

**Minutes of the Meeting of the MICs Board of Directors**  
**Wednesday, May 25, 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
R	Darcy Cybolsky – Municipal Representative
<b>BINGHAM MEMORIAL HOSPITAL</b>	
x	Bob Dennis – Chair
x	Oswald Silverson – Vice-Chair
x	Melissa Laderoute – Treasurer (arrived at 6:23)
x	Jenny Gibson – Municipal Representative (arrived at 6:21)
<b>LADY MINTO HOSPITAL</b>	
x	Pat Dorff – Chair
R	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 (left at 6:30)
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

**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: A. Zsigmond

Seconded by: P. Dorff

Be it resolved,

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

Carried.

**3.0 Trustee Education / Presentations**

3.1 ONE Project Update (P. Chatelain)

- The PowerPoint presentation of the ONE Initiative as of May 2<sup>nd</sup> was provided for information.
- The activation analysis has been completed and the Steering Committee has recommended option 2A “Ambulatory Care pilots” which is a Wave 1 with a live date of Sept. 2023; a number of small hospitals were clustered with HSN and TDH including MICs; we are under NO2 with a go live date of February 2024; the ambulatory module, which is oncology, will go live in April 2024; this is what they have been working on for the last 30 days.
- In the next 30 days, a communication toolkit will be prepared for all sites; they will announce the go live dates for all the committees and all communication tables and meet with Meditech to finalize the change requests on certain modules.
- The new Board of Directors approved the recommendation of the twenty-four colocation sites.
- The hosts will be HSN (Health Science North) and SAH (Sault Area Hospital); MICs has a seat on the board along with SRF (Smooth Rock Falls) and WAHA (Weeneebayko Area Health Authority).
- For the next 30 days, they will be working on the contract drafted for 5 years hosting Meditech agreement.
- They will continue to work on the detailed data centre plans with Teknicor who will install the Meditech hardware.
- The hardware for the new Meditech project is being installed in each of our sites.
- The Terms of Reference for the Physician Advisory Committee were finalized in the last 30 days; Dr. Bruno is the MICs physician representative.
- Over the next 30 days, the Steering Committee members will receive information from ONE confirming our current PAC member who is Dr. Bruno.
- The Physician Lead will be selected at the May meeting.
- A ONE Project Stakeholder forum is being held at the NBRHC (North Bay Regional Health Centre) in North Bay on June 21<sup>st</sup> & 22<sup>nd</sup>. The CFO and CNO will be attending and possibly Dr. Bruno.
- They will be discussing change management, order set management and clinical site visits.
- Attendees will be the project sponsors, site project leaders and site clinical change leaders.
- The Project Manager has sent out the email invitation with instructions on how to RSVP as well as travel and accommodation information.
- MICs has good representation in the working groups.
- We are still working on the financing documents.
- The project is very resource intensive especially in respect to the clinical documentation module. The work is ramping up now.
- We are considering introducing a clinical informatics role.
- 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 April 27, 2022 were provided for information.

Motion:

Moved by: F. Morrissette

Seconded by: O. Silverson

Be it resolved,

**THAT** the MICs Board of Directors approve the minutes of the meeting held April 27, 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 May.
- The CEO and Chief of Staff performance appraisals will be reviewed during the Meeting without Managers after the board meeting.
- The board met on May 19<sup>th</sup> to approve recommendations for board candidates.

## 6.0 MICs Finance

### 6.1 March 2022 Operating Statements – G. Waghorn

- The CFO provided a verbal update for all three sites as the auditor is still working on the audited financial reports due to the complexity and additional requirements in the audit resulting from the different funding pools related to COVID expenditures.

#### **BMH**

- The operating surplus is \$400,000.

#### **AGH**

- AGH still has an operating surplus in excess of \$1M which is what we've been reporting all year.

#### **SCM**

- SCM maintained a small surplus position which is directly related to COVID funding.

#### **LMH**

- The financial position for LMH improved due to the gains resulting from the adjustments to the change in value of our investments at year end which helped the bottom line; the surplus is sitting at around \$500,000 but there could be some adjustments made.

