

**Minutes of the Meeting of the MICs Board of Directors**  
**Wednesday, January 27, 2021 – 18h00**  
**Via Zoom (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	Pat Dorff – Chair
regrets	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
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: P. Dorff

Seconded by: A. Zsigmond

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 presentation was provided for information

- We currently have 407 Team Members across MICs, 221 of whom are full-time and 186 part-time; as of January 22, 2021, there are 371 active staff and 36 inactive staff due, in part, to a significant number of maternity leaves
- The average age is 42 with four different generations working side by side; healthcare is still female centric
- Years of service – 66% of staff have less than 10 years of service; 18% have between 10-19 years of service; 8% have between 20-29 years of services and 8% have 30+
- Starting in 1980, there is very little increase in the number of new hires by year but jumped to 407 in 2020 because of COVID
- Nursing makes up 50% of total staff followed by Support Services (23%); Clinical Nutrition, Diabetes, Diagnostic Imaging, Lab, Pharmacy and physio make up 14% of staff; Reception & Health Records (8%) and administration (5%) which is low for the size of the organization
- The highest percentage in nursing is RNs (73%), PSWs (65%) and RPNs (59%)
- There are three unions, the largest being SEIU; ONA which is strictly RNs and OPSEU; 15% of staff is non-unionized
- Employee turnover rates from April 1, 2020 to October 31, 2020 - there have been 33 employment separations (408 total staff = 8% turnover rate) compared to 18% turnover rate in 2019-2020 out of 403 total staff and 23% turnover rate in 2018-2019 out of 366 total staff
- Employee Assistance Program: MICs has three EAP providers and counselling services available to all Team Members; services are completely confidential and the employer only receives the number of sessions accessed; COVID has not impacted the number of sessions received
- Partnerships: MICs is affiliated with 10 colleges and 3 universities to provide placements for health care students (RNs, RPNs, PSWs, RDs, MLAs and pharmacy technicians
- MICs is exploring initiatives with Northern College to partner for specific recruitment needs and focussed recruitment efforts. As a result, Northern is looking to broaden the scope of their programs to meet LTC standards.
- The Region 1 HR group is looking at a collaborative recruitment campaign for nursing in the Northeast
- MICs participates in the NOSM summer studentship program and has been successful in recruiting students from this program into permanent positions upon graduation
- Impact of COVID has been considerable; new staff had to be hired in quick succession to address numerous needs, i.e. enhanced housekeeping, dedicated staff for LTC, screeners, etc.; worked with community partners and IPAC to help implement and operate the assessment centres
- Disseminated information and directives coming from a wide variety of sources and the labour relations implications which evolved from these directives (i.e. restrictions on number of workplaces, inability to share staff, COVID testing/swabbing, PPE, infectious disease leaves, travel restrictions, isolations, vaccinations
- Board members were invited to ask questions.
- We are on par with other hospitals as far as the years of experience of our Team Members; many baby boomers are retiring
- We are tracking the age or years of experience of the team members who are leaving the organization; this is mostly part-timers who have been with us the least time
- We have a fairly stable compliment of locums who are providing ER services on a regular basis

- Locums are deemed essential workers and are allowed to come into the hospitals; they follow strict protocol of wearing full PPE and self-work isolate for 14 days if they're coming from a red zone

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

- 4.1 Minutes of the MICs Board of Directors meeting held November 25, 2020 were provided for information.

Motion:

Moved by: J. Gibson

Seconded by: B. Allan

Be it resolved,

**THAT** the MICs Board of Directors approve the minutes of the meeting held November 25, 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 January.
- The CEO and Board Chairs met in December to review the CEO goals for 2021
- The Board Peers and Board Chairs Assessments were emailed to all board members via Survey Monkey; results will be reviewed at a separate meeting.
- The strategic update and QIP are being presented today.
- We are working on the HAPS but have not heard anything from the "LHIN" about submission yet.

