

**Minutes of the Meeting of the MICs Board of Directors**  
**Wednesday, February 23, 2022 – 18h00**  
**Via Zoom (AGH Lead Site)**

<b>ANSON GENERAL HOSPITAL</b>	
x	Danielle Delaurier – Chair
x	Ann Zsigmond – Vice-Chair
x	Fern Morrissette – 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	Pat Dorff – Chair
x	Susan Nelson – Vice-Chair
	Vacant – Treasurer
R	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
R	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	Gilles Trottier – Bercell Integrated Technologies
x	Dr. Cheri Bethune – Worker Bees Delegation
x	Suzanne de Laplante – Worker Bees Delegation
x	Melissa Laderoute – BMH Board Candidate

**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.

Motion:

Moved by: B. Dennis

Seconded by: O. Silverson

Be it resolved,

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

Carried.

### 3.0 Trustee Education / Presentations

#### 3.1 Worker Bees Delegation (C. Bethune / S. de Laplante)

- The Worker Bees had sent a request for funding letter to the CEO in late December
- The delegation presented the reasons for requesting a contribution from the MICs Group of Health Services to support the physician and retention committee (WB) for the next fiscal year
- They are requesting free housing for physicians and locums in our communities; they reiterated the importance of providing housing as it is a key component in physician recruitment
- They stated that the Board of Directors have a role to play in taking part of the welcoming committee and the community must be engaged as well
- They want to implement an education strategy and asked for the Board of Directors' support with establishing an education centre within MICs for potential medical learners in collaboration with NOSM.
- In order to recruit and retain successfully, we need to recognize that rural life and work is unique; active community participation is essential; targets and dedicated resources above and beyond existing budgets must be allocated; recruitment and retention funding must be done on an annual cycle; we must monitor, evaluate and improve continuously
- We also need to grow our own: the recruiter provides community support for Northern Ontario School of Medicine's students and residents; from initial meet and greet upon arrival to arranging activities, the recruiter makes them feel welcome
- The short-term goal of hiring a recruiter has been met; the brochures have been revamped; community engagement and communication strategies have been initiated, i.e. the monthly Beehive report; medium term – participated in recruitment fairs, connected with present physicians, IMGs, locums in our communities, seek feedback from them; long-term: establish an educational site for NOSM and grow our own in our communities
- Their retention strategy: goody baskets; foster work with students
- Cost of recruitment: the committee has estimated that it costs approximately \$250,000 US per physician recruited; once you recruit them, you want to retain them by keeping them happy and engaged
- Worker Bees thanked the municipalities of Iroquois Falls and Black River-Matheson, MICs Group of Health Services, the Family Health Teams of Cochrane and Iroquois Falls for their continued support
- The board members were invited to ask questions.
- The board asked the Worker Bees to provide financial statements (revenues and expenses) as well as their budget for next year which they will review at the March board meeting

### 4.0 Approval of Minutes (D. Delaurier)

- 4.1 Minutes of the MICs Board of Directors meeting held January 26, 2022 were provided for information.

Motion:

Moved by: A. Zsigmond

Seconded by: P. Dorff

Be it resolved,

**THAT** the MICs Board of Directors approve the minutes of the meeting held January 26, 2022 as presented.

Carried.

## 5.0 Follow-Up Items

### 5.1 Review of the 2021-2022 Board Work Plan

- The Board Work Plan was reviewed for the month of February.
- The Nominating Committee met on February 17<sup>th</sup> to review board recruitment needs
- The Board Ad Hoc Committee met on February 1<sup>st</sup> to review the policies and by-laws; they are having a second special meeting on March 4<sup>th</sup> to continue their review
- The OHA has advised that the GCE Self-Assessment Action Plan is no longer being used and will be replaced with a different process.
- The HIRF and capital projects are being presented today as well as a review of the Q3 strategic plan performance measures.

