

**Minutes of the Meeting of the MICs Board of Directors**  
**Wednesday, September 24, 2025 – 18h00**  
**via Teams (LMH Lead Site)**

<b>ANSON GENERAL HOSPITAL</b>	
	Danielle Delaurier – Chair
x	Ann Zsigmond – Vice-Chair
x	Fern Morrissette – Treasurer
x	Richard Charlebois – Municipal Representative
<b>BINGHAM MEMORIAL HOSPITAL</b>	
x	Oswald Silverson – Chair
x	Gail Waghorn – Vice-Chair
	Vacant – Treasurer
	Steve Campsall – Municipal Representative
<b>LADY MINTO HOSPITAL</b>	
x	Denis Clement – Chair
	Vacant – Vice-Chair
	Dennis Draves – Treasurer
	Sylvie Charron-Lemieux – 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	Tiffany Smith – MICs Executive Assistant ( <i>Recording Secretary</i> )
x	Derek Wilson – MICs Chief Financial Officer
x	Christina Preznioslo – MICs Chief Nursing Officer

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

1.1 Land Acknowledgement: We would like to acknowledge that we are hosting this meeting from the traditional territory of the Cree, Ojibwe, Ojicree, Algonquin and Métis Peoples of Apitipi Anicinapek Nation and Taykwa Tagamou Nation, located in Treaty 9 Territory.

We recognize the land as an act of Reconciliation, as recommended by the Truth and Reconciliation Commission's (TRC) 94 Calls to Action and gratitude to those whose territory we reside on, work on or are visiting.

Miigwetch to all Indigenous and Métis partners for sharing their land with us.

1.2 The chair opened the meeting and welcomed everyone. They then inquired if there were any declarations of conflict of interest.

There were none.

## 2.0 Approval of Agenda (D. Clement)

The agenda was reviewed.

Motion:

Moved by: O. Silverson

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 (CEO)

### 3.1 Guide to Good Governance Education

- The OHA is offering Hospital Governance Essentials for New Directors education.
  - Session 1: **Hospital Legal Framework** | Thursday, October 16, 2025, from 7:30 – 9:00 am
  - Session 2: **Hospital Accountability Within the Health System** | Thursday, October 23, 2025, from 7:30 - 9:00 am
  - Session 3: **Hospital Funding and Accountability** | Tuesday, October 28, 2025, from 7:30 – 9:00 am
  - Session 4: **Governance and Management Partnership** | Tuesday, November 4, 2025, from 7:30 – 9:00 am
  - Session 5: **Current Issues and Emerging Themes: Bringing it All Together** | Tuesday, November 11, 2025, from 7:30 – 9:00 am
- All Board Members were encouraged to attend.
- Discontinuation of OHA Self-Assessment Tool: clarified that the OHA board self-assessment tool has been paused and replaced with a governance tool.

### 3.2 OHA Governance Survey

- OHA is requesting to complete the OHA Governance Survey; the survey was completed and submitted. The survey is due to be submitted on September 26, 2025.

## 4.0 Approval of Minutes (D. Clement)

4.1 Minutes of the MICs Board of Directors meeting held Jun. 25, 2025, 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 Jun. 25, 2025, as presented.

Carried.

## 5.0 Follow-Up Items (CEO)

### 5.1 Review of the 2025-2026 Board Work Plan

- The Board Work Plan was reviewed/revised for the 2025/2026 year.
- Board Members were invited to ask questions.

- 5.2 2025-2026 Board Education and Orientation Plan
- The Board Education and Orientation Plan was reviewed for the 2025/2026 year.
  - The OHA Board Assessment Tool is on pause this year.
  - The Board of Directors Annual Work plan was set at tonight's meeting.

## 6.0 MICs Finance (CFO)

### 6.1 Aug. 2025 Operating Statements

- The CFO provided a comprehensive financial update for Bingham Memorial Hospital, Anson General Hospital, and Lady Minto Hospital, covering deficits, funding allocations, agency staffing reductions, and cash flow management
- Operating statements as of Aug. 2025:
  - BMH – In an operating deficit of \$(129,742) at the end of Aug. 2025
  - AGH – In an operating deficit position of \$(414,924) at the end of Aug. 2025
  - SCM – In a deficit of \$(890,679) at the end of Aug. 2025
  - LMH – In an operating deficit of \$(321,932) at the end of Aug. 2025
  - VM – In a deficit of \$(471,858) at the end of Aug. 2025
- Board Members were invited to ask questions.