#### 6.0 MICs Finance

##### 6.1 November 2020 Operating Statements – G. Waghorn

- Chief Financial Officer gave a quick update of the financial statements for all sites

##### **BMH:**

- Hospital operating at a surplus of \$287,660 at the end of November

##### **Revenue Variances:**

- MOH/LHIN/CCO Revenue – over budget \$386,853
- Included \$159,000 in pandemic pay and \$262,300 in COVID revenue (Mar-Nov) - both unbudgeted
- OHIP Revenue – over budget \$46,766
- Differential and Co-payment Revenue – over budget by \$41,492; this was related to additional ALC revenue (\$50,075 in 2019-2020 and \$81,842 in 2020-2021)

##### **Operating Variances:**

- Salaries and Wages – over budget by \$121,842
- Sick time cost = \$54,618 vs \$67,053 in 2019-2020
- Overtime cost = \$143,047 vs \$210,499 in 2019-2020
- Diagnostic and Therapeutic were over budget by \$78,731 – mainly related to shared salary costs with shared AGH/BMH lab
- Administration and Support were over budget by ~\$132,214
- Additional unbudgeted salaries related to COVID are \$71,000
- Housekeeping = \$16,154 (increased sick time)
- Unbudgeted summer student = \$113,000

- Pandemic Pay Costs = \$129,601- reported in benefits

#### **Medical Staff Remuneration**

- AFA payments are over budget – funding/payments increased over budgeted amount, nil impact on bottom line because revenue = expenses
- Other Supplies and Expenses – under budget by ~\$251,406
- Overall expenses are down due to lower activity during COVID
- Diagnostic and Therapeutic were ~79,000 under budget due to much lower activity during COVID related closures; also lab charges shared with AGH showing in salaries and supplies, budgeted as one charge in supply category
- Minimal education dollars spent due to cancellation of conferences, courses, etc.
- \$30,000 in COVID specific costs were incurred and not budgeted
- All departments were under budget or close to breakeven due to overall reduction in activity related to COVID
- Medical and Surgical Supplies – over budget by \$31,000
- Included \$41,000 in unbudgeted COVID PPE costs

#### **AGH:**

- Hospital operating at a surplus of \$285,168 at the end of November

#### **Revenue Variances:**

- MOH/LHIN/CCO Revenue – over budget \$586,383
- Included \$175,000 in pandemic pay and \$440,000 in COVID revenue (Mar-Nov.) – both unbudgeted
- OHIP & Other Patient Revenue – under budget \$69,585
- \$36,000 under budget in OHIP revenue – reduced activity during COVID
- \$33,000 under budget in other patient revenues – reduced activity during COVID
- Differential and Co-payment Revenue – under budget by \$25,000 - inpatient and CCC revenue is down from last year
- Recoveries and Miscellaneous Income – under budget by \$55,000
- no clinic salary recoveries from the visiting specialist program due to reduced activity during COVID

#### **Operating Variances:**

- Salaries and Wages – under budget by \$75,369
- Sick time cost = \$76,491 vs \$69,618 in 2019-2020
- Overtime cost = \$274,393 vs \$221,813 in 2019-2020
- Ambulatory Care salaries under budget by \$108,000
  - .5 FTE RPN position – no hours charged
  - Reduction in clinics therefore reduced salaries
- Diagnostic and Therapeutic were under budget by \$99,000 – mainly related to shared salary costs with shared AGH/BMH lab
- Administration/Support is over budget by ~\$149,000
- Additional salaries related to COVID are \$147,000 - unbudgeted
- Assessment Centre salaries = \$22,000 - all unbudgeted
- Pandemic pay costs = \$147,138 - reported in benefits

#### **Medical Staff Remuneration**

- Reduced activity correlates to reduced medical staff remuneration unspent recruitment and retention budget
- Other Supplies and Expenses – under budget by ~\$221,179
- Diagnostic and Therapeutic were ~\$168,000 under budget due to much lower activity during COVID related closures and shared lab supply costs with BMH
- Minimal education dollars spent due to cancellation of conferences, courses, etc. – under budget by \$29,000

- \$107,000 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 – under budget by \$13,000
- Includes \$41,000 in unbudgeted COVID PPE costs

**SCM:**

- operating at a deficit of (\$37,958) at the end of November

**Revenue Variances:**

- LTC has received several pots of COVID related funding. To the end of November, we received:
  - \$236,232 – Pandemic Pay
  - \$729,575 – Pandemic Cost Containment & PSW Wage Enhancement

**Operating Variances:**

- Salaries and Wages – over budget by \$171,929
- Sick time = \$126,483 vs \$159,132 in 2019-2020
- Overtime = \$210,287 vs \$242,287 in 2019-2020
- Nursing continues to be over budget

