

**BOARD OF DIRECTORS MEETING - OPEN**

Wednesday, May 24, 2023

1700-1745

Virtual via Teams / C.1.229 Meeting Room (CMH)

[Click here to join the meeting](#)

Or call in (audio only)

[\(833\) 827-2824](tel:(833)827-2824) Canada (Toll-free)Phone Conference ID: [616 547 107#](tel:616547107#)**AGENDA**

Agenda Item	Page #	Time	Responsibility	Purpose
* indicates attachment / TBC – to be circulated				
<b>1. CALL TO ORDER</b>		1700	N. Melchers	
1.1 Territorial Acknowledgement				
1.2 Welcome			N. Melchers	
1.3 Confirmation of Quorum (7)			N. Melchers	Confirmation
1.4 Declarations of Conflict			N. Melchers	Declaration
1.5 Consent Agenda <i>(Any Board member may request that any item be removed from consent agenda and moved to the regular agenda)</i>			N. Melchers	Motion
1.5.1 Minutes of April 26, 2023*	3			
1.5.2 CEO Report*	10			
1.5.3 Board Work Plan*	14			
1.5.4 Quality Monitoring Metrics*	22			
1.5.5 Annual CEO Certification of Compliance*	24			
1.6 Confirmation of Agenda			N. Melchers	Motion
<b>2. PRESENTATIONS</b>				
2.1 None				
<b>3. BUSINESS ARISING</b>				
3.1 None			N. Melchers	
<b>4. NEW BUSINESS</b>				
4.1 Chairs Update		1705	N. Melchers	
4.1.1 Chairs Report*	26		N. Melchers	Information
4.1.2 Events Calendar*	30		N. Melchers	Information
4.1.3 Board Education Topics 2023/24 Survey Results*	32		N. Melchers	Information
4.2 Quality Committee Update (May 17, 2023)		1710	D. Wilkinson	
4.2.1 Quality Committee Meeting Summary*	34		D. Wilkinson	Information
4.3 Capital Projects Sub-Committee Update (May 23, 2023)		1715	T. Dean	
4.3.1 Capital Projects Meeting Summary	36		T. Dean	Information
4.4 Resources Committee Update (May 23, 2023)		1720	L. Woeller	
4.4.1 Resources Committee Meeting Summary	38		L. Woeller	Information
4.4.2 Broader Public Sector Accountability Act Attestation*	42		L. Woeller	Motion
4.4.3 Multi-Sector Service Accountability Agreement (M-SAA) Schedule F Declaration of Compliance*	59		L. Woeller	Motion

Board Members: Nicola Melchers (Chair), Sara Alvarado, Tom Dean, Julia Goyal, Elaine Habicher, Monika Hempel, Miles Lauzon, Dr. Margaret McKinnon, David Pyper, Jody Stecho, Diane Wilkinson, Lynn Woeller

Ex officio Members: Patrick Gaskin, Dr. Winnie Lee, Dr. Vlad Miropolsky, Dr. Ingrid Morgan, Stephanie Pearsall

Agenda Item * indicates attachment / TBC – to be circulated	Page #	Time	Responsibility	Purpose
4.5 Medical Advisory Committee Update (May 10, 2023)		1730	Dr. W. Lee	
4.5.1 MAC Meeting Summary*	63		Dr. W. Lee	Information
4.6 CEO Update		1735	P. Gaskin	
<b>5. UPCOMING EVENTS</b>			N. Melchers	
5.1 Save the Date - CMH Staff BBQ – June 20 <sup>th</sup> Further details to follow				
5.2 CMH Champions Staff Golf Tournament, August 10, 2023, Beaverdale Golf Course <a href="https://cmhfoundation.ca/uncategorized/registration-for-champions-golf-tournament/">https://cmhfoundation.ca/uncategorized/registration-for-champions-golf-tournament/</a>				
5.3 CMH Golf Classic 2023, Monday September 25, 2023 Galt Country Club <a href="#">CMH Golf Classic</a>				
<b>6. DATE OF NEXT MEETING</b>			Wednesday June 28, 2023, 1700-1830 Location: In Person TBD	
<b>7. ADJOURNMENT</b>		1740	N. Melchers	Motion

Board Members: Nicola Melchers (Chair), Sara Alvarado, Tom Dean, Julia Goyal, Elaine Habicher, Monika Hempel, Miles Lauzon, Dr. Margaret McKinnon, David Pyper, Jody Stecho, Diane Wilkinson, Lynn Woeller

Ex officio Members: Patrick Gaskin, Dr. Winnie Lee, Dr. Vlad Miropolsky, Dr. Ingrid Morgan, Stephanie Pearsall

Cambridge Memorial Hospital  
BOARD OF DIRECTORS MEETING  
**Wednesday, April 26, 2023**  
**OPEN SESSION**

Minutes of the open session of the Board of Directors meeting, held in virtually and in person, April 26, 2023

Present:

Ms. N. Melchers, Chair	Ms. J. Stecho
Ms. L. Woeller	Dr. I. Morgan
Ms. M. McKinnon	Dr. V. Miropolsky
Ms. D. Wilkinson	Ms. S. Pearsall
Ms. J. Goyal	Dr. W. Lee
Ms. D. Pyper	Ms. S. Alvarado
Mr. M. Lauzon	Mr. P. Gaskin

Regrets:

Ms. M. Hempel, Mr. T. Dean, Ms. E. Habicher

Staff Present:

M. Iromoto, V. Smith

Guests:

Recorder: Ms. S. Fitzgerald

---

**1. CALL TO ORDER**

Ms. Melchers called the meeting to order at 1700 hours.

**1.1. Territorial Acknowledgement**

The Chair presented the Territorial Acknowledgement.

**1.2. Welcome**

The Chair welcomed the members to the open session and introduced Valerie Sellers-Smith, Director of Finance for CMH.

**1.3. Confirmation of Quorum (7)**

Quorum requirements having been met, the meeting proceeded, as per the agenda.

**1.4. Conflict of Interest**

Board members were asked to declare any known conflicts of interest regarding this meeting. There were no conflicts declared.

**1.5. Consent Agenda**

Prior to approving the Consent Agenda, the Chair asked if any items required removal for further discussion.

The consent agenda was approved with noted amendments.

1.3.1 Minutes of January 25, 2023

1.3.2 CEO Report

- 1.3.3 Board Work Plan
- 1.3.4 Quality Monitoring Metrics
- 1.3.5 Q4 CEO Certification of Compliance

**CARRIED** (Woeller/Alvarado)

1.6. **Confirmation of Agenda**

**MOTION:** (Melchers/) **that**, the agenda be approved as amended. **CARRIED**

Two minor changes to the agenda; M-SSA for information & Audit Presenter to be Lynn Woeller.

2. **Presentations**

There were no presentations during the open session of the meeting.

3. **Business Arising**

There were no items for discussion.

4. **New Business**

4.1. **Charis Update**

The Chair gave a brief summary of the Chair's report that was pre-circulated in the meeting package. The Chair thanked the members for being involved in many events that have taken place at CMH over the past couple of months.

4.1.1. **Letter from Deputy Minister Dr. Catherine Zahn**

The Committee received the thank you letter issued by Dr. Catherine Zahn, Deputy Minister of the Ministry of health, thanking Ontario's Hospitals for their commitment and leadership towards outstanding care to the people of Ontario.

4.1.2. **Events Calendar**

The Board reviewed the events calendar. One Board member noted the date of the Audit committee meeting should be read May 23, 2023. The Chair highlighted the CMH Golf tournament being held in September and encouraged members of the Board to join.

4.2. **Quality Committee Update**

The Committee Chair provided the Board with highlights from the April 19, 2023, meeting as outlined in the pre-circulated briefing notes. A patient story about an end-of-life patient was shared. The ICU Team approached the patient and family about the 3 Wishes Project and together planned a positive memory about their journey. This was a collaborative effort across multiple disciplines to support this patient and family. The following program highlights were summarized: 3 Wishes Project, Critical Care Response Team (CCRT), Continuous Renal Replace Therapy (CRRT), staff members experiencing post pandemic burnout, and an outline of challenges that the team has faced related to mental wellness.

The Quality Committee received a program presentation from IPAC that included a short overview of the program that included: 1) primary focus over the last three years has been COVID and the rapidly changing guidance, 2) for the next year, CMH will be focusing on process measures and data reporting; driving practice changes and improvements, 3) IPAC works very closely with the Health Wellness & Safety team, 4) outbreak summaries 2021/22 and 2022/23, and 5) automation of processes

The Quality Committee received the results of the Patient Safety Culture Survey that included unit reflections and overall safety.

Ms. Pearsall structured the generative discussion as a mock Accreditation survey. As some Committee members will be experiencing their first Accreditation, Ms. Pearsall provided a short introduction to the process. Two questions were presented, and the Quality Committee had a robust discussion.

**4.3. Executive Committee Update**

The Committee Chair provided the Board with highlights from the March 16, 2023, meeting as outlined in the pre-circulated briefing notes. The chair noted that the CEO and COS performance survey tool and participant list was approved and has been circulated for completion. The CEO and COS 2023/24 goals were received and reviewed by the committee and will be brought back for final approval at the May 2023 meeting. An approved succession plan for the President & COS are in place.

**4.4. Audit Committee Update**

No items for discussion from the April 24, 2023, meeting.

**4.5. Capital Projects Sub-Committee Update**

The acting Committee Chair reported that the project is on track and there is no change to the October 2024 substantial completion date. Since the last update there have been no changes to the critical path or budget.

**4.6. Resources Committee**

The Committee Chair provided the Board with highlights from the April 24, 2023, meeting as outlined in the pre-circulated briefing notes. With the additional bed funding confirmed for the 2023-24 fiscal year, management was able to balance the 2023-24 budget with no bed closures and submit a balanced Hospital Accountability Planning Submission (HAPS) to OH. Following OH review of the HAPS, CMH was required to respond on March 31, 2023, confirming the hospital's intent to sign the Hospital Service Accountability Agreement (H-SAA) pending Board approval.

**MOTION: THAT**, the Board of Directors approves a balanced 2023-24 Hospital Accountability Planning Submission (HAPS) and the 2023-24 Hospital Service Accountability Agreement (H-SAA). (McKinnon/Pyper) **CARRIED**

OH West completed its review and approved CMH's balanced Community Accountability Planning Submission (CAPS) submitted in November 2022. On March 30, 2023, CMH received notice that the 2022-23 M-SAA would be extended to June 30, 2023, and OH required CMH to affirm its support for the M-SAA extension and submit the M-SAA extension letter by April 11, 2023. Management provided the signed M-SAA extension letter to the Resources Committee for information. Management will keep the Committee and Board apprised of the discussions with OH related to the 2023/24 M-SAA and any changes proposed.

**4.7. Medical Advisory Committee**

**4.7.1. March & April Meeting Summary**

The Chief of Staff provided a fulsome update from the March 8, 2023, MAC meeting as outlined in the pre-circulated briefing note. Dr. Lee recognized Dr. J. Legassie for chairing the credentialing committee and leading that group. Dr. Lee and Dr. Legassie will be partaking in the Proof workshop for credentialing. CMH will be one of eight hospitals participating.

