the chiller and defer the switch project.

Motion:

Moved by: A. Zsigmond

Seconded by: D. Cybolsky

Be it resolved,

**THAT**, the AGH Board of Directors approve the upgrade and replacement of the freight elevator and chiller for a grand total of \$700,000.

Carried.

11.2 Bingham Memorial Hospital:

- N/A

11.3 Lady Minto Hospital:

## 11.31 Approval of a glide scope

- We are currently using a loaner since ours broke down; this is the recommended method to intubate especially due to COVID; this is something that every hospital has; it is a life-saving machine

▪ Motion:

Moved by: D. O'Connor

Seconded by: K. Graham

Be it resolved,

**THAT**, the LMH Board of Directors approve the purchase and replacement of a glide scope for up to \$30,000.

Carried.

## 11.32 Approval of OR Air Handling Unit

- This item was already budgeted for 2021-2022 but is at its end of life and needs to be replaced; we already have an ECP grant of \$500,000 for this but are short \$355,000; there will be some energy savings associated with this project that will be incorporated into the Honeywell savings guarantee.

▪ Motion:

Moved by: P. Dorff

Seconded by: K. Graham

Be it resolved,

**THAT**, the LMH Board of Directors approve the OR Air Handling Unit at LMH for up to \$855,000 to be paid through the MICs partnership.

Carried.

## 12.0 Partnership Business (Bob Dennis)

### 12.1 September 2020 Board Effectiveness Survey Results

- 11 out of 11 surveys were submitted.

### 12.2 October 2020 Board Effectiveness Survey

- The survey was emailed via Survey Monkey.

## 13.0 In Camera

### 13.1 Motion to go in-camera

Moved by: D. Cybolsky

Seconded by: D. O'Connor

### 13.2 Discussion of physician privileges

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

Moved by: A. Zsigmond

Seconded by: D. Cybolsky

### 13.4 Approval of physician privileges

Approval of Dr. Matthew Smith's privileges

**Motion** to approve Dr. Matthew Smith's initial application for appointment to the professional staff in the Active Physician category as recommended by the MICs Medical Advisory Committee

Moved by: A. Zsigmond

Seconded by: D. Cybolsky

Be it resolved,

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

Carried.

Approval of Dr. Dan Vockeroth's privileges

**Motion** to approve Dr. Dan Vockeroth's initial application for appointment to the professional staff in the Dental Surgery Program as recommended by the MICs Medical Advisory Committee

Moved by: D. O'Connor

Seconded by: K. Graham

Be it resolved,

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

Carried.

J. Gibson declared a conflict of interest and recused herself from voting.

Approval of Dr. Allison Clark's privileges

**Motion** to approve Dr. Allison Clark’s initial application for appointment to the professional staff in the Dental Surgery Program as recommended by the MICs Medical Advisory Committee

Moved by: P. Dorff  
Seconded by: K. Graham

Be it resolved,

**THAT** the MICs Board of Directors approve Dr. Allison Clark’s hospital privileges as recommended by the MICs Medical Advisory Committee as presented.

Carried.

J. Gibson declared a conflict of interest and recused herself from voting.

Approval of Dr. Mazaheer Pyarali’s privileges

**Motion** to approve Dr. Mazaheer Pyarali’s initial application for appointment to the professional staff as a Locum in the General Surgery Program as recommended by the MICs Medical Advisory Committee

Moved by: D. Cybolsky  
Seconded by: A. Zsigmond

Be it resolved,

**THAT** the MICs Board of Directors approve Dr. Mazaheer Pyarali’s hospital privileges as recommended by the MICs Medical Advisory Committee as presented.

Carried.

**14.0 MICs News** (D. Delaurier)

- October 2020 MICs Newsletter was provided for information.

**15.0 Next Meeting Date** (D. Delaurier)

- Wednesday, November 25, 2020 at 6:00 p.m. (LMH Lead Site)

**16.0 Upcoming Meeting Dates**

- As per agenda

**17.0 Adjournment** (D. Delaurier)

- There being no further business, the meeting adjourned at 8:05 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