**LMH:**

- Hospital operating at a surplus of \$287,671 at the end of November

**Revenue Variances:**

- MOH/LHIN/CCO Revenue – over budget \$893,532
- Includes \$226,000 in pandemic pay and \$424,486 in COVID revenue – both unbudgeted
- Cancer Care Ontario Funding - \$251,477 over budget – directly related to drug cost recovery
- OHIP & Other Patient Revenue – over budget \$112,786
- \$32,000 under budget in OHIP revenue – reduced activity during COVID
- \$57,915 under budget in differential and co-payment revenue – acute and chronic differentials are down this year, partially due to reduced activity during COVID

**Operating Variances:**

- Salaries and Wages – under budget by \$54,150, essentially breakeven overall
- Sick time = \$125,253 vs \$114,108 in 2019-2020
- Overtime = \$427,830 vs \$404,448 in 2019-2020
- \$215,722 in unbudgeted salary costs due to COVID/Assessment Centres
- \$193,552 Pandemic Pay is in benefits

**Medical Staff Remuneration**

- Other Supplies and Expenses – \$75,562 under budget overall
- \$76,000 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 – \$25,000 under budget
- Medical and Surgical Supplies – over budget by \$85,000
- Includes \$40,000 in unbudgeted COVID PPE cost
- Drugs over budget by \$414,745, partially related to chemo program – offsetting revenue with Cancer Care Ontario; costs are also understated because not all chemo drugs have been expensed in the system yet by the pharmacy staff.

**VM:**

- operating at a deficit of (\$28,285) at the end of November

**Revenue Variances:**

- LTC has received several pots of COVID related funding. To the end of November, we received:
  - o \$206,851 – Pandemic Pay
  - o \$164,463 – Pandemic Cost Containment & PSW Wage Enhancement

**Operating Variances:**

- o Salaries and Wages – over budget by \$72,130
- o Sick time cost of \$126,483 vs \$159,132 in 2019-2020
- o Overtime \$210,287 vs \$242,287 in 2019-2020
- o Nursing continues to be over budget
- o Additional dietitian costs to cover maternity leaves

Motion to approve November 2020 Operating Statements

Moved by: D. Delaurier

Seconded by: O. Silverson

Be it resolved,

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

Carried.

6.2 HIRF and 2020-2021 Capital Budget Update – G. Waghorn

- The document was provided for information.
  - Projects are moving as planned but with lockdown, some of the projects have been put on hold
  - ECB and HIRF projects will be a bit delayed but should be completed by the end of March

**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:
  - o We now have 239 COVID cases in our region to date; there were three deaths at the Extendicare home in Kapuskasing; they have reached out to a number of hospitals for support
  - o working on surge planning at provincial and regional level in preparation to accept transfers from neighboring hospitals; have not been asked to yet
  - o 5 ALC patients will be moving to LTC in the coming weeks
  - o working closely with Porcupine Health Unit on vaccine roll out; Rosedale residents were vaccinated yesterday, SCM and Villa Minto today as well as some Team Members
  - o continue to run and staff three testing centers 2 days per week in Cochrane and Iroquois Falls and 1 day in Matheson
  - o working with Ontario Health North on regional planning including developing a Mobile Enhancing Support Team (MEST), providing education and communication to our physicians, team members and community members
  - o daily searching and procuring Personal Protective Equipment
  - o We have received the COVID-19 funding agreements for our testing centers.
- We are still waiting on the next steps from the Ministry on our SCM 96-bed application. A status update will be published in The Enterprise next week.

- We did extremely well in our Institute Quality Management in Health Care (IQMH) Laboratory Accreditation virtual visit for the MICs Labs from Nov. 30 to Dec. 2, 2020.
- The Physician Recruitment and Retention committee met on December 2, 2020 and on January 27, 2021. Town councils will be working collaboratively to hire a recruiter for the three communities.
- The ONE Initiative (Expense) workshops will continue in December and January. A final presentation on the Memorandum of Understanding for the governance structure of NEWco will be made in February.
- The Moose FM radio-thon raised over \$7,400 for our Pulmonary Function Testing Machine.
- Board Members were invited to ask questions.