## 6.0 MICs Finance

### 6.1 December 2021 Operating Statements – G. Waghorn

- The CFO presented the financial reports for all three sites: Operating Statement, Balance Sheet and Capital Update

#### **BMH**

- Hospital operating at a surplus of \$143,623 at the end of December; total margin as a percentage of revenue was 2.02%
- A hospital yearend surplus forecast of \$191,496 was submitted to the MOHLTC but it is difficult to project given our volatile COVID operating environment as there are too many unknowns
- Current ratio is 5.14
- The capital reports show amounts paid to date, not ordered items.
- The capital budget for equipment for the 2021-2022 fiscal year totaled \$134,878 with an actual cost of \$96,813; this year, we've seen a higher amount of equipment redirected to other projects
- The capital budget for plant/building totaled \$1,555,000 with an actual cost of \$214,863; many projects are in progress but others are delayed due to supply shortages

#### **AGH**

- Hospital reported a third quarter surplus of \$1,038,339; total margin (consolidated) for Q3 was 11.022%; yearend forecast is projecting a hospital operating surplus of \$960,000 but it is difficult to project given the volatility created by COVID
- Current ratio is (4.36)
- The capital budget for equipment for the 2021-2022 fiscal year totaled \$1,940,000 with an actual cost of \$499,301
- The capital budget for plant maintenance/building including SCM totaled \$584,463 with an actual cost of \$403,489

#### **SCM**

- operating at a deficit of \$(126,038) compared to projected deficit of \$(915,419)

#### **LMH**

- Hospital operating at a deficit of \$(89,085) at the end of December; total margin as a

percentage of revenue (consolidated) was -0.76%; yearend forecast of \$(124,041) was submitted to the MOHLTC but it is difficult to predict with accuracy in our volatile COVID operating environment

- Balance sheet current ratio is 2.34
- The capital budget for equipment for the 2021-2022 fiscal year totaled \$565,870 with an actual cost of \$72,296
- The capital budget for plant/building totaled \$10,635,000 with an actual cost of \$2,343,441
- Many of the projects will be pushed to the 2022-2023 fiscal year

#### VM

- submitted a deficit operating position of \$(101,446)

Motion to approve December 2021 Operating Statements

Moved by: B. Dennis

Seconded by: J. Gibson

Be it resolved,

**THAT**, the MICs Board of Directors approve the December 2021 Operating Statements for Bingham Memorial Hospital, Anson General Hospital, South Centennial Manor, Lady Minto Hospital and Villa Minto as presented.

Carried.

#### 6.2 January 2022 Capital Report – G. Waghorn

- A detailed infrastructure capital report, providing project update notes (developed by the MICs Plant Maintenance Supervisor) was included for Board information.

#### **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:
    - We have implemented our policy on vaccines for the MICs Group of Health Services (non-mandatory) and the Ministry of Long-Term Care policy for LTC (mandatory).
    - The COVID outbreaks are now over at AGH and SCM.
    - We are following the Ministry's Directive 2 and resumed our non-urgent surgical cases as Omicron is slowing down but we still have challenges with staffing.
    - Most of our LTC residents have received their fourth vaccine and many staff have received their booster shot.
    - We continue to run and staff three Testing centers; 2 days per week in Cochrane and Iroquois Falls, and 1 day in Matheson and have been funded to continue at least until the end of March.
  - We are finalizing the Financial Budget, including financing and fundraising plans to be submitted to the Ministry for their review. This has to be audited which could take some time.
  - Capital Projects are coming in over budget and some may need to be deferred due to cost. Other projects are being delayed due to material and contractor unavailability. Significant delayed projects include Lab Phase II at LMH, Air Handling Unit for VM; freight elevator at AGH and Medical vacuum system

upgrade at BMH. The Ministry of Health is asking hospitals for the status on the projects that are delayed. Hopefully they will grant extensions to the HIRF grants due to the delays.

- We had a community visit with a physician wanting to practice in Cochrane. He is now looking to do a locum for one month.
- The Director of Care has announced her retirement as of June 30<sup>th</sup>.
- Board Members were invited to ask questions.