## 4.7.2. February Privileging and credentialing

**MOTION:** that, the Board of Directors *approve the standard credentialing files from the February 2023 Credentials Committee meeting.* (Wilkinson/McKinnon)

**CARRIED**

Name	Department	Specialty	Appointment	Reason	Supervisor
Dr. Paulo DeGouveia	Emergency Medicine		Locum → Associate	Requesting to change status from Locum to Associate privileges	Dr. Matthew Runnalls
Dr. Yen Foong	Women & Children's	Pediatrics	Locum	Requesting locum privileges from June 1, 2023 to August 31, 2024	Dr. Manjulata Rajguru
Dr. Marinela Grabovac	Women & Children's	OBGYN	Locum	Requesting locum privileges for Feb 15 – Dec 31, 2023	Dr. Kristin Wadsworth
Dr. Michelle Kuang	Emergency Medicine		Associate → Locum	Requesting to retain privileges after an absence	Dr. Matthew Runnalls
Dr. Joy Kuncheria	Hospital Medicine		Active → Locum	Requesting to change status from Active to Locum effective July 1, 2023.	Dr. Jenny Legassie
Dr. Kenneth Leung	Internal Medicine	Liver Clinic	Locum	Requesting to extend Locum privileges from March 1, 2023 to December 31, 2023	Dr. Augustin Nguyen
Dr. Kedar Patil	Diagnostic Imaging		Locum	March 1, 2023 – June 30, 2023	Dr. Inga Isupov
Dr. Praveen Saroey	Women & Children's	Pediatrics	Associate → Locum	Requesting to change status from Associate to Locum effective February 1, 2023	Dr. Manjulata Rajguru

Name	Department	Specialty	Appointment	Reason	Supervisor
Dr. Jaskarn Sahota	Community and Family Medicine Surgical Assist		New Hire	Requesting Associate privileges + Surgical Assist	Dr. Mekalai Kumanan
Dr. Jessica Smith	Women & Children's	OBGYN	Locum	Requesting locum privileges from March 1, 2023 – December 31, 2023	Dr. Kristin Wadsworth
Dr. Ahmad Tarakji	Internal Medicine	Nephrology	Locum	Requesting locum privileges from February 1, 2023 – December 31, 2023.	Dr. Augustin Nguyen
Dr. Mylene Ward	Surgery Surgical Assist	Breast Recon.	Locum	Requesting locum privileges from February 1, 2023 – December 31, 2023.	Dr. Lawrence Green
Dr. Paul Joongchul Yoon	Diagnostic Imaging		Locum	March 1, 2023 – June 30, 2023	Dr. Inga Isupov

#### 4.7.3. March Privileging and credentialing

**MOTION:** that, the Board of Directors *approve the standard credentialing files from the March 2023 Credentials Committee meeting.* (Woeller/Goyal) **CARRIED**

Name	Department	Specialty	Appointment	Reason	Supervisor
Dr. James Easo	Internal Medicine	Anesthesia – Division of GP Anesthesia / Limited to Tri-City Colonoscopy	Locum	Requesting extension of Locum privileges from April 1, 2023 through December 31, 2023	Dr. Augustin Nguyen
Dr. Laura Pellow	Surgery	Surgical Assist	Locum	Requesting extension of Locum privileges from April 15, 2023 through October 31, 2023	Dr. Lawrence Green
Dr. Sola Sogbein	Internal Medicine	Nephrology	Locum	Requesting extension of Locum privileges from April 1, 2023 through June 30, 2023	Dr. Augustin Nguyen

Name	Department	Specialty	Appointment	Reason	Supervisor
Dr. Stefan St. George	Surgery	Orthopedics	Locum	Requesting locum privileges from April 1, 2023 – March 31, 2024 December 31, 2023	Dr. Lawrence Green / Dr. Glynn Martin
Dr. Joyce Daly	Surgery	Orthopedics	Active	Retiring from Orthopedics March 31, 2023, requesting transition to surgical assist April 1, 2023	Dr. Lawrence Green

#### 4.8. Corporate Scorecard Update

The CEO discussed the reporting cadence for the corporate scorecard refresh that will be effective for the next Board cycle. Watch metrics will be included in each package, but a full report will be provided quarterly. This process has been updated to improve the quality and accuracy of current data being reviewed.

One member commented on the update on the universal masking included in the CEO report. The report mentions that some Toronto hospitals had moved in this direction weeks before. It was highlighted that hospitals in Toronto have not moved in this direction.

**ACTION:** Management to follow up on the understanding of the information contained in the document.

#### 4.9. OHA Strategic Plan 2023-2027

The CEO highlighted the OHA 2023-2027 Strategic Plan. Mr. Gaskin highlighted the three areas of focus that the OHA actively supports members; policy and advocacy, labour relations and benefits, and data and analytics. Mr. Gaskin also highlighted the work of the OHA around Indigenous health.

#### 4.10. CND OHT Mental Health & Addictions Clinic.

The Board reviewed the CMAC Newsletter that was pre-circulated in the meeting agenda package. The clinic is now in its last week at CMH of the 6 week pilot. The CND OHT is looking at how to sustain funding temporarily and beyond for the clinic. If funding secured, the clinic would not be at CMH.

One member asked if there is a pre and post data set looking at mental health visits to the emergency department for the time frame the program ran. Mr. Gaskin reported that there will be a robust evaluation through the OHT.

**ACTION:** Management to review the data points that will be reviewed through the evaluation

### 5. ADJOURNMENT

The meeting adjourned at 1811h. (Melchers/McKinnon)

### 6. DATE OF NEXT MEETING

The next scheduled meeting is May 24, 2023



---

Nicola Melchers  
Board Director  
CMH Board of Directors

Patrick Gaskin  
Board Secretary  
CMH Board of Directors

DRAFT



## **CMH President & CEO Report June 2023**

This report provides a brief update on some key activities within CMH. As always, I'm happy to answer questions and discuss issues within this report or other matters.

### **Stephanie Pearsall – Women of Distinction recipient**

- Stephanie Pearsall was recognized May 12 as a recipient of the 2023 Women of Distinction Award, one of five given in the Women of Distinction category. The YWCA recognizes women that have made impacts their community while inspiring generations to come.
- The Women of Distinction Awards are nationally recognized as one of the most prestigious awards for women in Canada. Since 1994, it has been YWCA Cambridge's premiere fundraising event, recognizing more than 350 women. All funds raised through the event support YWCA Cambridge's gender-based violence prevention programs for cis and trans women and girls, non-binary and two spirit individuals (source: YWCA).
- The official recognition will occur on June 14.
- Congratulations Stephanie on your well-deserved recognition!!

### **Donna Didimos, Director, Emergency & Mental Health Services**

- We were very pleased to have Donna Didimos as our Director of Emergency & Mental Health Services at CMH. She started her position on Tuesday, May 23.
- Donna comes to us with 10 years of management and leadership experience, including 17 years of emergency and critical care practice and 12 years of medical and surgical practice.
- A natural problem solver with an orientation towards goal achievement and outcomes assessment, Donna has demonstrated success in team building, and fostering a positive and safe clinical/practice environment.
- Her most recent experience was as the Patient Care Manager of the Emergency Department at St. Joseph Health Care Centre, Toronto. Furthermore, she is also a Legal Nurse Counsel, acting as an expert witness in medical malpractice cases that focus on Emergency Department (ED) nurses.
- As a Patient Care Manager, Donna took the lead in the ED expansion redevelopment project at St. Joseph's and created and implemented safety measures for staff in response to patients exhibiting violence as well as executing a patient care plan process for high-risk patients. These initiatives used QI methodology and were grounded in improvement science.
- Donna also served as the Interim Patient Care Manager of the Mental Health Emergency Services Unit, where she was responsible for the day-to-day

operations, performance, and all other duties in a management portfolio. Donna assisted in the improved working relationship between ED and the Mental Health unit by way of joint accountabilities and process improvement.

- Graduating as an RN in 1992, Donna continued her education and received her Baccalaureate of Science in Nursing degree from Ryerson University in 2010. In November of 2022, Donna received her Master's in Science in Health Policy, Management & Evaluation from the University of Toronto.
- The interview panel included Chief(s) of Emergency and Psychiatry, Patient and Family advisor, Clinical Directors, Directors of Quality, Risk, Patient Experience, Operational Excellence as well as Psychiatry Program Manager and ED social worker.
- In addition to being a nurse, Donna is a mother to four adults; a wife; a daughter; and the younger of an identical twin sister. She describes her side of the family as the movie characters in My Big Fat Greek Wedding - Bundt cake and sister Toula included. Donna is also a fur mom of a one-year-old beagle puppy. She enjoys spending downtime poolside in the summer, and hibernating in the winter while working on crossword puzzles. The one thing that may surprise you about Donna is she that enjoys SCUBA diving. Why surprising, you ask? Well, it's because she gets seasick when on a boat.
- Welcome to CMH Donna!

#### **Laura Clarke - Manager, Women and Children's Programs**

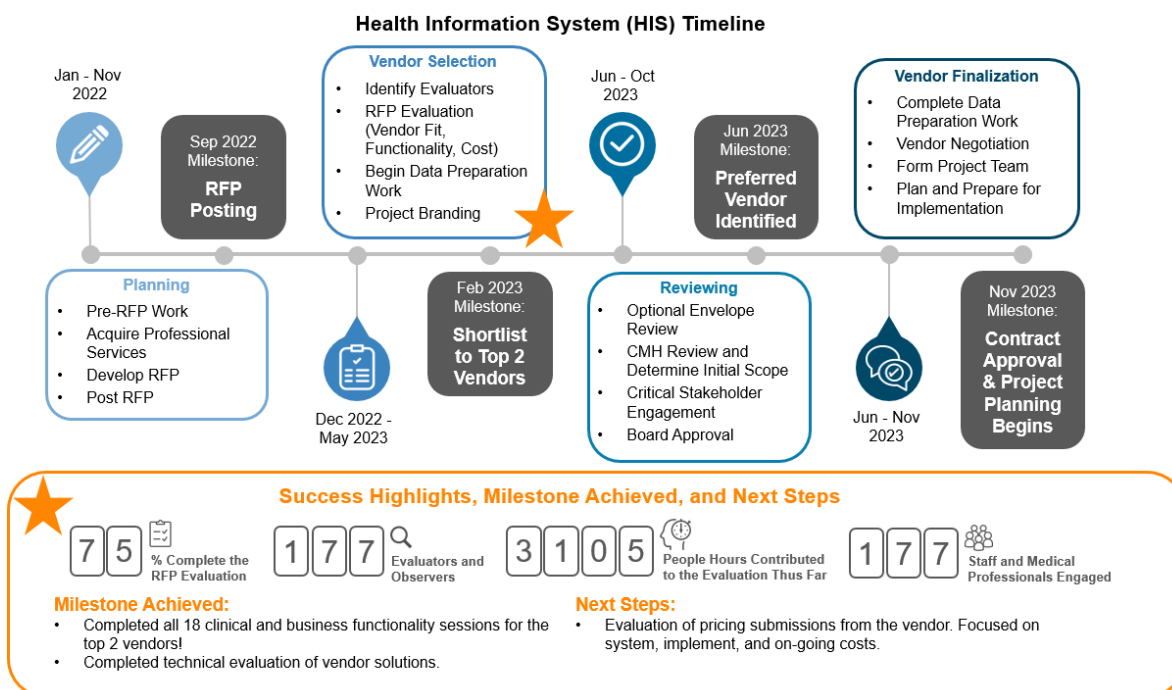
- On May 8, we welcomed Laura Clarke to the leadership team as Manager, Women and Children's Program.
- Laura completed a Bachelor of Science in Nursing at York University, graduating with honors in 2004. Laura then went on to complete a Master of Nursing with an emphasis on Women's Health at the University of Toronto in 2011.
- Laura's career focused primarily in obstetrics, as a Staff Nurse, Clinical Instructor, Clinical Coordinator, and then Patient Care Manager in tertiary and community settings. Her expertise in labour and delivery, in-patient care, education and management make Laura a strong addition to our leadership team.
- The interview panel included the Chief of Obstetrics, Clinical Managers, Charge Nurses and Patient Relations, all of whom were impressed with Laura's focus on patient safety. Laura's approach with Quality Improvements by engaging the team to create a culture of safe patient care will be an asset to the families we serve.
- Laura, her husband and three young children are big sports fans. The challenge is what team to cheer for as Laura is "all teams Toronto" but Laura's American husband has some different favorite teams! Laura enjoys being active - swimming, biking, and gardening with a special love of flowers.
- Welcome to CMH!

#### **New Accreditation leads announced**

- We recently announced Krysta Garton, Emergency Preparedness lead and Alex Vincent, Patient Experience lead and our new co-leads for Accreditation. With November fast approaching, they will help us prepare for the opportunity to showcase the amazing work are doing.
- With the tagline *Ready. Every. Day.*, Krysta and Alex are spending the first part of June reviewing our current status with Required Organizational Practices and developing a timeline leading up to the Accreditation on-site survey this fall.
- Planned activities, include fun games, series spotlights and other experiential learning opportunities.
- The Accreditation Canada on-site visit will occur November 5 through 9.

### Health information System milestone update

- We continue to make strong progress in the Request for Proposal (RFP) process for the new Hospital Information System (HIS) and have passed another significant milestone! We could not have gotten to the stage without the 3100 people-hours contributed by almost 180 evaluators and observers. We offer them a sincere thank you for their time, questions, and expertise.
- After 18 clinical and business functionality demonstrations we have moved into the final stage where we the proposed pricing from the vendors will be evaluated. This will be done over a two-month period by a small team working to evaluate their pricing submissions.



- This year's theme for National Nurses week is Our Nurses. Our Future. We celebrated our nurses with on-site massages, games, food trucks and giveaways.
- CMH took part in a CTV Nursing Week special titled "Commitment to Care," which features all three Waterloo Region hospitals. CMH led the series, which aired on Wednesday, May 10. Stephanie Pearsall, Vera Heldmann, Melissa Pragnell and Holly Byrne provided some context on CMH efforts to recruit and retain nurses.
- On the final day of events, Members of the RBC team celebrated a \$30,000 commitment to continued education for nurses at CMH! Over the next three years, their financial pledge will be allocated towards advancing the education and professional growth of nurses at CMH. This long-term investment exemplifies RBC's commitment to empowering the nursing staff at CMH in their pursuit of knowledge and skill enhancement.
- During the event RBC representatives also distributed Tim Hortons cards to all CMH Staff, expressing gratitude for their unwavering dedication to providing essential care to our Community.

