

**CGMH Board of Directors  
March 23, 2023  
Hybrid Meeting (In-person and Teams)  
1600 –2000hours**

**Vision:** OUTSTANDING CARE – FOR LIFE

**Mission:** Advancing community health through compassionate, innovative and collaborative care.

**Skills & Qualities:**

1. Respected by Board members, the CEO, and key stakeholders.
2. Willingness and ability to commit time to leadership of the organization.
3. Ability to communicate, listen, and seek others’ input.
4. Ability to lead the Board in addressing and resolving difficult issues.
5. Ability to work at a strategic level.
6. Strong facilitation skills and an ability to influence and achieve consensus.

Committee Members: “P” = Present, “R” = Regrets, “T” = Teleconference, “V” = Video

Barry Goodwin	V	Cleo Noxon	P	Dr. Michael Lisi	P
Geoff Davies	P	Joe Prosperi	V	Dr. Susan O’Toole	V
Chris Hoffmann	V	Mark Saunders	R	Dr. Yixin Xie	V
David Johnston	V	Michael Thompson	P	Michael Lacroix	P
Keith McQueen	P	Krista Young	P	Tracey Fletcher	P

Chair: Barry Goodwin Recorder: Alex Ainley (P)

Guest: Kris Baird, VP People Services & Safety/CHRE (P)

Kathleen De Pellegrin, VP Corporate Services and CFO (P)

Gwen Bailey Mason, Agnew Peckham Health Care Planning Consultants (P)

Lucy Brun, Agnew Peckham Health Care Planning Consultants (V)

Sonja Dimitrovska, Parkin Architects Ltd. (P)

Robin Snell, Parkin Architects Ltd. (V)

Bob Picken, Hanscomb Limited (V)

Bob Savage, CGMH Project Director (V)

**CALL TO ORDER**

The Board of Directors meeting was called to order at 4:04pm.

**1.0 Land Acknowledgement**

*For more than 15,000 years the First Nations walked upon, and cared for, the lands we now call home: Anishinabek, Haudenosaunee, Ojibwe, and many others who cared for their families and communities, the way we now seek to care for ours.*

*Collingwood General & Marine Hospital acknowledges the Lake Simcoe-Nottawasaga Treaty of 1818 and respects all of the Nation-to-Nation agreements that have formed relationships with the original inhabitants of Turtle Island; the reality of our shared history; the current contributions of Indigenous people within our community and seeks to continue empowering expressions of pride amongst all of the diverse stakeholders in this area.*

*We seek to do better, to continue to recognize, learn, and grow, in friendship and community.*

**2.0 APPROVAL OF AGENDA**

**2.1 APPROVAL OF OPEN AGENDA**

Mr. Davies moved to adopt the agenda as presented, seconded by Mr. Johnston; ***the motion carried unanimously.***

## **2.2 DECLARATION OF CONFLICT OF INTEREST**

No conflicts were declared.

## **3.0 APPROVAL OF ITEMS ON THE CONSENT AGENDA**

Mr. Johnston moved to adopt the consent agenda as presented, seconded by Mr. Hoffmann; ***the motion carried unanimously.***

## **4.0 Hospital Development**

### **4.1 Stage 1.3 Overview**

Mr. Goodwin thanked everyone for their part in planning processes to date.

Representatives from Agnew Peckham Health Care Planning Consultants and Parkin Architects Limited introduced themselves and provided an overview of the PowerPoint presentation included in the agenda package.

Discussion ensued concerning the potential for understated population projections. Population data included in the Stage 1.3 submission is based on the Ministry of Finance, which is standard practice. The hospital carried out its own population assessment in Stage 1.3 and found a slight difference representing approximately six beds over a 10-year timeline. To mitigate the issue, the submission includes 10-year and 20-year population projections. Programming numbers are also rounded up and in some cases a flex factor has been built in to allow for greater flexibility. The next stage of planning will include a growth strategy that will address potential delays to the project timeline.

Discussion ensued concerning scope of services and programming included in the submission. This work was done in Stage 1.2 through detailed analysis with Resource Planning Group. This work was reinforced in Stage 1.3. The majority of programming is a continuation of existing services. Programs that have been added based on growth, include in-patient rehabilitation, in-patient mental health, out-patient chemotherapy, an ambulatory pain clinic and magnetic resonance imaging (MRI).

Discussion ensued concerning cost escalation between Stage 1.2 and Stage 1.3. The industry standard for cost escalation four years ago was two to four percent. Today that number is closer to 25 percent and will continue to increase every six months for the foreseeable future.