Motion:

Moved by: F. Morrissette

Seconded by: G. Waghorn

Be it resolved,

**THAT**, the MICs Board of Directors approve the Aug. 2025 Operating Statements for Bingham Memorial Hospital, Anson General Hospital and Lady Minto Hospital, as presented.

Carried.

### 6.2 Balanced Budget Plan and Forecast

- The CFO presented the Balanced Budget Plan and Forecast. The CFO reviewed the process and challenges of submitting the multi-year balanced budget plan to the Ministry of Health, highlighting low- and high-risk cost-saving initiatives. The Ministry requires submission prior to board approval, with retroactive board review expected.
- Board Members were invited to ask questions.

Approval of Balanced Budget Plan and Forecast / Hospital Sector Stabilization Plan

WHEREAS, Ontario Health (OH) and the Ministry of Health (MOH) are requiring submission by Ontario hospitals of Hospital Sector Stabilization Plans (HSSP) and such submissions are required on an accelerated timeline and, given the express iterative nature of this process, are to be provided at this time without:

- a) comprehensive analysis of the consequences of any high-risk budget strategies, or
- b) appropriate stakeholder consultation.

AND WHEREAS, MICs Group of Health Services management has prepared the attached Multi-Year Balance Plan submission on a preliminary and draft basis using the guidance and template provided by MOH/OH to date, based on the best information available to the hospital at this time, and subject to the limitations noted above.

MOTION:

Be it resolved,

**THAT**, the MICs Board of Directors acknowledges receipt of the draft Hospital Sector Stabilization Plans for Anson General Hospital, Bingham Memorial Hospital and Lady Minto Hospital.

Approval of a final HSSPs will be subject to the Board conducting its due diligence and enterprise risk review of the proposed plan in accordance with its standards of care under the Ontario Not-for-Profit Corporations Act, 2010 and good governance practices.

Hospital management is authorized and directed to:

- 1) share the HSSPs with the MOH and OH;
- 2) proceed with non-high risk budget strategies;
- 3) work collaboratively and in good faith with MOH and OH to iterate the HSSP submission;
- 4) engage in consultation with relevant stakeholders, at the appropriate time following feedback from MOH and OH, to inform a further version of the HSSP submission; and
- 5) return to the Board for approval, prior to implementation of any high-risk budget strategies.

The Chief Executive Officer of the Hospital is authorized and directed to deliver a certified copy of this resolution, including the conditions and limits contained in it, to MOH and OH together with the draft HSSP submission.

Moved by: G. Waghorn

Seconded by: O. Silverson

Be it resolved,

**THAT**, the MICs Board of Directors approve the Balanced Budget Plan and Forecast for Bingham Memorial Hospital, Anson General Hospital, and Lady Minto Hospital as presented.

Carried.

### 6.3 Planning and Performance Guidance Materials for Hospitals (CEO)

- A review of the current Planning and Performance Guidance Materials was provided for information, highlighting on:
  - Overview of the Hospital Sector Planning and Performance Process.
  - Guidance for the Development of a Forecast.
  - Guidance for Development of a Balance Plan
  - The Planning & Performance Process – Post-Plan Development & Risk Assessment.
- Board Members were invited to ask questions.

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

### 7.1 Chief Executive Officer Report: (CEO)

- The CEO provided a report:
  - We did receive our funding allocations for this fiscal year. It was about 3% for the

- hospitals but only 2% for Long Term Care.
- We also received our HIRF allocations for 2025-26. LMH - \$930K, AGH – 669K, BMH – 620K.
- The ONA Arbitration award was recently announced. The term: is from April 1, 2025 – March 31, 2027. General Wage Increases: are 3.00% effective April 1, 2025, and 2.25% effective April 1, 2026.
- The CT scanner at LMH is on schedule with a tentative opening date of early November 2025. The renovations are almost complete and the Diagnostic Imaging staff are going for training. We will be working on an official grand opening soon.
- The LMH Pharmacy renovations is experience more delays with existing ventilation supply system, new design made, implementation for new duct work and commission is scheduled for October.
- Dr. Breceda has settled in at the Family Health Team of Iroquois Falls. We hope that he will be joining the AGH ER schedule early in the new year, Dr. Mohammedreza Nikzad has also signed a 3-year return of service with the Iroquois Falls FHT and MICs. He is expected to begin in January 2026.
- Board Members were invited to ask questions.