#### **CMH's Diversity Council introduced**

- After a six-week recruitment process, we were very excited to announce the new members of the CMH Diversity Council.
- Fifteen (15) of our colleagues have stepped forward to share their voice, their experience and diverse perspectives to guide the implementation of the DEI plan for the organization with an aim to build and model an inclusive workplace culture. Their first meeting together was set for May 17, 2023 and the look forward to representing and connecting with our CMH community:
  - Amanda Burkhart (she/her) – RN, Clinical Preceptor, Women & Children's
  - Leah Bowry - Clerical Associate, Emergency
  - Anastasia Ferguson Staffing Scheduler, Staffing Office,
  - Nadya Sawh Clerical Associate, Ambulatory Care
  - Fatima El Sawalhi (she/her) Clinical Educator, Women & Children's program
  - Natasha Hussey (she/her), Clerical Associate, Med A
  - Iddi Zackari, Mental Health Clinician, Outpatient Children Mental Health
  - Rob Schaafsma (he/him), RN, Mental Health, Inpatient
  - Jennifer Ball (she/her) RN, ED, Occ. Health, Health & Safety
  - Ruth Hall Volunteer, CMH Volunteer Association
  - Jude Veber (he/them) RN, Med B
  - Sadia Mian (she/her) Registered Dietitian, Clinical Nutrition
  - Julian Grogan Supervisor, EVS
  - Tim Pagett (he/him) Patient Experience Lead, Patient Experience
  - Kim Rose (she/her) Manager, Diagnostic Cardiology Services, DI/CRU

Agenda Item 1.5.3  
**BOARD WORK PLAN – 2022-23**

Charter Section #4	Action ( <i>Italics-comments</i> )	Committee Responsible	Sept	Oct	Nov	Jan	Mar	Apr	May	Jun
	<b>Tone at the Top</b>									
a-i, ii	<ul style="list-style-type: none"> <li>➤ Approve CEO goals and objectives</li> <li>➤ Approve COS goals and objectives</li>   <li>➤ Mid-year CEO assessment input from Board</li> <li>➤ Mid-year COS assessment input from Board</li>   <li>➤ Mid-year/Year-end CEO report and assessment</li> <li>➤ Mid-year/Year-end COS report and assessment</li>   <li>➤ CEO evaluation/feedback – mid-year</li> <li>➤ COS evaluation/feedback – mid-year</li> </ul>	Executive   Board   Executive   Executive   Executive			C C		I I		√ √	√ √
a-iii	<ul style="list-style-type: none"> <li>➤ CEO evaluation/feedback –year end and performance based compensation</li> <li>➤ COS evaluation/feedback –year end and performance based compensation</li> </ul>	Executive								√ √
	➤ Reviewing the performance assessments of the VPs – summary report provided to the Board (as per policy 2-B-10)	Executive							√	
b	➤ Strategic Plan: approve process, participate in development, approve plan (done in 2022, will be done again in 2027)	Board	ND							
b	➤ Progress report on Strategic Plan (2x year Jan for 22-27 plan)	Board				C				√
b-iii-c	➤ Approve annual Quality Improvement Plan (QIP)	Quality					C			

Agenda Item 1.5.3  
**BOARD WORK PLAN – 2022-23**

Charter Section #4	Action ( <i>Italics-comments</i> )	Committee Responsible	Sept	Oct	Nov	Jan	Mar	Apr	May	Jun
b-iii-c	<ul style="list-style-type: none"> <li>➤ Review and approve the Hospital Services Accountability Agreement (H-SAA)</li> <li>➤ Review and approve Multi-Sector Accountability Agreement (MSAA)</li> <li>➤ Review and Approve Community Annual Planning Submission (CAPS)</li> <li>➤ Review and Approve Hospital Accountability Planning Submission (HAPS)</li> </ul>	Resources, Quality					I I C	C I C		
b-iii-C	<ul style="list-style-type: none"> <li>➤ Monitor performance indicators and progress toward achieving the quality improvement plan</li> </ul>	Quality			C	C			✓	
c-i-B	<ul style="list-style-type: none"> <li>➤ Critical incidents report – (as per the <i>Excellent Care for All Act</i>). (<i>Brought forward to Board at each meeting – approved Nov 27, 2019</i>)</li> </ul>	Quality			C				✓	
c-i-B	<ul style="list-style-type: none"> <li>➤ Monitor, mitigate, decrease and respond to principal risks</li> </ul>	Audit							✓	
c-i-E	<ul style="list-style-type: none"> <li>➤ Review the functioning of the Corporation, in relation to the objects of the Corporation the Bylaw, Legislation, and the HSAA</li> </ul>	Governance			C	C			✓	✓
	<ul style="list-style-type: none"> <li>➤ Receive and review the Corporate Scorecard</li> </ul>	Board	C	D	C	C	C	C	✓	✓
	<ul style="list-style-type: none"> <li>➤ Declaration of Compliance with M-SAA Schedule F (due 90 days after fiscal year end)</li> </ul>	Resources	C							✓
c-i-F	<ul style="list-style-type: none"> <li>➤ Declaration of Compliance with BPSAA Schedule A (due May 31 to the OH)</li> </ul>	Resources							I	✓
c-i-F	<ul style="list-style-type: none"> <li>➤ Receive and review quarterly the CEO certificate of compliance regarding the obligations for payments of salaries, wages, benefits, statutory deductions and financial statements</li> </ul>	Resources	C		C			C		
c-i-F	<ul style="list-style-type: none"> <li>➤ Procedures to monitor and ensure compliance with applicable legislation and regulations</li> </ul>	Audit							✓	

Agenda Item 1.5.3  
**BOARD WORK PLAN – 2022-23**

Charter Section #4	Action ( <i>Italics-comments</i> )	Committee Responsible	Sept	Oct	Nov	Jan	Mar	Apr	May	Jun
c-ix-G	➤ Board Education Topics <ul style="list-style-type: none"> <li>○ Medical/Professional Staff Credentialing</li> <li>○ Health Human Resources</li> <li>○ Risk Management at CMH</li> </ul>	Board	D		C C					
	➤ Board Generative Discussion Topics <ul style="list-style-type: none"> <li>○ DEI – What’s the Boards Role</li> <li>○ Partnerships in Cambridge and Beyond</li> <li>○ Digital Health 2.0 – Defer to 2023/24</li> </ul>	Board	C	C		C			D	
e-i-A	Receive a summary report on: <ul style="list-style-type: none"> <li>• CEO succession plan and process</li> <li>• COS succession plan and process</li> <li>• Succession plan for executive management and professional staff leadership</li> </ul>	Executive Executive Executive							✓ ✓	✓
<b>Professional Staff</b>										
f-i-A	➤ Ensure the effectiveness and fairness of the credentialing process	MAC/Quality MAC	C	D	C	C	C	C	✓	✓
f-i-B/C	➤ Monitor indicators of clinical outcomes, quality of service, patient safety and achievement of desired outcomes									
f-i-C	➤ Make the final appointment, reappointment and privilege decisions for Medical/Professional Staff	Board	C	D	C	C	C	C	✓	✓
	➤ Oversee the Medical/Professional Staff through and with the MAC and COS	COS	C	D	C	C	C	C	✓	✓
<b>Build Relationships</b>										



Agenda Item 1.5.3  
**BOARD WORK PLAN – 2022-23**

Charter Section #4	Action ( <i>Italics-comments</i> )	Committee Responsible	Sept	Oct	Nov	Jan	Mar	Apr	May	Jun
g	<ul style="list-style-type: none"> <li>➤ Build and maintain good relationships with the Corporation’s key stakeholders               <ul style="list-style-type: none"> <li>➤ The Board shall build and maintain good relationships with the Corporation’s key stakeholders including, without limitation, MOH, Ontario Health, community leaders, patients, employees, families, other health service providers and other key stakeholders, donors and the Cambridge Memorial Hospital Foundation (“ Foundation”) and the Cambridge Memorial Hospital Volunteers Association.</li> </ul> </li> <li>➤ Present Annual Volunteer Association Presentation</li> </ul>	Board			D					
<b>Financial Viability</b>										
h-i-A,C	<ul style="list-style-type: none"> <li>➤ Review and approve multi-year capital strategy</li> <li>➤ Review and approve multi-year information technology strategy</li> </ul>	Resources Resources					C		√	
h-i-A,C	<ul style="list-style-type: none"> <li>➤ Review and approve annual operating plan – service changes, operating plan, capital plan, salary increases, material amendments to benefit plans, programs and policies</li> </ul>	Resources/ Quality				I	C			
h-i-A, B	<ul style="list-style-type: none"> <li>➤ Approve the year-end financial statements</li> </ul>	Board							√	
h-i-A	<ul style="list-style-type: none"> <li>➤ Approve key financial objectives that support the corporation’s financial needs (including capital allocations and expenditures) (<i>assumptions for following year budget</i>)</li> </ul>	Resources				I	C			
i-i-C	<ul style="list-style-type: none"> <li>➤ Review of management programs to oversee compliance with financial principles and policies</li> </ul>	Resources							√	
	<ul style="list-style-type: none"> <li>➤ Affirm signing officers for upcoming year</li> </ul>	Board								√
	<ul style="list-style-type: none"> <li>➤ Semi-Annual Distribution of Psychiatric Sessional and Stipend Funding</li> </ul>	Resources	C						√	
<b>Board Effectiveness</b>										

Agenda Item 1.5.3  
**BOARD WORK PLAN – 2022-23**

Charter Section #4	Action ( <i>Italics-comments</i> )	Committee Responsible	Sept	Oct	Nov	Jan	Mar	Apr	May	Jun
i	➤ Establish Board Work Plan	Board	C							
i-i-A	➤ Ensure Board Members adhere to corporate governance principles and guidelines ➤ Declaration of conflict agreement signed by Directors	Governance								√
i-i-B	➤ Ensure the Board’s own effectiveness and efficiency, including monitoring the effectiveness of individual Directors and Board officers and employing a process for Board renewal that embraces evaluation and continuous improvement	Governance/ Board								√
i-i-C	➤ Ensure compliance with audit and accounting principles	Audit							√	
i-i-D	➤ Periodically review and revise governance policies, processes and structures as appropriate	Governance	C		C	C	C	C	√	
	➤ Review Progress on ABCDE Goals ( <i>Director &amp; Chair meet during July/August to establish goals for upcoming Board cycle</i> )	Board			C		C			√
	<b>Fundraising</b>									
k	➤ Support fundraising initiatives including donor cultivation activities. ( <i>through Foundation Report and Upcoming Events</i> )	Foundation	C	D	C	C	C	C	√	√
	<b>Public Hospitals Act required programs</b>									
I-i-A	➤ Ensure that an occupational health and safety program and a health surveillance program are established and require accountability on a regular basis	Audit					Next due TBD			
I-i-B	➤ Ensure that policies are in place to encourage and facilitate organ procurement and donation	Quality								√

Agenda Item 1.5.3  
**BOARD WORK PLAN – 2022-23**

Charter Section #4	Action ( <i>Italics-comments</i> )	Committee Responsible	Sept	Oct	Nov	Jan	Mar	Apr	May	Jun
I-i-C	➤ Ensure that the Chief Executive Officer, Nursing Management, Medical/Professional staff, and employees of the Hospital develop plans to deal with emergency situations and the failure to provide services in the Hospital	Quality			C					
<b>Recruitment</b>										
n	➤ Approve Interview Committee membership (noted in By-law)	Governance			C					
	➤ Review recommendations for new Directors, non-director committee members (2-D-20)	Governance							√	
	➤ Conduct the election of officers (2-D-18)	Governance								√
	➤ Review evaluation results and improvement plans for the Board, the Board Chair (by the Governance Chair), Board committees, committee chairs (2-D-40)	Governance Governance							√ √	
	➤ Review committee reports on work plan achievements (2-A-16)									

Agenda Item 1.5.3  
**BOARD WORK PLAN – 2022-23**

**ON GOING AS NEEDED**

Charter Section #4	Charter Item	Action ( <i>Italics-comments</i> )	Committee Responsible	Current Year
				2022-23
i-i-E	Board Effectiveness	Compliance with the By-Law	Governance	
c-i-A, B	Corporate Performance	Ensure there are systems in place to identify, monitor, mitigate, decrease and respond to the principal risks to the Corporation: <ul style="list-style-type: none"> <li>o financial</li> <li>o quality</li> <li>o patient/workplace safety</li> </ul>	Audit, Resources Quality	
c-i-C	Corporate Performance	Oversee implementation of internal control and management information systems to oversee the achievement of the performance metrics	Resources	
c-i-D	Corporate Performance	Processes in place to monitor and continuously improve upon the performance metrics	Resources/ Quality	
c-i-G	Corporate Performance	Policies providing direction for the CEO and COS in the management of the day-to-day processes within the hospital	Governance/ Executive	
d-ii-A,B	CEO and COS	Select the CEO, delegate responsibility and authority, and require accountability to the Board	Executive	
d-ii-C	CEO and COS	Policy and process for the performance evaluation and compensation of the CEO	Governance/ Executive	
d-ii-D, E	CEO and COS	Select the COS, delegate responsibility and authority, and require accountability to the Board	Executive	
d-ii-F	CEO and COS	Policy and process for the performance evaluation and compensation of the COS	Governance/ Executive	
h	Financial Viability	Approve collective bargaining agreements	Board	
h	Financial Viability	Approve capital projects	Resources	