Discussion ensued concerning total project cost and the local share component should expenses increase. There are ways to mitigate costs. There is flexibility with purchasing equipment, which makes up a significant part of the local share. It is also typical for hospitals to look at financing options. Additionally, the redevelopment is uniquely positioned beside a proposed health and wellness village. The hospital will be an independent site, but synergies with the development are possible in the future. A detailed assessment of plus or minus contingency is included in the Stage 1.3 submission.

Discussion ensued concerning patient experience considerations. Various phases of room-by-room analysis has taken place through various user groups. This will continue in future stages of the redevelopment.

Discussion ensued concerning low carbon healthcare considerations. A geothermal system is included in the cost estimate of the Stage 1.3 submission. Further initiatives, including electrification of the hospital's systems will be considered in future stages. There has been a global shift to low carbon healthcare. Low carbon elements and removing waste from all processes of new healthcare developments has become standard practice.

The biggest barrier to the project is meeting approval timelines. The next step is to implement a government relations strategy to keep the project a priority of the Government of Ontario.

***Motion: Mr. McQueen moved that on a recommendation of the Hospital Development Committee, the Board of Directors approve the Stage 1.3 plan, inclusive of a complete hospital development on the greenfield site option, at an estimated total cost of \$899 million and a local share requirement of \$124 million. Seconded by Mr. Prosperi; motion carried unanimously.***

Representatives from Agnew Peckham Health Care Planning Consultants and Parkin Architects Limited left the meeting.

#### 4.3 Government Relations Overview

Mr. Goodwin provided an overview of the feedback received from Enterprise Health Canada. The agency has provided key themes for discussion, contact information of individuals important to the approval process and messaging to share locally with individuals and organizations who might be able to echo the importance of the project to provincial representatives.

Mr. Lacroix has a meeting scheduled with the Ministry of Health's Capital Branch at the end of April to provide an overview of the Stage 1.3 submission.

There was a 15-minute break in the meeting. All board members returned to the meeting.

#### **5.0 CoS Professional staff privileges**

Dr. Lisi reviewed the newly Credentialed Professional Staff. A list of newly credentialed staff is included in the minutes as Appendix 1.

***Motion: Based on the recommendation of the Medical Advisory Committee, who has confirmed the appropriate credentialing process has been followed as per the Public Hospitals Act, the Board of Directors approves the credentials for all physicians listed on the credential report. On a motion by Mr. McQueen. Seconded by Mr. Thompson; the motion carried unanimously.***

Dr. Lisi reviewed the applicants who requested change in privilege status. A list of staff who requested a change in privilege status is included in the minutes as Appendix 2.

***Motion: Based on the recommendation of the Medical Advisory Committee, who has confirmed the appropriate credentialing process has been followed as per the Public Hospitals Act, the Board of Directors approves the credentials for all physicians requesting a change in privilege status listed on the credential report. On a motion by Ms. Noxon. Seconded by Ms. Young; the motion carried unanimously.***

Dr. Lisi reviewed professional staff reapplications. A list of reapplications is included in the minutes as Appendix 3.

***Motion: Based on the recommendation of the Medical Advisory Committee, who has confirmed the appropriate credentialing process has been followed as per the Public Hospitals Act, the Board of Directors approves the***

***credentials for all professional staff reapplications listed on the credential report. On a motion by Mr. Johnston. Seconded by Mr. McQueen; the motion carried unanimously.***

## **6.0 Issues Requiring Discussion and Decision**

### **6.1 Audit Committee Report**

Mr. Johnston shared that the work of the Audit Committee is on track. The Committee had no further updates.

### **6.2 Risk Committee Report**

Mr. Hoffmann was absent from the last Risk Committee meeting. As such, Mr. Thompson provided an update on the work of the Committee. Mr. Thompson shared that the organization is in the process of updating the risk register. Risks are being evaluated to ensure the most significant risks are captured. The number of risks is also being reduced or moved to a separate operational risk register to allow for greater focus on key risks.

Further, Mr. Thompson shared that the Committee has been working to ensure cybersecurity is a top risk of the organization and that proper mitigation controls are in place and there is a process to ensure the controls are effective and working.

### **6.3 Governance Committee Report**

Mr. Prosperi provided an update on the work of the Governance Committee. He shared that the recruitment process is underway and that applications will be accepted until April 10<sup>th</sup>. The Governance Committee will review applications and bring a recommendation to the Board of Directors before the next meeting.

### **6.4 Quality Committee Report**

Mr. Thompson provided a written report in the agenda package that summarized the work of the Quality Committee.