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

- The CNO reported on the following items:
  - Nursing recruitment and retention staffing levels are stabilizing; looking at strategies to support junior staff at AGH to build confidence. TDH offered to work with MICs to potentially train nurses in the Emergency Department
  - Three out of four ALC patients have been transferred to LTC; this has freed up acute care beds at Lady Minto Hospital
  - We continue to work on Quality Improvement action plans despite competing priorities with Pandemic.
  - Accreditation Coordinator is attending monthly meetings with Accreditation specialist. Teams have been created and invited to complete their self-assessment questionnaires. Work life Pulse and Patient Safety Culture survey will be completed in late winter/spring. On-site survey date will be in February 2022.
  - Due to pharmacy staff shortages, chemotherapy is closed on days when there is no pharmacy staff to mix drugs. Treatments are rescheduled or patients travel for their treatment.
  - Continuing to train RNs and RPNs in the operating room. Posted for an OR Charge nurse to bring consistency in the operating room.
  - Nursing team has been great throughout the pandemic and continues to work to keep LMH running smoothly.
  - AGH/BMH Patient Care Manager will be leaving her position on February 19<sup>th</sup>; posting for this position has been filled.
  - New AGH Charge nurse position was implemented on January 11<sup>th</sup>.
  - All specialty clinics and scopes are currently operational but looking to ministry guidelines for more updates.
  - There are two new RNs starting at BMH this month and the Patient Care Manager position has been re-introduced.
  - Currently training part-time MDR staff as LMH is now reprocessing instruments for all MICs sites
  - A brief update on pharmacy services, infection control and care transitions / hospice was 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:
  - Managing COVID continues to remain one of our top priorities

- We continue to recruit physicians for all our communities plus one general surgeon
- The Physician recruitment committee met earlier today; presenters from Marathon shared their recruiting strategies and key points on how they were successful; the committee will be forming a smaller group in order to meet more often and get things done more quickly; town councils will be working together to hire a dedicated physician recruiter for all three communities
- During lockdown, surgical program has continued to operate; started swabbing to catch asymptomatic patients who would be undergoing AGMP (aerosol generating medical procedures) in order to cancel their procedure ahead of time; treat all surgical patients as if they had COVID-19 but this is an extra step taken
- We have a very strong surgical program at AGH; caught up from backlog resulting from last lockdown
- We continue to meet regularly within MICs to discuss COVID; our COVID numbers since New Year's Eve have doubled and are higher than all of 2020

#### 8.2 Medical Advisory Committee Minutes

- Minutes of the MAC meeting held November 18, 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 Quality meeting held September 9, 2020 were provided for information.

#### 10.2 Review of 2020-2021 Quality Improvement Plan/Corporate Scorecard

- The document was provided for information.
- The data is for Q2; full data for Q3 was not available
- The acute care and LTC indicators for palliative care needs are listed on the QIP; we will likely not be able to do any work on this due to the pandemic; there won't be any data to report for the rest of this year
- In terms of overall performance, we are sitting in the optimal and good zones
- Medication Reconciliation at Discharge: LMH shows an increase since Q1 but still below target; we should be at 100%; will be working with the pharmacist to meet the accreditation standards as it is a required organizational practice

### 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 November 2020 Board Effectiveness Survey Results

- 12 out of 12 surveys were submitted.



12.2 January Board Effectiveness Survey

- The survey was emailed to the board members following the meeting.

**13.0 In Camera**

## 13.1 Motion to go in camera

Moved by: D. O'Connor

Seconded by: B. Allan

## 13.2 Discussion of physician privileges

## 13.3 Motion to go out of in-camera

Moved by: P. Dorff

Seconded by: O. Silverson

## 13.4 Approval of physician privileges

**Motion** to approve Dr. Mariam Rana's application for appointment to the professional staff as a Locum General Surgeon as recommended by the MICs Medical Advisory Committee

Moved by: D. Delaurier

Seconded by: D. O'Connor

Be it resolved,

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

Carried.

Approval of Dr. Roy Kirkpatrick's privileges

**Motion** to approve Dr. Roy Kirkpatrick's application for appointment to the professional staff as a Locum General Surgeon as recommended by the MICs Medical Advisory Committee

Moved by: D. Delaurier

Seconded by: J. Gibson

Be it resolved,

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

Carried.

Approval of Celine Plante-Lamb's privileges

**Motion** to approve Celine Plante-Lamb's active privileges in the Extended Nursing Class category as recommended by the MICs Medical Advisory Committee

Moved by: A. Zsigmond

Seconded by: B. Allan

Be it resolved,

**THAT** the MICs Board of Directors approve Celine Plante-Lamb's active privileges as recommended by the MICs Medical Advisory Committee as presented.

Carried.

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

- December 2020 and January 2021 MICs Newsletters were provided for information.

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

- Wednesday, February 24, 2021 at 6:00 p.m. (AGH Lead Site) via Zoom

**16.0 Upcoming Meeting Dates**

- As per agenda.

**17.0 Adjournment (B. Dennis)**

- There being no further business, the meeting adjourned at 7:31 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