**ON GOING AS NEEDED – Led by CEO/COS – reported in CEO report/Quality Presentations**

Charter Section #4	Charter Item	Action ( <i>Italics-comments</i> )	Committee Responsible
j-i-A	Communication and Community Relationships	Establish processes for community engagement to receive public input on material issues	Board oversight Led by CEO
j-i-B	Communication and Community Relationships	Promote effective collaboration and engagement between the Corporation and its community, particularly as it relates to organizational planning, mission and vision	Board oversight Led by CEO/COS and Chair
j-i-C	Communication and Community Relationships	Work collaboratively with other community agencies and institutions in meeting the healthcare needs of the community	Board oversight Led by CEO/COS Quality
j-i-D	Communication and Community Relationships	Maintain information on the website	Board oversight Led by CEO
j-i-E	Communication and Community Relationships	Establish a communication policy for the Corporation; review periodically (2-D-11 – reviewed April 2019, next review 2022)	Board oversight Led by CEO
m	Communications Policy	Oversee the maintenance of effective stakeholder relations through the Corporation’s communications policy and programs (updated communication plan (2020-2023) to be approved by Board in 2021)	Board oversight Led by CEO



# BRIEFING NOTE

**Date:** May 12, 2023  
**Issue:** Draft Quality Monitoring Scorecard  
**Prepared for:** Board of Directors  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Kyle Leslie, Director Operational Excellence  
**Approved by:** Mari Iromoto, Senior Director of Strategy, Performance & CIO

**Attachments/Related Documents:** Appendix A – Quality Monitoring Scorecard

**Alignment with 2022/23 CMH Priorities:**

2022-2027 Strategic Plan No <input type="checkbox"/>	2022/23 CMH Priorities No <input type="checkbox"/>	2022/23 Integrated Risk Management Priorities No <input type="checkbox"/>
<input checked="" type="checkbox"/> Elevate Partnerships in Care	<input checked="" type="checkbox"/> Manage COVID Response & System Recovery	<input checked="" type="checkbox"/> Clinical Services, Recovery, Growth & Transformation
<input checked="" type="checkbox"/> Advance Health Equity	<input checked="" type="checkbox"/> Support Staff and Physicians Wellbeing & Engagement	
<input checked="" type="checkbox"/> Increase Joy In Work		<input checked="" type="checkbox"/> Staff Wellbeing
<input checked="" type="checkbox"/> Reimagine Community Health	<input checked="" type="checkbox"/> Undertake the HIS Evaluation	<input checked="" type="checkbox"/> Retention & Recruitment
<input checked="" type="checkbox"/> Sustain Financial Health	<input checked="" type="checkbox"/> Execute CRP Phase 3	<input checked="" type="checkbox"/> Operational Excellence

**Executive Summary**

For fiscal year 2023 /2024, a Quality Monitoring scorecard is being developed which will align quality indicators to our current quality dimensions from our Quality Framework. A draft of the new Quality Monitoring Scorecard is included in Appendix A. This scorecard will display all of our Canadian Institute for Health Information (CIHI) publically reported indicators and our C-QIP and IRM indicators. This scorecard will be included in the Quality Committee Package on a regular basis to provide an update on our indicator performance. On a quarterly basis, the full scorecard package including action plans for our Strategic Initiatives and operational priority indicators will be presented. A finalize version of the draft Quality Monitoring Scorecard will be ready for the June package, we welcome any feedback.



## CMH Quality Monitoring Scorecard, FY2022/23

Quality Dimension	Indicator	Unit of Measure	Prior Year	YTD	Target	Trend	Status	Period
Efficient	Conservable Bed Days	%	35.2	36.1	30.0		Not achieving	Mar-23
	Overtime Hours - Average per pay period IRM	hours	3,369.3	2,999.8	837.0		Not achieving	Apr-23
	Sick Hours - Average per pay period	hours	3,774.8	2,635.3	1,940.0		Not achieving	Apr-23
Integrated and Equitable	Repeat emergency department visits for Mental Health Care (Average patients per month with four or more visits in 365 days ) c-QIP	Patients	15.2	12.2	11.0		Moving to target	Mar-23
	Percent ALC Days (closed cases) c-QIP	%	18.8	27.9	27.0		Moving to target	Mar-23
	30 Day CHF Readmission Rate	%	13.2	14.1	14.0		Moving to target	Feb-23
	30 Day COPD Readmission Rate	%	15.0	13.5	15.5		Achieving	Feb-23
Patient and People Focused	Organization Wide Vacancy Rate	%	10.4	8.5	12.0		Achieving	Apr-23
	Workplace Violence Reported Incidents	incidents	3.2	3.0	12.0		Achieving	Apr-23
Safe, Effective, Accessible	ED Wait Time for Inpatient Bed (90% Spent Less, in Hours) IRM	hours	40.5	30.6	36.0		Achieving	Apr-23
	ED Wait Time for Physician Initial Assessment (90% Spent Less, in Hours)	hours	6.3	6.9	4.0		Not achieving	Apr-23
	Total Time Spent in ED for Admitted Patients (90% Spent Less, in Hours)	hours	37.8	41.5	44.0		Achieving	Apr-23
	30 Day In-Hospital Mortality Following Major Surgery	%	1.8	2.3	2.1		Moving to target	Feb-23
	30 Day Medical Readmission Rate	%	12.0	10.3	13.6		Achieving	Feb-23
	30 Day Obstetric Readmission Rate	%	0.9	1.2	1.6		Achieving	Feb-23
	30 Day Overall Readmission Rate	%	8.1	7.1	9.1		Achieving	Feb-23
	30 Day Paediatric Readmission Rate	%	6.8	8.0	6.1		Not achieving	Feb-23
	30 Day Surgical Readmission Rate	%	6.8	4.8	6.9		Achieving	Feb-23
	ED Length of Stay for Non-Admitted Complex Patients (90% Spent Less, in Hours) IRM	hours	9.1	9.9	8.0		Not achieving	Apr-23
	Fall Rate	per 1000 PD	4.7	3.6	4.0		Achieving	Mar-23
	Hip Fracture Surgery Within 48 Hours	%	89.5	88.9	86.2		Achieving	Feb-23
	Hospital Standardized Mortality Ratio (HSMR)	Ratio	89.6	87.0	100.0		Achieving	Feb-23
	In-Hospital Sepsis	per 1000 D/C	7.3	6.7	3.9		Not achieving	Feb-23
	Medication Error Rate	per 1000 PD	6.6	4.1	4.0		Moving to target	Mar-23
	Medication Reconciliation at Admit	%	92.0	94.0	95.0		Moving to target	Apr-23
	Medication Reconciliation at Discharge	%	91.0	92.0	95.0		Moving to target	Apr-23
Obstetric Trauma (With Instrument)	%	14.4	15.5	15.4		Moving to target	Feb-23	

**Legend**

IRM= (Integrated Risk Management)

C-QIP= (Collaborative Quality Improvement Plan)

Last Updated: 12-05-2023 13:12:31

Achieving

Moving to target

Not achieving

President and CEO  
 Phone: (519) 621-2333, Ext. 2301  
 Fax: (519) 740-4953  
 Email: [pgaskin@cmh.org](mailto:pgaskin@cmh.org)



## MEMORANDUM

**TO:** The Board of Directors, Cambridge Memorial Hospital

**DATE:** May 17, 2023

**REPORTING PERIOD:** April 1, 2022 - March 31, 2023

**FROM:** Patrick Gaskin  
 President and CEO

**RE:** CEO Certificate of Compliance

I have reviewed, or caused to be reviewed, such files, books of account and records of CMH and have made, or caused to be made, such enquiries of the financial, accounting and other personnel of CMH as I have determined necessary for the purposes of this certificate.

In my capacity as President and CEO, and for the reporting period identified above, I hereby attest that to the best of my knowledge, except as set out below:

1. Insurance:

- (a) All property, casualty and liability insurance is in place and coverage is suitable and in accordance with risk, the indemnity amount is sufficient in light of risk, all premiums have been paid and the policy is up-to-date;
- (b) Directors' and Officers' liability insurance is in place and coverage is suitable and in accordance with risk, the indemnity amount is sufficient in light of risk, all premiums have been paid and the policy is up-to-date
- (c) CMH is not in default with respect to any provisions contained in any insurance policy; and
- (d) CMH has provided all notices and presented all claims under any insurance policy in accordance with the notice periods established by the insurer.

2. Compliance:

- (a) CMH is in compliance, in all material respects, with applicable health & safety legislation and regulations
- (b) CMH is in compliance, in all material respects, with applicable environmental legislation and regulations
- (c) CMH is in compliance, in all material respects, with all other applicable legislation or regulations applicable to operation of CMH, except as noted below:
  - Broader Public Sector Accountability Act – Section 6 – Use of Consultants. There were three exceptions noted for having a non-competitive consultant selection process.
  - Broader Public Sector Accountability Act – Section 12 – Procurement Directives for purchases greater than \$100,000 that did not have an open and competitive procurement process.



- Dangerous Goods Transportation Act – CMH is not compliant with applicable legislative requirements for its Distribution staff, as the team does not have Transportation of Dangerous Goods training. A plan is in place to ensure compliance and have policies up to date going forward.

A handwritten signature in black ink, appearing to read "Patrick Gaskin", with a stylized flourish at the end.

Patrick Gaskin  
President and CEO



# BRIEFING NOTE

**Date:** May 18, 2023  
**Issue:** Chairs Report  
**Prepared for:** Board of Directors  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Stephanie Fitzgerald, Executive Assistant  
**Approved by:** Nicola Melchers, Board Chair

**Attachments/Related Documents:** None

## Board Highlights

### CMH Site Visits



**Diane Wilkinson** joined CMH to celebrate Joan Tew, Physiotherapist and Professional Practice Lead on her ICCAIR award. Joan received 15 nominations from her colleagues across Allied Health.

**Sara Alvarado** (Board), **Patrick Simmons** (Capital Redevelopment Sub-Committee) and **Gerry West** (Resources) joined CMH for an open house to tour the new Laboratory Department space. This was an opportunity to meet members of the Laboratory team and learn more about the important work the Laboratory does for patient care at CMH.





Patrick Gaskin and Nicola Melchers joined Julia Goya who was in attendance with the OHA at the Health Care Leadership Summit held on May 4, 2023. This year's summit focus was future directions, emerging priorities and the role in civil society.

**The Board and our Community**

Congratulations to Horst Wohlgemut for being an integral part of managing the \$2.5M restoration work of the 143-year old Central Presbyterian Church.



The full article can be viewed here: [143-year-old Cambridge church celebrates the completion of \\$2.5M restoration work | CBC News](#)

Congratulations to Dr. Winnie Lee, charter member of the Rotary Club of Cambridge. The group has big plans to support our community, our country, and our world.



**Congratulations to Stephanie Pearsall, YMCA Women of Distinction 2023 Nominee**

Stephanie Pearsall was recognized as a recipient of the 2023 Women of Distinction Award, one of five given in the Women of Distinction category. The YWCA recognizes women that have made impacts their community while inspiring generations to come.

The Women of Distinction Awards are nationally recognized as one of the most prestigious awards for women in Canada. Since 1994, it has been YWCA Cambridge's premiere fundraising event, recognizing more than 350 women. All funds raised through the event support YWCA Cambridge's gender-based violence prevention programs for cis and trans women and girls, non-binary and two spirit individuals (source: YWCA).

The official recognition will occur on June 14. Congratulations Stephanie on your well deserved recognition!!