#### **6.4.1 2023/24 QIP**

Mr. Lacroix provided an overview of the Quality Improvement Plan for the next fiscal year.

Discussion ensued concerning workplace violence. There are number of actions the organization takes to prevent incidents from occurring, including the creation of care plans. There are also several professional staff initiatives that physicians use, including limiting the use of medications that might cause someone to become agitated.

***Motion: Mr. Davies moved that on a recommendation of the Quality Committee the Board of Directors approve the 2023/24 Quality Improvement Plan Workplan. Seconded by Mr. McQueen; motion carried unanimously.***

#### **6.4.2 2023/24 Q3 True North Dashboard**

Mr. Lacroix provided an overview of the True North Dashboard as included in the agenda package. He highlighted that the report will be brought to all committee meetings going forward. The Board asked that an indicator column be added to the report to show which metric belongs to which Committee.

**Action: Mr. Lacroix will add an indicator column to the True North Report to the report that indicates which metric belongs to which Committee.**

### **6.5 Resource Committee Report**

Ms. Noxon provided a written report in the agenda package to summarize the work of the Resource Committee.

#### **6.5.1 2022/23 Q3 Financial Statements**

Mr. Lacroix provided an overview of the quarterly financial statements as provided in the agenda package. He highlighted that the organization should be in a surplus position by year end. Despite this, the hospital is experiencing increased remuneration costs due to health human resource challenges. Additionally, medical supply costs are increasing due to both increased patient volumes and inflation.

Mr. Lacroix shared that CGMH received a funding letter this week notifying the organization of an additional \$1.3 million in one-time funding for the ten beds the hospital was allocated to support acute care bedding capacity needs in response to COVID-19. These beds were funded at \$3.5 million at the start of the fiscal year. The additional \$1.3 million brings the total to \$4.8 million. The organization is hopeful these beds will become permanent next year.

The organization is forecasting a deficit position in the next fiscal year. This is expected to be offset by funding for the ten permanent beds, as well as a recently announced increase to base funding of four percent.

***Motion: Mr. Davies moved that on a recommendation of the Resource Committee the Board of Directors approve the 2022/23 Q3 Financial Statements. Seconded by Mr. Thompson; motion carried unanimously.***

#### 6.5.2 2022/23 Q3 Capital Update

Mr. Lacroix provided an overview of the Q3 Capital Update as provided in the agenda package.

#### 6.5.3 2023/24 Capital Plan

Mr. Lacroix provided an overview of the 2023/24 Capital Plan as provided in the agenda package. He highlighted that the capital budget is set at \$4.9 million, and that most of this funding will go toward Diagnostic Imaging, including the new MRI. The capital plan is almost entirely funded by the CGMH Foundation.

***Motion: Mr. Thompson moved that on a recommendation of the Resource Committee the Board of Directors approve the 2023/24 Capital Plan. Seconded by Ms. Young; motion carried unanimously.***

#### 6.5.4 Aramark Contract

Mr. Lacroix provided an overview of the briefing note as provided in the agenda package. He highlighted that the item requires Board approval because it is over the \$1 million threshold. The Board agreed to extend the Aramark agreement to December 31, 2023.

Discussion ensued concerning the process for purchasing approvals. The Board agreed that even if something is implicit in a policy that it should also be stated, including, for example, the renewal of board approved contracts. A contract renewal that is below the \$1 million threshold should be approved by the Board if it was originally approved by the Board.

**Action: Mr. Lacroix, as part of the policy review process, will ensure that the organization's signing and approval policy states that all agreements approved by the Board must go back to the Board for renewal, even if they are below the fiscal threshold.**

***Motion: Mr. McQueen moved that on a recommendation of the Resource Committee the Board of Directors approve the extension of the Aramark contract to December 31, 2023 at a cost of approximately \$1.25 million. Seconded by Ms. Young; motion carried unanimously.***

#### 6.5.5 2023/24 H-SAA and M-SAA Extension

A draft H-SAA and M-SAA was provided in the agenda package. The Board agreed to extend the existing H-SAA and M-SAA into the first quarter of the next fiscal year.

***Motion: Mr. McQueen moved that on a recommendation of the Resource Committee the Board of Directors approve the extension of the H-SAA and M-SAA into the first quarter of 2023/24 ending June 30, 2023. Seconded by Mr. Davies; motion carried unanimously.***

#### 6.6 People and Compensation Committee Report

Mr. Johnston provided an update on the work of the People and Compensation Committee. He shared that the 2022/23 Succession Plan has been completed. It was delayed due to Mr. Lacroix being new to the President and CEO position. It will revert to its normal schedule of being reviewed in September.