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

- The CNO reported on the following items:
- Continue to monitor occupancy rates at all sites; LMH challenges capacity to admit; have some extra capacity at this time; #1 challenge is with staffing; reliant on agency nurses for support; starting to see RNs and RPNs applications trickling in
- Received new guidance for accreditation
- Accreditation survey visit has been postponed to October 6<sup>th</sup>; will be preparing staff with mock codes
- Emergency Department
  - Total ER Visits Q2: slight increase in all sites
  - CTAS Levels 4 & 5 (non-urgent/less urgent): averaging 70% of all visits which represents the lack of physicians in our communities
- ED Wait Times Q2
  - Length of stay in emergency for low-urgency patients not admitted to hospital as assessed by the emergency department who are sent home or to another facility such as long-term care; provincial target is 4 hours; we are doing well for the most part at 7.7 hrs
  - Length of stay in emergency for high-urgency patients not admitted to hospital as assessed by the emergency department who are sent home or to another facility such as long-term care; provincial target is 8 hours; we are doing fairly well despite the lack of diagnostic tools requiring transport to TDH
  - Length of stay in emergency for all patients admitted to hospital 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; we are slightly above our target; data was audited; noticing quality of data is not always the best depending on how the data is collected
- Non-Urgent Patient Transfer Summary
  - Platinum: 119 transfers - 78 return - 25 one way out - 16 one way in
  - ATS: 4 transfers - 2 return - 1 one way out - 1 one way in; ATS no longer provided services after July 2021
  - Lacroix: 14 transfers - 3 return - 8 one way out - 3 one way in
- Board members were invited to ask questions.

## 7.0 **Medical Staff (Dr. S. Tremblay)**

### 8.1 Chief of Staff Report:

- Dr. Tremblay provided a verbal update on the following:
  - Many departments are currently working short staffed resulting in remaining staff having to work harder
  - Kudos to the dedicated nurses and physicians who work hard for our communities
  - Physician recruitment continues to be a top priority; we still need one to two physicians per site
  - Dr. Stryde is still accepting new patients

- The ER at AGH is mostly being covered by two locums; in March, we will be using more EDLP physicians
- A physician came for a community visit to Cochrane; he will start with a one to three-month locum to see if he is the right fit; he is a promising candidate
- Hospitals will be able to take on medical learners
- The daily COVID count is half the daily cases we had a month ago however, there is another strain of Omicron going around
- We had to ramp down on Visiting specialists' clinics in the past year but were able to resume as the restrictions were lifted on Feb. 10<sup>th</sup>

## 8.2 Medical Advisory Committee Minutes

- N/A

## 8.0 Ontario Health North / MOHLTC Business (P. Chatelain)

### 9.1 N/A

## 9.0 MICs Quality Committee (I. Boucher)

### 9.1 N/A

## 10.0 Physician & HR Recruitment

### 11.1 N/A

## 11.0 Indigenous and French Language Issues

### 12.1 N/A

## 12.0 Site Business (D. Delaurier)

### 13.1 Anson General Hospital:

- N/A

### 13.2 Bingham Memorial Hospital:

- N/A

### 13.3 Lady Minto Hospital:

- N/A

## 13.0 Partnership Business (Bob Dennis)

### 14.1 January 2022 Board Effectiveness Survey Results

- 12 out of 14 surveys were submitted.

### 14.2 February Board Effectiveness Survey

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

### 14.3 Review of the Q3 Strategic Plan – P. Chatelain

- This is the last year of the 2018-2022 plan; will plan a retreat in the fall to work on the next five-year plan
- The performance measures for Q2 and Q3 were presented
- Seem to be on target on indicators
- Challenges on a few areas due to COVID
- Protect our staff and patients; target was overly generous at 100%; there are staff who can't complete their learning
- Pharmacy service: address unmet standards from College of pharmacist; onsite visit from ODCP; sitting at 48% for LMH regarding the chemo prep room that is not up to

- standards
- % of ER shifts; loss one FT physician at LMH; locums are picking up shifts
- Hoping to have an open forum in IF regarding South Centennial Manor
- Would have achieved more targets if not for the pandemic

**14.0 In Camera**

15.1 Motion to go in camera

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

15.2 Livestreaming of board meetings

15.3 Motion to go out of in-camera

Moved by: F. Morrissette  
 Seconded by: A. Zsigmond

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

- February 2022 MICs Newsletter was provided for information.

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

- Wednesday, March 23, 2022 at 6:00 p.m. (LMH Lead Site) via Zoom

**17.0 Upcoming Meeting Dates**

- As per agenda.

**18.0 Adjournment (D. Delaurier)**

- There being no further business, the meeting adjourned at 8:12 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