YWCA - <https://www.ywcacambridge.ca/eight-women-to-be-recognized-by-the-2023-women-of-distinction-awards/>

CambridgeToday - <https://www.cambridgetoday.ca/local-news/ywca-cambridge-announces-women-of-distinction-award-winners-6984224>

**Video Stats for April, 26 2023 OPEN Board of Directors Session.**

- Published April 27-May 18 (22 days)
- Marketing: CMHnet, Media Release, Facebook, LinkedIn
  - 83% of viewers linked from SharePoint (CMHNet)
  - 17% of viewers from Google
- 33 views (18 within the first five days)
  - First 24 hours – 2:03 average view time
  - Last seven days – 1:59 average view time
  - OVERALL – 2:07 average view duration
- Key moments:
  - Charis report (19% viewed at the 3:23 mark)
  - Quality Committee report (16% viewed at the 8:49 mark)

Board/Committee Meetings and Event Dates	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep (2023)
<b>Board of Directors</b> 5:00pm - 8:00pm	28	26	30		25		1/29	26	24	28			
<b>Board Education Topics</b>													
Medical/Professional Staff Credentialing			30										
Health Human Resources			30										
Risk Management at CMH								26					
<b>Board Generative Discussion Topics</b>													
DEI – What’s the Boards Role	28												
Partnerships in Cambridge and Beyond		26					29						
Digital Health 2.0 - TBD													
<b>Meeting with City Council and CMH Board of Directors - TBD</b>													
<b>Joint CMH/CMHF/CMHVA Board Meeting - TBD</b>													
<b>Quality Committee</b> 7:00 am – 9:00am	21	19	16		18	15		19	17	21			
<b>Quality Committee QIP Meeting</b> 7:00 am – 9:00 am						1							
<b>Resources Committee</b> 5:00pm – 7:30pm	19		29		23	27		24	23	26			
<b>Capital Projects Sub - Committee</b> 4:00pm – 5:00pm	19		29		23	27		24	23	26			
<b>Digital Health Strategy Sub - Committee</b> 5:00pm – 6:30pm	16		17		19	16		20	18	15			
<b>Governance Committee</b> 4:30pm - 6:30pm	13		10		12		23		18				
<b>Audit Committee</b> 5:00pm - 6:30pm					17			24	23				
<b>Executive Committee</b> 5:00pm - 6:30pm			17				16		17				
<b>OHT Joint Board Committee</b> 5:30pm - 7:30pm - Virtual Zoom meeting		24	28		23		27	24	29	26			



Board/Committee Meetings and Event Dates	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep (2023)
<b>2022-23 Events</b>													
Staff Holiday Lunch - December 15, 2022				15									
Career Achievement - TBD													
Chamber Business Awards - TBD													
CMHF Diversity Dinner – October 20, 2022		20											
CMH Staff BBQ - June 20, 2023										20			
CMH Staff & Family Appreciation Day – July 9, 2023											9		
CMH Champions Staff Golf Tournament - August 10, 2023 Beaverdale Golf Course												10	
CMH Golf Invitational <a href="https://cmhfoundation.ca">CMH INVITATIONAL - Cambridge Memorial Hospital Foundation (cmhfoundation.ca)</a>	26												25
CMH Reveal Springtime In Paris March 3, 2023 @ Tapestry Hall <a href="https://cmhfoundation.ca/event/reveal-2/">https://cmhfoundation.ca/event/reveal-2/</a>							3						
CMH Phase 3 Construction Tour – January 18, 2023 @ 5:00pm					18								
<b>Board Education Opportunities</b>													
<b>Governors Education Sessions</b>													
Governance Essentials for New Directors - <i>Monika Hempel/Miles Lauzon</i>		17											
Governance Building Blocks		24											
Governance Roles and Responsibilities		31											
Governance and Management													
<i>CMH Leadership Learning Lab</i>													
• <i>Project Management for the Unofficial PM</i>		26				24							
• <i>Crucial Conversations - Lynn Woeller</i>			14/15				14/15						
• <i>7 Habits of Highly Effective People - Nicola Melchers</i>			29/30		24/25				9/11				
• <i>Me2You DISC Profile - Diane Wilkinson</i>								2					
• <i>Guiding Organizational Change</i>								27					
• <i>5 Choices</i>									16				
<i>Mental Health First Aid</i>													



## BRIEFING NOTE

---

**Date:** May 18, 2023  
**Issue:** 2023/24 Board Education and Generative Discussion  
**Prepared for:** Board of Directors  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Stephanie Fitzgerald, Executive Assistant  
**Approved by:** Patrick Gaskin, President & CEO

**Attachments/Related Documents:** None

---

### Background

Each year we undertake Board education and Board generative discussions. Education topics are more usually related to programs/efforts either within CMH or externally. In the past this has included topics such as an update on the work of the CND OHT, Medical/Professional staff credentialing and the Human Resources Plan. Generative discussions are more blue sky/big picture and involve the Board spending time taking about a big system issue or opportunity. In the past, these have included the discussion of Board culture, staff recognition and Board accountability.

### Analysis

Last month a survey was launched asking for the Board for topics as suggestions for the 2023/24 Board cycle. The suggestions provided through that survey are listed below.

#### *Education topic suggestions:*

- ESG (Environmental, Social, Governance)
- New trends in governance
- Innovation in health care (x3)
- Digital transformation and global developments impacting the healthcare sector
- HIS (x2) – presentations from other hospitals that have implemented new HIS (lessons learned/Deliverables and Potential of the system)
- Accreditation (x2)
- Change Management
- Mental Health & Addiction – the approaches to treatment from a hospital & community perspective
- CMH Labour Relations
- Diversity, Equity, Inclusion
- Operational aspects of the Emergency Department x(2) – Patient flow from ER/admission to discharge – process, decision making
- Physician / Organization Relationships – (Billing etc.)
- Population and health demographics for Cambridge and North Dumfries
- Human Resources – Hiring and recruitment practices, physicians and nursing, relationships with colleges, universities etc.
- Current system of care/service delivery through 3<sup>rd</sup> party providers



*Generative discussion topic suggestions:*

- Promotion of just culture (x2)
- Board engagement with staff and medical professional staff
- Role of the Board and the CND community – Building trust and connection
- Health Human Resources (HHR) (x2) – what other hospitals not only in Ontario are doing to manage key HHR and use of technology / metrics at other hospitals how do they compare
- Health Equity – what does it mean for us and our community (current state in CND, strategies in other jurisdictions)
- Government advocacy – How can Ontario hospitals combine their voices for positive change
- Hospital partnerships – joining forces with other hospitals in the regions to perform surgeries – possible in waterloo region? What would that take

**Next Steps**

Other than the topics listed above, what further suggestions do you have?

An additional survey will be created capturing a short list of the above topics that may also include topics from this meetings discussion and suggestions of the Board Chair and CEO. Directors will be asked to vote on their top 3 from that list. The results of that survey and the finalized list of Board education and generative discussion topics will be provided at the June Board of Directors meeting.



# BRIEFING NOTE

**Date:** May 17, 2023  
**Issue:** Meeting Summary - Quality Committee, May 17, 2023 – OPEN  
**Prepared for:** Board of Directors  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Diane Wilkinson, Chair of Quality Committee  
**Approved by:** Diane Wilkinson, Chair of Quality Committee, and Stephanie Pearsall, Vice President of Clinical Programs & CNE

### Attachments/Related Documents:

- Program Presentation: Women & Children’s (See Package 2)
- Patient Experience Semi-Annual Report (See Package 2 )
- Level 1 and 1 Incident Analysis (See Package 2)
- OHA Office of the Chief Coroner Patient Safety Review (See Package 2)
- CNE Report

A meeting of the Quality Committee took place virtually on Wednesday, May 17, 2023, at 0700h.

**Attendees:** Ms. D. Wilkinson (Chair), Ms. A. McCarthy, Mr. D. Pyper, Ms. M. Hempel, Ms. N. Gandhi, Ms. J. Goyal, Ms. C. Bulla, Mr. M. Adair, Ms. T. Mohtsham, Dr. W. Lee, Mr. P. Gaskin, Mr. R. Howe, Mr. K. Abogadil, Ms. S. Pearsall

**Regrets:** Ms. M. MacKinnon, Ms. L. Barefoot

**Staff:** Ms. M. Iromoto

**Guests:** Ms. I. Harder, Dr. Wadsworth, Dr. Rajguru, Sandy Bradshaw, Laura Clarke, Dr. J. Legassie, Alexandria Vincent

### Committee Recommendations/Reports – Board Approval Sought

None

### Committee Motions/Recommendations/Report – Board Approval Not Sought

The Minutes of April 19, 2023 were approved. **MOTION:** (Goyal/Ghandi). **CARRIED.**

### Committee Matters – For information only

1. **Program Presentation: Women & Children’s**

Ms. Harder directed the Committee members to the previously circulated presentation. A patient story was featured related to a complex obstetrical case and the collaboration that occurred between two organizations and the joint planning for the care of mother

and baby. The Program was acknowledged for their C-section rate and improvements related to Venofer administration, the Bilirubin Clinic and Breast Feeding Buddies. The Committee recognized the staff for their dedication and hard work over the past year despite the management turnover and staff shortages. The Committee also wished Ms. Harder well as she has announced her retirement. The full presentation can be found in package 2.

**2. Patient Experience Semi-Annual Report**

Alexandria Vincent, Patient Experience Office, presented the Patient Experience Report highlighting the new methodologies being utilized to report patient complaints, compliments and suggestions. A Scorecard Report format has been adopted and improvement targets have been established. A patient experience story, VOYCE, DEI initiatives and the new patient experience reporting program were highlighted. The full presentation can be found in package 2.

**3. LEVEL 1 & 2 Incident Report Analysis**

The Annual Report was received and presented historical data. It was noted that an opportunity for improvement is the continued effort to encourage staff to report incidents and near miss incidents. The full presentation can be found in package 2.

**4. Office of the Chief Coroner—Memo to Ontario Hospital Association Members**

The Report received by the Hospital highlighting risk and issues related to the care of a patient in a hospital highlighted several opportunities for review. CMH staff conducted a review based on the findings of the Patient Safety Committee of the Office of the Chief Coroner and provided responses to the identified opportunities for improvement to reassure the Committee that appropriate response mechanisms and care pathways are in place for alcohol use disorder patients.

**5. CNE Report**

Ms. Pearsall provided clinical programs update. The full CNE report is available in package 2.

**6. MAC Report**

Dr. Lee provided a report from MAC highlighting the “The Proof”, the Kate Dewhurst education sessions for Chiefs of Staff and Physicians and the recent update of the protocol for Code Transfusion (Blood transfusion protocol for massive hemorrhage). Dr. Lee also introduced Dr. Legassie to the Committee.



## BRIEFING NOTE

**Date:** May 23, 2023  
**Issue:** Meeting Summary – Capital Projects Sub Committee: May 2023 - OPEN  
**Prepared for:** Board of Directors  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Kristen Hoch – Project Coordinator, Admin Assistant  
**Approved by:** Patrick Gaskin – President & CEO

**Attachments/Related Documents:** None

A meeting of the Capital Projects Sub Committee took place on May 23, 2023 at 1545 hours.

**Present:** Tom Dean (Chair), Janet Huber, Miles Lauzon, Andrew McGinn, Diane Wilkinson, Lynn Woeller, Horst Wohlgemut

**Regrets:** Shannon Maier, David Boughton

**Staff:** Patrick Gaskin, Bill Prokopowich, Valerie Smith-Sellers, Kristen Hoch

### Committee Motions/Recommendations/Report – Resources Committee Approval Not Sought

**THAT**, the minutes for the Capital Projects Sub Committee meeting of April 24, 2023 be approved as circulated. (Lauzon / Woeller). **CARRIED**

### Committee Matters – For information only

1. **Welcome:** The meeting was conducted in a hybrid format: 5 committee members attended in-person, 3 committee members attended virtually.
2. **Phase 3 Construction Update:**
  - Substantial completion date: 21-October-2024 (no change)
  - Lab (sequence 505) turnover occurred on May 5; currently in the process of moving equipment and materials out of the temporary lab; go-live is May 29
  - May 29: the temporary lab is turned over to EllisDon; construction on the new Nuclear Medicine area begins; completion is scheduled for February 2024
  - Diagnostic Imaging Part 2: moving along slightly ahead of schedule; last call for delivery dates on equipment was chosen for August, therefore bound to original timeline
  - There are no changes to the to risk registry for the month of April.

Capital Projects Meeting Summary Briefing Note Placeholder.

**To Be Circulated** Post Board Meeting due to timing of meetings (Board approved method)

Package will be updated at that time to reflect the addition.