##### 6.6.1 2023/24 CEO and CoS SAAs

Mr. Lacroix provided an overview of the CEO and CoS Shared Accountability Agreements. He highlighted that the initiatives contained within the agreements will inform the strategic direction of the organization and provide a basis for the hospital to move forward over the next fiscal year.

The Board requested that the report, in future, provide information that references the workflow of information to make it clear where the data came from.

The Board requested that the report, in future, provide more specifics and clarity around what the organization is trying to achieve with each goal.

The Board requested changes to the goals associated with the Patient, Family and Caregiver Advisory Committee (PFCAC) indicator. The Board would like PFCAC to be fully operational as soon as possible. The organization agreed to wordsmith the document to ensure a PFCAC framework is implemented as a starting point and provide outcome measures for the “stretch” and “outstanding” metric.

**Action: Mr. Lacroix will make changes to the Patient, Family and Caregiver Advisory Committee indicator on the 2023/24 CEO and CoS SAAs, to note the implementation of the PFCAC framework as “threshold” and create other outcome measures for the “stretch” and “outstanding” metric.**

***Motion: Incorporating the changes discussed, Mr. Goodwin moved that on a recommendation of the People and Compensation Committee the Board of Directors approve the 2023-2024 CEO and CoS Shared Accountability Agreements (SAAs). Seconded by Mr. McQueen; motion carried unanimously.***

## 7.0 New Business

### 8.0. Action Item Review

All action items were noted as complete except for one concerning an analysis of the goals and objectives of Meditech Expanse. Mr. Lacroix agreed to review the item and provide an update at the next meeting.

**Action: Mr. Lacroix will review the status of analysis of Meditech Expanse to ensure it is meeting its goals and objectives. He will update the Board at the next meeting.**

**Action: Ms. Ainley to change the item from “in progress” to “to be determined”.**

### **9. Meeting Reflection**

Mr. Goodwin shared his frustrations with having to appear remote. He thought the meeting included good discussion and he hoped everyone was comfortable with the outcomes.

Mr. Thompson commented that he thought the redevelopment discussion was well done. He felt that the discussion provided enough comfort to move forward.

Mr. Davies commented on how much he appreciates the atmosphere and openness of discussion. He hoped everyone felt comfortable stating their opinion and asking questions.

### **10. Next Meeting**

June 15, 2023

### **11. Adjournment**

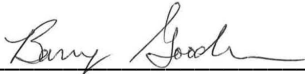
Mr. Goodwin provided a motion to adjourn the meeting at 8:59pm. Seconded by Mr. Davies; ***the motion carried unanimously.***

### **12. Meeting with Management**

Not included in the minutes.

### **13. Independent Director Session**

Not included in the minutes.



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Chair, Board of Directors

Alex Ainley, Recording Secretary

Appendix 1 – Newly credentialed professional staff

Appendix 2 – Requested change in privilege status

Appendix 3 – Professional staff reapplications

**APPENDIX 1**  
**Professional Staff Privileges**

**Newly credentialed professional staff:**

Dr. Andrea Miller

Application for Locum Tenens privileges in the Department of Diagnostic Imaging.

Dr. Thomas Gordon Paul

Application for Locum Tenens privileges in the Department of Diagnostic Imaging.

Dr. Valerie Lemieux

Application for Locum Tenens privileges in the Department of Surgery.

**APPENDIX 2**  
**Professional Staff Privileges**

**Requested Change in Privilege Status:**

Dr. Alejandra Cervantes Hernandez

Dr. Alejandra Cervantes Hernandez has requested a move from Locum Tenens privileges to Associate Staff privileges in the Department of Family Medicine.

Dr. Leon Irish

Dr. Leon Irish has requested a move from Locum Tenens privileges to Associate Staff privileges in the Department of Family Medicine.

Dr. Nicholas Kanya-Forstner

Dr. Nicholas Kanya-Forstner has requested a move from Locum Tenens privileges to Associate Staff privileges in the Department of Family Medicine.

Dr. Sohail Sardar

Dr. Sohail Sardar has requested a move from Locum Tenens privileges to Associate Staff privileges in the Department of Family Medicine.

Dr. Lindsey Leduc

In addition to Locum Tenens privileges in the Department of Family Medicine, Dr. Lindsey Leduc has requested Locum Tenens privileges in the Department of Emergency Medicine.

**APPENDIX 3**  
**2023 Professional Staff Reapplication Report**

Reapplication			
Name	Status	Department	Dept. Chief Recommendation
Sardar, Sohail	Locum Tenens	Family Medicine	Dr. Alexandra Fraser