## 7.2 Chief Nursing Officer Report: (CNO)

- The CNO provided a report:

### **Recruitment**

- efforts have been successful across all sites. AGH has filled the final full-time RN position. BMH has successfully recruited one full-time RN and one full-time RPN. At SCM, the recruitment of one PSW has filled the last remaining vacancy, which will enable us to eliminate the Agency Staff pool moving forward.

### **Lady Minto Hospital (LMH)**

- Staffing: 1 FT RN and 1 FT RPN hired. Ward Clerk and Charge RN returned from leave; coverage gaps remain when supporting OR/Chemo. Additional d/e RN continues to provide valuable float coverage.
- Oncology: No issues; Sudbury oncology visit October 2, 2025.
- Operating Room: Limited coverage. Dr. Kelly (Timmins) providing endoscopy and dental days; Dr. Klassen provided one week of coverage in May. No ongoing general surgery coverage.

### **Anson General Hospital (AGH)**

- Staffing: 2 new FT RNs hired; previous new hires now independent. 2 RPN students completed consolidations and offered positions. Agency use remains high due to sick leaves and upcoming maternity leaves.
- Occupancy: Higher inpatient and ER volumes than previous quarter; trend of increasing ER visits continues.
- Projects: Wellness Room furniture ordered (Fall arrival). P4R Action Plans submitted. Pressure Injury Initiative showing reduced HAIs; prevalence surveys planned for Fall. Endoscopy program on hold.
- Education: Ongoing BLS/ACLS, IV Therapy and Arrhythmia courses planned. Critical Care and ultrasound training delivered site wide.

### **Bingham Memorial Hospital (BMH)**

- Staffing: Ongoing RN shortages; agency coverage continues. 1 RN returning from maternity leave; 2 recently off on leave. Anticipated RPN shortage by Fall.
- Occupancy: Census consistently high (baseline 7 ALC/CCC). Strain on night staffing mitigated with 4-hour RPN support when census reaches 9+ or acuity rises.
- Projects: New exterior signage installation scheduled July 2025 (P4R-funded).

Capital 2025–26 plan approved.

- Education: Clinical Scholar support with mock codes/advanced equipment training; IV training planned with AGH.

#### **Pharmacy Services**

- Upgrades: Compounding area upgrade (Phase 2 sterile area) completion expected Fall 2025.
- System Work: Meditech Expanse barcoding integration continues.
- Compliance: OCP audit scheduled November 13, 2025, at LMH.
- Reporting: New monthly medication safety/statistics reports to PCMs.

#### **Care Transitions & Hospice Services**

- New Palliative Care Clinical Lead in role, enhancing support for vulnerable patients and reducing ED visits.
- Secured funding for 2025–26 Hospice, grief/bereavement, and Barriers to Discharge program.

#### **Infection Prevention & Control (IPAC)**

- Colour-coded reference system continues to track and communicate healthcare-acquired infection rates.
- IPAC has completed the accreditation self-assessment and action plan to prepare for the Accreditation Canada on site assessment.

#### **Medical Device Reprocessing (MDR)**

- Flooding Issues: Three floods in Q2 required extensive cleaning/reprocessing of all items and surfaces. Recall issued for LMH suture sets and scissors; no patient harm reported. Maintenance remediation planned ASAP.
- Accreditation: Self-assessment completed; action plan to be finalized by September 30, 2025.
- Workload:
  - May 2025 – 498 items reprocessed
  - June 2025 – 378 items reprocessed

#### **Clinical Informatics (Submitted by Shazia Tabssum, Clinical Informatics Lead)**

- QRM Module: Build and configuration finalized. Phased go-live successful in both acute (May 12, 2025) and long-term care (June 16, 2025) settings. Comprehensive training delivered.
- eCTAS Pre-Implementation: Stakeholder meetings, train-the-trainer sessions, workflow reviews, and training preparation underway. Go-live planned for September 2025.
- Support & Optimization: Real-time staff support provided during go-lives; user feedback collected; workflows adjusted for optimization.
- Summary: Q2 marked by a major milestone with QRM implementation across acute and LTC, alongside strong progress toward eCTAS readiness. Both projects reinforce system adoption, improve clinical workflows, and advance digital transformation.