#### **VM**

- Villa Minto maintained an operating deficit position.
- We should have a strong financial result at the end of this fiscal year in spite of the challenges we've had with staffing and overtime.
- Board members were invited to ask questions.

### 6.2 April 2022 Capital Reports and ECP/HIRF Funding Allocations – G. Waghorn

- Highlights this month are the construction projects put on hold for 2021-22 and the 2021-22 funding extended. Also included this month are the applications and grant allocations for 2022-23 ECP/HIRF funding. The following applications were sent in for ECP for 2022-23 as follows:

AGH - Automatic transfer Switch (\$600,000)

BMH - Exterior Doors and Windows (\$400,000)

Waterline replacement (approximately \$200,000)

LMH - Air Handling Unit # 3a-3b Replacement (\$600,000)

- High level pricing for AGH asphalt replacement is extremely high even phasing the project. More discussion is needed to establish a plan as funding is only awarded in the late fall for sites requiring asphalt replacement. LMH will require another CO with Honeywell to complete Air Handling Unit 3a&3b project.

- Please note that the COVID pandemic has increased difficulties in projects being completed in relation to material delays, contractor availability and staffing issues. Also, consultants are seeing a higher than normal increase in project costs.

## 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:
  - We are still waiting to hear back from our auditors on the South Centennial Manor Redevelopment Financial Budget. We have been in dialogue with both the architect and the Ministry with respect to updates and next steps. Unfortunately, construction costs are increasing which means our portion will also increase.
  - We have received approval from the Ministry to carry over our HIRF and ECP funding grants to this fiscal year as most of the projects are delayed due to material and contractor availability. We continue to experience these delays.
  - The provincial budget indicates small hospitals will be receiving a 2% increase to our 2022-2023 base funding.
  - The Ministry of Long-Term Care has introduced new legislation “*Fixing the Long-Term Care Act*” which takes effect on April 11, 2022. There are many “phased in” changes including Infection Control practices, etc. This is a major impact to long-term care homes and will require a lot of education and additional resources.
  - We have received the following donations from the Royal Canadian Legion, Ontario Command: BMH - \$7,600 / SCM - \$6,000 / Rosedale - \$6,000; LMH and VM have also received some money.
  - We are going to be looking at the bills post-project to determine if we have achieved the yearly \$125,000 cost savings from Honeywell.
  - Board Members were invited to ask questions.

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

- The CNO stated that we are starting to regain a little bit of normalcy while living with COVID; we are still managing the pandemic within our normal day-to-day.
- Nursing recruitment is still ongoing; resumes are coming in however we continue to see some movement within MICs which creates vacancies in our sites.
- We continue to receive support from five agency nurses; MICs is doing very well compared to other sites in the region; we were able to provide some vacation to our nurses over the summer months.
- We hired seven nursing students for the summer in a PSW capacity - 2 SCM, 3 VM and 2 at Rosedale; we are hoping to retain some of them once they graduate.
- There is also a Community Commitment Program for Nurses (CCPN) through HealthForceOntario where nurses get a bonus in exchange for a two-year commitment of full-time hours; to qualify, they can't be working for 6 months before applying to the program; we will try to attract some individuals through this program.
- Monkeypox has surfaced; we received some orders from the Medical Officer of Health this week asking us to report any individuals who meet the case definition as per the documentation; our IPAC program lead has developed a draft policy to provide guidance to the physicians who are going to be managing patients through the Emergency Department with a way to report back to public health.
- The graph provided shows a five-quarter trend showing the increase in total ER visits

during the pandemic; MICs was seeing between 3,100 and 3,200 visits in Q3 and Q4 and there were approximately 4,000 visits in the last quarter; this is due largely in part to the decrease in primary physicians.