# BRIEFING NOTE

**Date:** May 25, 2023  
**Issue:** Meeting Summary – Resources Committee May 23, 2023 - OPEN  
**Prepared for:** Board of Directors **38**  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Bonnie Collins, Administrative Assistant  
**Approved by:** Lynn Woeller – Chair, Valerie Smith-Sellers - Director Finance

**Attachments/Related Documents:**

**Broader Public Sector Accountability Act Attestation**  
**Multi-Sector Service Accountability Agreement (M-SAA) Schedule F Declaration of Compliance**

A meeting of the Resources Committee took place on Tuesday, May 23, 2023 at 1700h

**Present:** Lynn Woeller (chair), Sara Alvarado, Tom Dean, Janet Richter, Gerri West  
**Regrets:** Elaine Habicher, Lori Pepler-Beechey  
**Staff:** Michelle D’Souza, Patrick Gaskin, Dr. W. Lee, Stephanie Pearsall, Valerie Smith-Sellers, Susan Toth  
**Guests:** Kim Hayley (KPMG), Pream Luckhoo (KPMG), Laura Delemere (BLG)

**Committee Recommendations/Reports – Board Approval Sought**

**THAT**, the Board of Directors approves the Broader Public Sector Accountability Act, 2010 (BPSAA) Appendix C - Attestation prepared by the President and CEO in accordance with Section 15 of the BPSAA for the period April 1, 2022 to March 31, 2023.

**THAT**, the Board supports the submission of the Multi-Sector Service Accountability Agreement (M-SAA) Schedule F – Declaration of Compliance.

Schedule F, Declaration of Compliance, describes that the Health Service Provider (HSP) has complied with applicable procurement practices, the Local Health System Integration Act, 2006 and the Public Sector Compensation Restraint to Protect Public Services Act, 2010.

**Approved Committee Recommendations/Motions:**

**THAT**, following review and discussion of the information provided, the Resources Committee of the Board recommends that the Board of Directors approves the Broader Public Sector Accountability Act, 2010 (BPSAA) Appendix C - Attestation prepared by the President and CEO in accordance with Section 15 of the BPSAA for the period April 1, 2022 to March 31, 2023. (Dean/Richter) **CARRIED.**

**THAT**, following review and discussion of the information provided, the Resources Committee of the Board recommends that the Board of Directors supports the submission of the Multi-Sector Service Accountability Agreement (M-SAA) Schedule F – Declaration of Compliance.

Schedule F, Declaration of Compliance, describes that the Health Service Provider (HSP) has complied with applicable procurement practices, the Local Health System Integration Act, 2006 and the Public Sector Compensation Restraint to Protect Public Services Act, 2010.

(Woeller/Alvarado) **CARRIED**.

### **Committee Motions/Recommendations/Report – Board Approval Not Sought**

**THAT**, the minutes of the April 24, 2023 meeting be adopted with the following correction: 6.2 WorkLife Pulse Survey, second paragraph – “my workplace is save”, should read “my workplace is safe”. (Woeller/Richter) **CARRIED**.

### **Committee Matters – For information only**

**1. Action Log**

Outstanding items on the action log will be addressed at the June 2023 meeting.

**2. Broader Public Sector Accountability Act Attestation**

Management reviewed the Hospital Report on Consultant Use and the Mohawk MedBuy Hospital Report on procurement exceptions that occurred during the 2022-23 fiscal year. Management attested that Cambridge Memorial Hospital appropriately followed the requirements of the Broader Public Sector Accountability Act with the exception of Section 6 Use of Consultants and Section 12 Procurement Directives for Purchases Greater than \$100,000. These exceptions were uncovered by a new resource who has undertaken a thorough review of processes and procedures in the Purchasing department and, it is believed that this issue was pre-existing and not a new development. Management will implement further training on BPSAA and work with all hospital departments to ensure that purchases are made in compliance with the BPSAA procurement processes. The Committees were satisfied that the necessary steps would be undertaken to improve BPSAA compliance.

Questions were entertained, and management confirmed that it is not unusual for hospitals to report exceptions on BPSAA attestations, and that no significant response is expected from Ontario Health West when CMH’s attestation is submitted. Management will be reviewing compliance on an ongoing basis to ensure that CMH is on track.

**3. HIS Procurement – Clinical Solution RFP**

Refer to Digital Health Strategy Subcommittee briefing note.

**4. HIS Procurement – Corporate Solution RFP**

Refer to Digital Health Strategy Subcommittee briefing note.

**5. Multi-Sector Service Accountability Agreement (M-SAA) Schedule F Declaration of Compliance**

Despite the unprecedented challenges of the COVID-19 pandemic and extreme staff and psychiatrist shortages, the Director for the Mental Health Programs at CMH attested

that, to the best of her knowledge, CMH complied with the M-SAA as of the date of the report.

**6. Resources Committee Work Plan**

The work plan for 2022-23 was reviewed and the May requirements were noted as complete.



Resources Committee Meeting Summary Briefing  
Note Placeholder.

**To Be Circulated** Post Board Meeting due  
to timing of meetings (Board approved  
method)

Package will be updated at that time to reflect the  
addition.



# BRIEFING NOTE

**Date:** May 17, 2023  
**Issue:** Broader Public Sector Accountability Act Attestation  
**Prepared for:** Audit / Resources Committee  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Valerie Smith-Sellers, Director, Finance  
**Approved by:** Patrick Gaskin, President and CEO

**Attachments/Related Documents:**

1. Appendix C – Broader Public Sector Accountability Act Attestation
2. Hospital Report on Consultant Use
3. BPS Attestation Reporting April 1, 2022 to March 31, 2023
4. Mohawk Medbuy- 2022-23 Attestation Letter
5. Mohawk Medbuy- BPS Attestation Reporting April 1, 2022 to March 31, 2023

**Alignment with 2023-24 CMH Priorities:**

2022-2027 Strategic Plan No <input type="checkbox"/>	2023/24 CMH Priorities No <input checked="" type="checkbox"/>	2023/24 Integrated Risk Management Priorities No <input type="checkbox"/>
<input type="checkbox"/> Elevate Partnerships in Care	<input type="checkbox"/> Ensure Equitable Care For CND Residents	<input type="checkbox"/> Change / Project Management
<input type="checkbox"/> Advance Health Equity	<input type="checkbox"/> Grow Clinical Services	<input type="checkbox"/> Staff Shortages
<input type="checkbox"/> Increase Joy In Work	<input type="checkbox"/> Increase Staff Engagement	<input type="checkbox"/> Access to Care
<input type="checkbox"/> Reimagine Community Health	<input type="checkbox"/> HIS/ERP Planning and Implementation	<input checked="" type="checkbox"/> Revenue & Funding
<input checked="" type="checkbox"/> Sustain Financial Health	<input type="checkbox"/> Grow Ministry Revenue	

**Recommendation/Motion**

**Resources Committee**

Following review and discussion of the information provided, the Resources Committee of the Board recommends that the Board of Directors approves the Broader Public Sector Accountability Act, 2010 (BPSAA) Appendix C - Attestation prepared by the President and CEO in accordance with Section 15 of the BPSAA for the period April 1, 2022 to March 31, 2023.

**Board**

Following review and discussion of the information provided, the Board approves the Broader Public Sector Accountability Act, 2010 (BPSAA) Appendix C - Attestation prepared by the President and CEO in accordance with Section 15 of the BPSAA for the period April 1, 2022 to March 31, 2023.

## Executive Summary

Cambridge Memorial Hospital (CMH) appropriately followed the requirements of the BPSAA, except for Section 6 Use of Consultants and Section 12 Procurement Directives for purchases greater than \$100,000.

## Background

CMH is required to abide by the Ontario Ministry of Finance Broader Sector Supply Chain Directives and the Canada Free Trade Agreement (CFTA) meant to ensure that publicly funded goods and services are acquired by Broader Public Sector (BPS) organizations through a process that is open, fair and transparent.

As part of the accountability requirements from the BPSAA, the hospital is required to submit an attestation to Ontario Health West and prepare a report concerning the use of consultants and compliance with applicable procurement directives for purchase over \$100,000. The Board is required to approve this attestation and report on an annual basis.

## Analysis

All costs allocated to consultant and professional fees for the fiscal year ending March 31, 2023 were reviewed to determine if they complied with the BPSAA guidelines. In order to determine if the expenditure was a consulting expenditure the following definition was used: “consultant means a person or entity that, under an agreement other than an employment agreement, provides expert or strategic advice and related services for consideration and decision-making.”

The attached Section 6 - Hospital Report on Consultant Use (2.3b) lists consulting expenditures incurred during the 2022-23 fiscal year. There were three exceptions noted for having a non-competitive consultant selection process.

Professional fee expenditures were reviewed for the 2022-23 fiscal year and the following areas were contacted to confirm the nature of the expenditure and the procurement process that was followed:

- Office of the President
- Environmental Services
- Finance
- Human Resources
- Information Technology
- Patient Experience
- Purchasing

The attached Section 12 - Exception Report on Procurement Directives (2.3c) for all CMH initiated contracts for purchases over \$100,000 includes description and rationale for the exceptions and actions to be taken. These purchases did not have an open competitive procurement process.

CMH is a member of Mohawk Medbuy, a supply chain, group purchasing organization representing a large number of hospitals in Ontario. The attached attestation letter and contract exception report confirm that Mohawk Medbuy was in compliance with provincial procurement requirements.

Moving forward, CMH will be working with all departments to facilitate an open and competitive processes where required or to join existing contracts through shared service organizations.

### APPENDIX C - ATTESTATION

Prepared in accordance with section 15 of the *Broader Public Sector Accountability Act, 2010* (BPSAA)

**TO:** The Board of **Cambridge Memorial Hospital**, (the “Board”)

**FROM:** **Patrick Gaskin**  
**President & Chief Executive Officer**  
Cambridge Memorial Hospital

**DATE:** **May 25, 2022**

**RE:** **April 1, 2020 – March 31, 2021 (“the Applicable Period”)**

---

On behalf of the Cambridge Memorial Hospital (the Hospital) I attest to:

- the completion and accuracy of reports required of the Hospital pursuant to section 6 of the BPSAA on the use of consultants;
- the Hospital’s compliance with the prohibition in section 4 of the BPSAA on engaging lobbyist services using public funds;
- the Hospital’s compliance with any applicable expense claims directives issued under section 10 of the BPSAA by the Management Board of Cabinet;
- [to be added once ss. 15(1)(c.1) of the Act is proclaimed into force] the Hospital’s compliance with any applicable perquisite directives issued under section 11.1 of the BPSAA by the Management Board of Cabinet; and
- the Hospital’s compliance with any applicable procurement directives issued under section 12 of the BPSAA by the Management Board of Cabinet, during the Applicable Period.

In making this attestation, I have exercised care and diligence that would reasonably be expected of a insert applicable title i.e. hospital administrator/superintendent/CEO in these circumstances, including making due inquiries of Hospital staff that have knowledge of these matters.

I further certify that any material exceptions to this attestation are documented in the attached Schedule A.

Dated at Cambridge, Ontario this **May 25**, 2021.

---

**Patrick Gaskin**  
**President & Chief Executive Officer**  
Cambridge Memorial Hospital

I certify that this attestation has been approved by the board of the **Cambridge Memorial Hospital** on **May 25, 2021**.

---

**David Pyper**  
**Board Chair**  
**Cambridge Memorial Hospital**

#### **SCHEDULE A to Attestation**

1. Exceptions to the completion and accuracy of reports required in section 6 of the BPSAA on the use of consultants;

See Attached hospital report on known consultant use.

2. Exceptions to the Hospital's compliance with the prohibition in section 4 of the BPSAA on engaging lobbyist services using public funds;

No known exceptions.

3. Exceptions to the Hospital's compliance with the expense claims directive issued under section 10 of the BPSAA by the Management Board of Cabinet;

No known exceptions.

4. Exceptions to the Hospital's compliance with the perquisites directive issued under section 11.1 of the BPSAA by the Management Board of Cabinet; and

---

No known exceptions.

5. Exceptions to the Hospital's compliance with the procurement directive issued under section 12 of the BPSAA by the Management Board of Cabinet.