#### **Overall Summary:**

- Recruitment successes across sites but staffing shortages persist, particularly due to maternity and sick leaves, with continued reliance on agency nurses.
- Patient volumes rising, especially in AGH ER.
- Quality initiatives (P4R, Pressure Injury reduction, education) are progressing and showing positive impact.
- Pharmacy upgrades and compliance audits remain on track.
- MDR experienced flooding challenges but maintained patient safety, corrective actions in place.
- Informatics achieved QRM implementation and is on track for eCTAS launch in

September.

- Hospice/palliative services strengthened with new leadership and secured funding.
- IPAC and education initiatives continue to support staff development and infection awareness.
- Board Members were invited to ask questions.

## 8.0 Medical Staff (MICs Chief of Staff)

### 8.1 Chief of Staff Report

- Chief of Staff provided an update.

#### **Physician Recruitment:**

- Two new physicians have been recruited in the past six months.
- Dr. Breceda and family were hosted locally this summer; privileges to be reviewed next month.
- Recruitment for a full-time physician continues, though remains challenging.
- Drs. Kelly and Klassen are providing strong support; Dr. Klassen will be onsite seven or more days per month until next summer.

#### **NOSM Medical Students:**

- Dr. Bruno will host one 3<sup>rd</sup> year medical student (Sept 15–28) and two 2<sup>nd</sup> year students (Oct 20–31).
- Will demonstrate small-community teamwork and quality of life to learners.

#### **Operating Room (OR):**

- Partial summer schedule maintained to reduce surgical wait times.
- Full operations resumed in September with Dr. Kelly and dental cases running nearly full-time.

#### **Emergency Department:**

- No 24-hour closures occurred this summer; minor, brief diversions only when coverage was required for patient transfers.
- Recruitment efforts and local physician coverage continue to support stability.

#### **Locum and Stipend Update:**

- COVID/summer/locum stipend was discontinued April 1.
- Hourly rate increased, but removal of travel-time stipend has affected recruitment.

#### **Artificial Intelligence (AI) in Documentation:**

- Exploration underway for AI-assisted transcription in the hospital, particularly in the Emergency Department.
- Expected to reduce documentation time by 30–50% and improve patient interaction and accuracy.
- Policy development in progress.

#### **CT Scanner Project:**

- Construction and installation progressing on schedule; exterior nearly complete.
- Anticipated to improve diagnostic efficiency, reduce travel, and enhance patient care.

### 8.2 Medical Advisory Committee Minutes

- Minutes for the MAC meeting held Jun. 11, 2025, were provided for information.
- Board Members were invited to ask questions.

## 9.0 Ontario Health North / MOHLTC Business (CEO)

- N/A

## 10.0 MICs Quality Committee (CNO)

### 10.1 Critical Incident Aggregate Report

- The Health Information Protection Act (HIPA) was introduced in September 2015 and received Royal Assent in May 2016.
- HIPA proposed amendments to:
  - Personal Health Information Protection Act (PHIPA)
  - Quality of Care Information Protection Act (QCIPA)
  - Public Hospitals Act (PHA) Regulation 965 regarding critical incident review and disclosure.
- The amendments did not clarify the definition of critical incidents, prompting the Ontario Hospital Association (OHA) to develop guidance for hospitals. Definition of a Critical Incident (OHA Clarification):
  - An unintended event occurring during patient treatment in a hospital,
  - That results in death, serious disability, injury, or harm,
  - And does not result primarily from the patient's underlying medical condition or a known treatment risk.
- In reviewing the data we had 0 critical incidents reported.
- The Long-Term Care Homes Act, 2007, (LTCHA) and Ontario Regulation 79/10 (regulation) contain mandatory and critical incident reporting requirements for licensees. There are over 20 types of critical incidents that fall under the LTCHA. In reviewing the data, there was abuse of a resident (resident to resident)