- As usual, the majority of our patients fall into CTAS Levels 4 & 5 (non-urgent/less urgent)
- Although we do not report the Emergency Department Wait Times to HealthQualityOntario because we are small hospitals, we have access to our own data to understand the activity that is going on in our ER; it allows us to look at the quality of the data that we pull and report back to the nursing staff and physicians about how well they're documenting on their ER forms; it is important to enter accurate information so as not to skew the data.
- Length of Stay in Emergency for High-Urgency Patients Not Admitted to Hospital: we have seen an increase in hours; the average CTAS level 4 for AGH is 5.8 hours and the provincial average is 4 hours; this was strictly related to a transfer. For LMH, the CTAS level 4 waiting time is 5.6 which was due to the patient having to wait for the physician to discharge him. CTAS level 2 is showing 20.4 hours due to a few patients being kept in ER for observation.
- Length of Stay in Emergency for All Patients Admitted to Hospital: the provincial average is 8 hrs; in Q3 for AGH, this was partly due to a patient waiting for observation.
- We are actively reviewing all anomalies; the CNO will look for a policy relating to wait times and when a patient should be admitted.
- Board members were invited to ask questions.

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

### 8.1 Chief of Staff Report:

- Dr. Tremblay did not provide a verbal update as he had to leave early.
- Board members were invited to direct their questions to Dr. Bruno regarding the MAC minutes.

### 8.2 Medical Advisory Committee Minutes

- Minutes of the MAC meeting held April 13, 2022 were provided for information.

### 8.3 Approval of the New Medical Staff By-Laws

- The Ontario Hospital Association (OHA) and the Ontario Medical Association (OMA) have updated the Hospital Prototype Board-Appointed Professional Staff By-Law. The 2021 version reflects changes in hospital practice, lessons learned from the COVID-19 pandemic and leading practices for the professional staff and medical leadership positions. The By-Law was last reviewed in 2011.
- All hospitals in Ontario are required to have a By-Law establishing the process for privileges, responsibilities of staff and other administrative rules. The Hospital Prototype Board-Appointed Professional Staff By-Law may be adopted by hospitals or used as guidance for developing local hospital by-laws.
- The Medical Advisory Committee reviewed and revised the prototype by-laws and recommends the new Medical Staff By-Laws be approved by the MICs Board of Directors.

Moved by: P. Dorff

Seconded by: J. Gibson

Be it resolved,

**THAT** the MICs Board of Directors approve the new MICs Medical Staff By-Laws as recommended by the MICs Medical Advisory Committee as presented.

Carried.

**9.0 Ontario Health North / MOHLTC Business (P. Chatelain)**

9.1 N/A

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

10.1 N/A

**11.0 Physician & HR Recruitment**

11.1 Worker Bees Update – P. Chatelain

- The LMH board chair and CEO provided a tour of the hospital to Dr. Amir and his wife on May 7<sup>th</sup>.
- The Town of Cochrane and Worker Bees are meeting in Cochrane next Tuesday to discuss funding and high priorities.
- The Township of BRM will continue to support the Committee with staffing; the funding will be paused for this year but will be reintroduced next year.
- There was no update on the physician recruiter position.
- MICs paid for the booth at the Ottawa recruitment fair plus a \$500 gift card.

**12.0 Indigenous and French Language Issues**

12.1 N/A

**13.0 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

**14.0 Partnership Business (Bob Dennis)**

14.1 April 2022 Board Effectiveness Survey Results

- 9 out of 13 surveys were submitted.

14.2 May Board Effectiveness Survey

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

**15.0 In Camera**

15.1 Motion to go in camera

Moved by: B. Dennis

Seconded by: O. Silverson

15.2 Discussion of physician privileges

15.3 Motion to come out of in-camera

Moved by: A. Zsigmond  
Seconded by: B. Dennis

15.4 Approval of Physician Privileges

Moved by: J. Gibson  
Seconded by: B. Dennis

Be it resolved,

**THAT** the MICs Board of Directors approve the appointment of EDLP physician, Dr. Timothy Lussier, as locum tenens in the Critical Care/Emergency Department as recommended by the MICs Medical Advisory Committee

Carried.

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

- May MICs Newsletter was provided for information.

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

- Wednesday, June 22, 2022 at 7:30 p.m. (LMH Lead Site) via Zoom

**18.0 Upcoming Meeting Dates**

- As per agenda.

**19.0 Adjournment** (D. Delaurier)

- There being no further business, the meeting adjourned at 7:20 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