See attached list of known purchases >\$100,000 not in compliance with Section 12 Procurement Directive

### Hospital Report on Consultant Use

**Name of Hospital:** Cambridge Memorial Hospital

**NAME OF LHIN:** Waterloo Wellington LHIN

**REPORTING PERIOD:** April 1, 2022 to March 31, 2023

No.	Consultant Firm Name	Name and Title of Consulting Contract	Contract Term <i>(If the contract term has been extended please include the original contract term and the amended contract term)</i>	Procurement Value <i>(A+B+C)</i>  <i>A=Original Value</i>  <i>B=Value of Amendments</i> <i>C=Total Procurement Value</i>  <i>Total Paid (\$)</i>	Consultant Selection Process <i>(Open Competitive, Invitational Competitive, Non-competitive – If non-competitive explanation required)</i>	Modifications to Agreement <i>(if yes, did the procurement documents permit modifications to the term or value of the agreement?)</i>
1	Vumetric Solutions Inc.	Cybersecurity Assessment	June 2022	\$ 27,480	Non-Competitive (same firm used as prior year for consistency. Going forward a competitive process will be undertaken)	No modifications
2	Deloitte	Consulting related to HIS project		\$152,835	Open Competitive	No modifications



No.	Consultant Firm Name	Name and Title of Consulting Contract	Contract Term <i>(If the contract term has been extended please include the original contract term and the amended contract term)</i>	Procurement Value <i>(A+B+C)</i>  A=Original Value B=Value of Amendments C=Total Procurement Value  Total Paid (\$)	Consultant Selection Process <i>(Open Competitive, Invitational Competitive, Non-competitive – If non-competitive explanation required)</i>	Modifications to Agreement <i>(if yes, did the procurement documents permit modifications to the term or value of the agreement?)</i>
3	Deloitte	Consulting related to Corporate System readiness		\$ 163,916.	Open Competitive.	No modifications
4	K Chap Consulting	Quality of Care Process Review	.July 2022	\$1,500.	Non Competitive	No modifications
5	Northguide Consulting	Future of health strategy for Waterloo region	Feb 2023	\$2,038.	Non Competitive	No modifications

No.	Consultant Firm Name	Name and Title of Consulting Contract	Contract Term <i>(If the contract term has been extended please include the original contract term and the amended contract term)</i>	Procurement Value <i>(A+B+C)</i>  <i>A=Original Value</i>  <i>B=Value of Amendments</i> <i>C=Total Procurement Value</i>  <i>Total Paid (\$)</i>	Consultant Selection Process <i>(Open Competitive, Invitational Competitive, Non-competitive – If non-competitive explanation required)</i>	Modifications to Agreement <i>(if yes, did the procurement documents permit modifications to the term or value of the agreement?)</i>

## Attestation Reporting Period April 1, 2022 - March 31, 2023

Compliance with any applicable procurement directives BPSAA section 12

Known exceptions of vendor spend >\$100,000

No.	Vendor	22/23 Spend	Description and Rationale for Exception	Actions to be Taken
1	Stryker Canada	\$1,156,601	MMC Contract MSS-1314D for orthopedic hips and knees was extended past original contract expiry date due to delays at MMC	Initiative is now complete and CMH is participating.
2	Bausch & Lomb	\$129,098	MMC Contract MSS-1320A for intraocular lenses was extended past original contract expiry date due to delays at MMC.	MMC RFP initiative is ongoing. Expected contract award date Dec 2023.
3	Priority Healthcare	\$2,191,055	Urgent need for agency staffing through COVID pandemic	Will be joining an existing contract if services needed.
4	Cedar Creek Networking	\$1,165,386.	\$202,820 was not compliant due to being purchased off contract.	Work with IT to ensure appropriate vendor is used to comply with existing contracts.
5	SP Plus Corporation	\$1,127,223.	Security Services Contract Expired in 2021 and extended.	Evaluating options to join existing contract or run an open competitive process to select new vendor.
6	LifeLabs	\$708,965.	CMH contract for referred out lab testing expired and was extended.	Currently participating in group MMC initiative. Expected conversion date Oct 2023
7	BDA Inc	\$364,621.	Fan and heating work. Was conducted as an invitational procurement and should have been open competitive.	Future procurements will be managed in the Purchasing department to ensure compliance.
8	Roberts Onsite	\$170,592.	Numerous individual specific projects that together exceeded the BPSAA threshold.	A compliant process will be conducted to establish a contract.

No.	Vendor	22/23 Spend	Description and Rationale for Exception	Actions to be Taken
9	Iatric Systems Inc.	\$123,916	Vendor system used for scanning PDF to Meditech.	A compliant process will be conducted to establish a contract.
10	Trademark Industrial Inc.	\$119,461.	Numerous individual specific projects that together exceeded the BPSAA threshold.	A compliant process will be conducted to establish a contract.
11	Arrow Marketing	\$118,478	A one-time purchase exceeded the BPSAA threshold. Funding for this expense was offset by a donation from the CMH Foundation.	No action required due to one-time purchase.



March 30, 2023

Cambridge Memorial Hospital  
700 Coronation Boulevard  
Cambridge, ON, N1R 3G2

Attention: Brenda Lanteigne

**Attestation to the BPSAA Supply Chain Secretariat BPS and Canada Free Trade Agreement (CFTA) Directive Compliance**

Dear Brenda,

Mohawk Medbuy Corporation fully understands and abides by the Ontario Ministry of Finance Broader Public Sector Supply Chain Directives and the Canada Free Trade Agreement (CFTA) meant to ensure that publicly funded goods and services are acquired by BPS organizations through a process that is open, fair, and transparent.

On behalf of Mohawk Medbuy Corporation, we attest that all contracting services performed on the Members' behalf for the applicable period of April 1, 2022 – March 31, 2023, are in compliance with the Broader Public Sector Supply Chain Directives and the Canada Free Trade Agreement (CFTA). Exceptions, for contracts on which the Member participated occurring during the twelve (12) month reporting period are noted on the attached document with supporting explanations.

In making this attestation, we have exercised care and diligence that would reasonably be expected in these circumstances, including making due inquires and reviewing results of the self-assessment audits we have completed.

I, Marc Lemaire, Chief Procurement Officer & Vice President Strategic Sourcing and Clinical Services, Ally Dhalla, Vice President Pharmacy and Innovation and I, Raechel Griffin, Vice President, Capital, and Nutrition Services Procurement, have the signing authority to make this commitment on behalf of Mohawk Medbuy Corporation.

**MOHAWK MEDBUY CORPORATION**

Marc Lemaire  
Chief Procurement Officer &  
Vice President Sourcing and  
Clinical Services  
[mlemaire@mohawkmedbuy.ca](mailto:mlemaire@mohawkmedbuy.ca)

Ally Dhalla  
Vice President, Pharmacy and  
Innovation  
[adhalla@mohawkmedbuy.ca](mailto:adhalla@mohawkmedbuy.ca)

Raechel Griffin  
Vice President, Capital and  
Nutrition Services Procurement  
[rgriffin@mohawkmedbuy.ca](mailto:rgriffin@mohawkmedbuy.ca)



MOHAWK MEDBUY

BPS Attestation Report - April 1, 2022 to March 31, 2023

Contract No.	Contract Name	Supplier Name	Contract Start Date	Current Contract Expiry Date	New Contract Expiry Date (for extended contracts)	Exception Type	Justification Code	CMH
C10005	INNOV CAVILON ADVANCED SKIN PROTECTANT 2017- 3M	3M	March 1, 2017	August 31, 2022	August 31, 2023	Extended	A7 (ii)	P-ND
C10006	OR ORTHOPEDIC BONE GRAFT 2017 - LIFENET	LIFENET	April 1, 2017	December 31, 2022	December 31, 2023	Extended	A8	NP
C10026	OR BURS AND BLADES 2017 - CONMED - PA	CONMED LINVATEC CANADA	July 1, 2017	June 30, 2022	December 31, 2022	Extended	A5 (v), A8	\$ 15,409.03
C10027	OR BURS AND BLADES 2017 - JJMP - PA	JJMP	July 1, 2017	June 30, 2022	February 28, 2023	Extended	A5 (v), A8	P-ND
C10028	OR BURS AND BLADES 2017 - GALEN - PA	GALEN MEDICAL	July 1, 2017	June 30, 2022	August 31, 2027	Extended	A5 (v), A8	P-ND
C10029	OR BURS AND BLADES 2017 - OSTEK - PA	OSTEK ORTHOPAEDICS	July 1, 2017	June 30, 2022	August 31, 2027	Extended	A5 (v), A8	P-ND
C10030	OR BURS AND BLADES 2017 - STRYKER	STRYKER CANADA ULC	July 1, 2017	June 30, 2022	December 31, 2022	Extended	A5 (v), A8	\$ 8,529.00
C10031	OR BURS AND BLADES 2017 - ZIMMER - PA	ZIMMER BIOMET CANADA	July 1, 2017	June 30, 2022	December 31, 2022	Extended	A5 (v), A8	P-ND
C10047	OR BASIC SURGICAL INSTRUMENTS 2017 - INTEGRA	Integra	December 1, 2017	November 30, 2022	November 30, 2024	Extended	A8	\$ 11,067.50
C10052	OR HYSTEROSCOPIC TISSUE REMOVAL DEVICE 2017 - HOLOGIC	HOLOGIC	July 15, 2027	August 31, 2022	August 31, 2023	Extended	A8	\$ 56,546.50
C10171	OR ORTHOPEDIC BONE GRAFT 2017 - REGENMED	REGENMED	July 1, 2017	December 31, 2022	December 31, 2023	Extended	A8	NP
C10182	OR LASER FIBERS 2017 - COOK CANADA - PA	COOK	November 1, 2017	October 31, 2022	July 31, 2023	Extended	A8	P-ND
C10183	OR LASER FIBERS 2017 - OLYMPUS CANADA - PA	OLYMPUS	November 1, 2017	October 31, 2022	July 31, 2023	Extended	A8	P-ND
C10188	MMCL FECAL MANAGEMENT - CONVATEC	CONVATEC	February 1, 2018	January 31, 2024	May 31, 2025	Extended	A8	\$ 9,848.88
C10190	MMCL FECAL MANAGEMENT - HOLLISTER	HOLLISTER	February 1, 2018	January 31, 2024	May 31, 2025	Extended	A8	P-ND
C10201	MMNCL ENVIRONMENTAL CLEANING & SURFACE DISINFECTION	STAPLES CANADA INC.	March 1, 2018	April 30, 2022	July 31, 2025	Extended	A8	\$ 6,089.34
C10283	MMNCL STERILIZATION AND ENDOSCOPIC REPROCESSING PRODUCTS 2016 - CHS	CHS	May 5, 2018	April 30, 2023	November 30, 2023	Extended	A8	\$ 9,202.27
C10345	OR GORE TEX PRODUCTS 2018 - PA	W L Gore	January 1, 2019	December 31, 2022	January 31, 2024	Extended	A8	P-ND
C10375	OR CARDIAC PRODUCTS 2018 - MICROPORT	MICROPORT	August 1, 2018	October 31, 2022	October 31, 2025	Extended	A8	NP
C10378	MMCL IV CATHETERS SAFETY 2019 - BBRAUN - PA	B. BRAUN OF CANADA LTD	January 15, 2019	January 31, 2023	December 31, 2025	Extended	A8	P-ND
C10388	OR DISPOSABLE URETEROSCOPE 2018 - CLARION	CLARION MEDICAL	October 1, 2018	August 31, 2022	August 31, 2026	Extended	A8	P-ND
C10389	OR DISPOSABLE URETEROSCOPE 201	BOSTON SCIENTIFIC	October 1, 2018	August 31, 2022	August 31, 2026	Extended	A8	P-ND
C10441	OR CARDIAC PRODUCTS 2019 - TERUMO	TERUMO	January 1, 2019	July 31, 2022	December 31, 2023	Extended	A8	NP
C10442	OR PERIPHERAL VASCULAR - 2019 - TERUMO	TERUMO	January 1, 2019	July 31, 2022	December 31, 2023	Extended	A8	NP
C10443	OR Vascular Products Graft and Accessories - Terumo	Terumo	May 10, 2022	May 31, 2023	June 30, 2023	Extended	A8	NP
C10462	INNOV OPTILUME - 2019 - LABORIE - PA	LABORIE	May 1, 2019	December 31, 2024	April 30, 2024	Extended	A5(ii)	P-ND
C10798	MMNCL CRIMINAL RECORD AND REFERENCE CHECKS 2020 - STERLING	STERLING BACKCHECK	December 1, 2017	November 30, 2022	March 31, 2023	Extended	A8	NP
C10922	INNOV VIRTUAL INTERPRETATION SERVICES 2020 - VOYCE	VOYCE	August 1, 2020	July 31, 2022	July 31, 2024	Extended	A5	P-ND
C10992	MMNCL PATIENT MONITORS OEM 2021 - WELCH ALLYN - PA	WELCH ALLYN	January 1, 2021	December 31, 2022	June 30, 2023	Extended	A5	P-ND
C11001	MMNCL CHEMICAL & INDUSTRIAL WASTE MANAGEMENT 2021 - PHOTECH	PHOTECH	January 14, 2021	January 13, 2023	January 13, 2024	Extended	A8	NP
C11224	PH INJECTABLE PHARMACEUTICALS GMP 2021	Generic Medical Partners	April 1, 2022	September 30, 2024	September 30, 2024	Extended	A5	P-ND
C11338	MMNCL LINEN TEXTILES PROVIDERS 2021 - NAMTEX	NAMTEX	January 1, 2022	December 31, 2022	December 31, 2023	Extended	A7	NP
C11383	OR MPSC MITRA CLIPS 2021 - ABBOTT	ABBOTT	November 1, 2021	March 31, 2023	October 31, 2023	Extended	A5	NP
C11450	MILR HOLDER BLOOD TUBE 2022 - LT	Smiths Medical	April 1, 2022	March 31, 2022	March 31, 2026	Extended	A5	NP
C11451	MMNCL EMPLOYEE BENEFITS BROKER SERVICES - 2018 - AON	AON HEWITT INC.	January 1, 2018	December 31, 2021	December 31, 2025	Extended	A6	NP
C8411	OR ORTHOPEDIC TOTAL JOINTS 2014 - ZIMMER	ZIMMER BIOMET CANADA INC.	November 1, 2014	December 31, 2022	June 30, 2024	Extended	A8	NP
C8412	OR ORTHOPEDIC TOTAL JOINTS 2014 - STRYKER	STRYKER	July 1, 2014	December 31, 2022	January 31, 2026	Extended	A8	NP
C8414	OR ORTHOPEDIC TOTAL JOINTS 2014 - STRYKER - TRANSFORM	STRYKER	July 1, 2014	December 31, 2022	January 31, 2026	Extended	A8	NP
C8430	OR ALTERNATE VASCULAR ACCESS PRODUCTS 2014 - TELEFLEX	Teleflex	August 1, 2024	March 31, 2022	July 31, 2022	Extended	A8	\$ 1,928.50
C8449	OR ORTHOPEDIC TOTAL JOINTS 2014 - ZIMMER	ZIMMER BIOMET CANADA INC.	November 1, 2014	December 31, 2022	June 30, 2024	Extended	A8	NP
C8467	OR CARDIAC PRODUCTS 2014 - BIOTRONIK	BIOTRONIK	December 1, 2014	May 31, 2022	October 31, 2025	Extended	A8	NP
C8468	OR CARDIAC PRODUCTS 2014 - BOSTON	BOSTON SCIENTIFIC	December 1, 2014	May 31, 2022	March 31, 2025	Extended	A8	NP
C8477	OR CARDIAC PRODUCTS 2014 - MEDTRONIC	MEDTRONIC	December 1, 2014	May 31, 2022	October 31, 2025	Extended	A8	NP
C8488	OR CARDIAC PRODUCTS 2014 - Medtronic	Medtronic	December 1, 2014	May 31, 2022	November 30, 2023	Extended	A8	NP
C8546	OR ORTHOPEDIC TOTAL JOINTS 2014 - STRYKER	STRYKER	November 1, 2014	December 31, 2022	January 31, 2026	Extended	A8	NP
C8550	OR ORTHOPEDIC TOTAL JOINTS 2014 - STRYKER	STRYKER CANADA ULC	November 1, 2014	December 31, 2022	June 30, 2024	Extended	A8	NP
C8623	OR GYN PRODUCTS 2015 - CHS	CHS	May 1, 2015	August 31, 2022	August 31, 2023	Extended	A8	P-ND
C8624	OR GYN PRODUCTS 2015 - HOLOGIC	HOLOGIC	May 1, 2015	August 31, 2022	August 31, 2023	Extended	A8	\$ 16,670.40
C8625	OR GYN PRODUCTS 2015 - IDOMAN	IDOMAN	May 1, 2015	August 31, 2022	August 31, 2023	Extended	A8	P-ND
C8627	OR GYN PRODUCTS 2015 - OLYMPUS	OLYMPUS	May 1, 2015	August 31, 2022	August 31, 2023	Extended	A8	\$ 1,754.00
C8628	OR GYN PRODUCTS 2015 - TRIMEDIC	TRIMEDIC	May 1, 2015	August 31, 2022	August 31, 2023	Extended	A8	P-ND
C8647	OR ORTHOPEDIC TOTAL JOINTS WRH SHOULDERS 2015 - STRYKER	STRYKER CANADA ULC	May 1, 2015	June 30, 2022	December 31, 2022	Extended	A8	NP
C8648	MILR DIALYZERS 2015 - FRESENIUS	FRESENIUS MEDICAL CARE	May 1, 2015	January 31, 2023	April 30, 2024	Extended	A5 (v), A8	NP
C8657	MMCL OSTOMY AND POUCHING PRODUCTS 2015 - CONVATEC	CONVATEC	August 1, 2015	July 31, 2022	March 31, 2023	Extended	A8	P-ND
C8665	MILR HEMODIALYSIS DIALYZERS 2015 - MEDTRONIC	MEDTRONIC CANADA -ULC.	July 16, 2015	January 31, 2023	April 30, 2024	Extended	A5 (v), A8	NP