### 10.2 Critical Incident Report

- Strengths: Total margins stable, high compliance in complaints acknowledgement, hand hygiene (before), and elimination of hospital falls causing harm.
- Areas for Improvement: High AMA rates (LMH), low ER and inpatient satisfaction, BPMH completion at AGH/LMH, and post-care hand hygiene at LMH.
- Strong performance in safety (falls, hand hygiene before, workplace violence prevention) and equity (EDIB completion).
- Challenges remain in client satisfaction (ER & inpatient), BPMH completion timeliness, AMA rates (LMH), and hand hygiene after care (LMH).
- Several metrics are in baseline or NR phase, requiring further data maturity in upcoming quarters.

### 10.3 Minutes of MICs Quality Meeting held Jun. 11, 2025

- The minutes of the Quality Meeting held Jun. 11, 2025, were provided for information.
- Board Members were invited to ask questions.

## 11.0 Physician & HR Recruitment (CEO)

### 11.1 Boreal Pulse Attraction Team

- Attend the Boreal Pulse Attraction Team meeting on October 9th and clarify MICs position on physician recruitment incentives.

### 11.2 Cochrane Residents for Family Physicians

- The new Cochrane Family Physicians Advocacy Group met with the CEO and LMH Board Chair and was seen as a positive development for the community. They may be asked to present to the MICs Board at a future meeting.

## 12.0 Indigenous and French Language Issues (CEO)

### 12.1 Indigenous Care Advisory Committee

- Will schedule a meeting in October to address items from the work plan, such as the

application for a patient navigator for the MICs Group of Health Services. This application requires endorsement from the Cochrane District Health Team and is pending approval. Once approved, the navigator could serve all three sites, potentially with an Indigenous focus. Further updates will follow once a meeting date is set.

### **13.0 Site Business (D. Clement)**

#### **13.1 Anson General Hospital:**

##### **13.11 SCM Redevelopment**

- AGH reported that the project is awaiting final approval to construct, with architects and contractors engaged and significant enhancements to the construction funding program secured from the Ministry of Long-Term Care.

##### **13.12 IFSS Thank You Card**

- A thank-you card was provided for information.

#### **13.2 Bingham Memorial Hospital:**

- N/A

#### **13.3 Lady Minto Hospital:**

##### **13.31 ESCHS Thank You Card**

- ESCHS Thank You Card was included in the meeting package for information.

##### **13.32 ECNR Thank You Card**

- ECNR Thank You Card was included in the meeting package for information.

##### **13.33 Letter of Thanks – Mackenna Pope**

- The Letter of Thanks from Mackenna Pope was included in the meeting package for information only.

### **14.0 Partnership Business (D. Clement)**

#### **14.1 Jun. 2025 Board Effectiveness Survey Results**

- 11 out of 14 surveys were submitted.

#### **14.2 Sept. Board Effectiveness Survey**

- The survey will be emailed to the Board Members following the meeting.

#### **14.3 Follow-Up Questions from The Iroquois Falls Health Coalition**

- The Iroquois Falls Health Coalition sent follow-up questions after the AGM, which were included in the meeting package for board members to review. Paul responded to all their questions and received additional follow-up questions, which will be addressed.

### **15.0 In-Camera (D. Clement)**

- N/A

### **16.0 MICs News (D. Clement)**

- The Jun. 2025 MICs Newsletter was provided for information.

### **17.0 Next Meeting Date (D. Clement)**

- Wednesday, Oct. 22, 2025, at 6:00 p.m. (AGH Lead Site) via Teams.

**18.0 Upcoming Meeting Dates (D. Clement)**

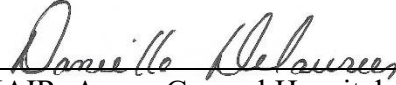
- 2025-2026 Board Meeting Schedule was provided for information.

**19.0 Adjournment (D. Clement)**

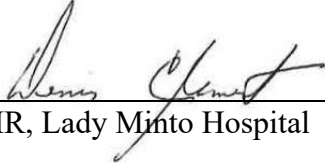
- There being no further business, the meeting adjourned at 9:32 p.m.



CHAIR, Bingham Memorial Hospital



CHAIR, Anson General Hospital



CHAIR, Lady Minto Hospital



SECRETARY, MICs CEO