BPS Attestation Report - April 1, 2022 to March 31, 2023

Contract No.	Contract Name	Supplier Name	Contract Start Date	Current Contract Expiry Date	New Contract Expiry Date (for extended contracts)	Exception Type	Justification Code	CMH
C8680	MILR DIALYZERS 2015 - BAXTER	BAXTER CORPORATION	October 1, 2015	January 31, 2023	April 30, 2024	Extended	A5 (v), A8	P-ND
C8682	MILR DIALYZERS 2015 - BAXTER	BAXTER CORPORATION	October 1, 2015	January 31, 2023	April 30, 2024	Extended	A8	NP
C8688	MMCL ENDOSCOPIC CONSUMABLE PRODUCTS 2015 - MEDTRONIC	Medtronic	April 1, 2015	June 30, 2023	November 30, 2023	Extended	A8	P-ND
C8805	MMNCL CUSTOM PRINT SOLUTIONS 2016 - MOORE	MOORE CANADA CORPORATION	January 1, 2016	December 31, 2022	December 31, 2023	Extended	A8	P-ND
C8832	OR WOUND CLOSURE STRIPS 2016	3M	January 1, 2016	November 30, 2022	March 31, 2023	Extended	A8	\$ 3,918.72
C8849	OR VASCULAR PRODUCTS - PERIPHERAL PRODUCTS 2016 - MEDTRONIC	Medtronic	January 1, 2016	January 31, 2022	November 30, 2023	Extended	A8	NP
C8853	OR Vascular Products Graft and Accessories - Advanced Surgipharm	Advanced Surgipharm	July 1, 2016	May 31, 2023	January 31, 2024	Extended	A8	NP
C8854	OR Vascular Products Graft and Accessories - Bard	Bard	January 1, 2016	May 31, 2023	January 31, 2024	Extended	A8	NP
C8855	OR Vascular Products Graft and Accessories - CHS	CHS	January 1, 2016	May 31, 2023	January 31, 2024	Extended	A8	NP
C8857	OR Vascular Products Graft and Accessories - Lemaitre	Lemaitre	January 1, 2016	May 31, 2023	January 31, 2024	Extended	A8	NP
C8858	OR Vascular Products Graft and Accessories - Maquet	Maquet	January 1, 2016	May 31, 2023	January 31, 2024	Extended	A8	NP
C8866	INNOV POLYMERIC MEMBRANE DRESSING-ADVANCED WOUND CARE	RFPC	January 1, 2016	August 31, 2022	August 31, 2023	Extended	A7 (i)	P-ND
C8872	OR VASCULAR PRODUCTS - PERIPHERAL PRODUCTS 2016 - CARDINAL	Cardinal	January 1, 2016	May 31, 2022	November 30, 2023	Extended	A8	NP
C8879	OR Vascular Products Graft and Accessories - Baxter	Baxter	January 1, 2016	June 30, 2023	January 31, 2024	Extended	A8	NP
C8881	OR IOL'S AND OPHTHALMOLOGY PRODUCTS 2016 - AMO	AMO	January 1, 2016	June 30, 2023	December 31, 2023	Extended	A8	NP
C8885	OR IOL'S AND OPHTHALMOLOGY PRODUCTS 2016 - CARDINAL	Cardinal	January 1, 2016	June 30, 2023	December 31, 2023	Extended	A8	NP
C8889	OR CLIPPERS BLADES AND CHARGERS 2016	3M CANADA	April 1, 2016	May 31, 2022	May 31, 2024	Extended	A8	\$ 1,871.65
C8909	OR TRAUMA AND BONE FIXATION PRODUCTS - SPINAL SYSTEMS 2016 - MEDTRONIC	MEDTRONIC	April 1, 2016	December 31, 2022	December 31, 2024	Extended	A8	NP
C8914	OR SPONGES 2016 - AMD	AMD RITMED	January 1, 2017	December 31, 2022	December 31, 2023	Extended	A8	\$ 538.80
C8916	MMNCL STATIONARY, TONER & PAPER PRODUCTS	STAPLES CANADA INC.	May 1, 2016	April 30, 2022	July 31, 2022	Extended	A8	P-ND
C8940	MMNCL STERILIZATION POUCHES AND ROLLS 2016	STEVENS	June 1, 2022	May 31, 2022	November 30, 2022	Extended	A8	\$ 2,798.42
C8952	MM STERILIZATION AND ENDOSCOPIC REPROCESSING PRODUCTS 2016 - MEDIQUE	MEDIQUE	May 1, 2016	April 30, 2023	November 30, 2023	Extended	A8	NP
C8953	MM STERILIZATION AND ENDOSCOPIC REPROCESSING PRODUCTS 2016 - 3M	3M	May 1, 2016	April 30, 2023	November 30, 2023	Extended	A8	\$ 26,852.34
C8955	MMNCL STERILIZATION AND ENDOSCOPIC REPROCESSING PRODUCTS 2016 - ASP	ADVANCED STERILIZATION	May 1, 2016	April 30, 2023	November 30, 2023	Extended	A8	\$ 40,500.98
C8956	MMNCL STERILIZATION AND ENDOSCOPIC REPROCESSING PRODUCTS 2016 - KEIR	KEIR	May 1, 2016	April 30, 2023	November 30, 2023	Extended	A8	NP
C8957	MMNCL STERILIZATION AND ENDOSCOPIC REPROCESSING PRODUCTS 2016 - STERIS	STERIS CANADA SALES	May 1, 2016	April 30, 2023	November 30, 2023	Extended	A8	\$ 8,734.70
C8958	MM STERILIZATION AND ENDOSCOPIC REPROCESSING PRODUCTS 2016 - GETINGE	GETINGE	May 1, 2016	April 30, 2023	November 30, 2023	Extended	A8	NP
C8959	MMNCL STERILIZATION AND ENDOSCOPIC REPROCESSING PRODUCTS 2016 - PRIME FOCUS	PRIME FOCUS	May 1, 2016	April 30, 2023	November 30, 2023	Extended	A8	NP
C8978	PH VISCOELASTICS 2016 - AMO	AMO	July 1, 2026	June 30, 2023	December 31, 2023	Extended	A8	NP
C9071	INNOV ADV WOUND WITH DACC TECHNOLOGY 2016 - BSN	BSN	September 1, 2016	August 31, 2022	August 31, 2023	Extended	A7 (i)	P-ND
C9072	MMNCL NON-WOVEN WRAPS 2017 - CARDINAL	CARDINAL	October 1, 2016	March 31, 2023	September 30, 2023	Extended	A8	\$ 5,458.44
C9073	OR BIOLOGICS SERVICE 2016 - MTF	MTF	October 1, 2016	December 31, 2022	December 31, 2023	Extended	A8	\$ 3,994.00
C9074	MILR HEMODIALYSIS DIALYZERS 2016 - CHIEF - PA	CHIEF MEDICAL SUPPLIES LTD	September 1, 2016	January 31, 2023	April 30, 2024	Extended	A5 (v), A8	P-ND
C9079	OR ORTHOPEDIC HIP'S & KNEES - SMITH&NEPHEW	SMITH&NEPHEW	August 1, 2016	July 31, 2022	December 31, 2022	Extended	A8	NP
C9080	OR ORTHOPEDIC HIP'S & KNEES - STRYKER	STRYKER CANADA	August 1, 2016	June 30, 2022	December 31, 2022	Extended	A8	NP
C9103	OR ORTHOPEDIC BONE CEMENT AND CONSUMABLES 2017 - JUMP	JUMP	January 1, 2017	June 30, 2022	December 31, 2022	Extended	A8	NP
C9104	OR ORTHOPEDIC BONE CEMENT AND CONSUMABLES 2017 - STRYKER	STRYKER CANADA ULC	January 1, 2017	June 30, 2022	December 31, 2023	Extended	A8	\$ 58,815.67
C9105	OR ORTHOPEDIC BONE CEMENT AND CONSUMABLES 2017 - ZIMMER	ZIMMER BIOMET CANADA	January 1, 2017	June 30, 2022	December 31, 2022	Extended	A8	NP
C9109	MMNCL DECONTAMINATION PRODUCTS 2017 - STERIS	STERIS	February 1, 2017	November 30, 2023	May 31, 2024	Extended	A8	\$ 36,773.67
C9111	MMNCL DECONTAMINATION PRODUCTS 2017	ECOLAB	February 1, 2017	January 31, 2013	November 30, 2023	Extended	A8	NP
C9112	MMNCL DECONTAMINATION PRODUCTS 2017	Getinge	February 1, 2017	January 31, 2013	November 30, 2023	Extended	A8	NP
C9113	MMNCL DECONTAMINATION PRODUCTS 2017	Southmedic	February 1, 2017	January 31, 2013	May 31, 2024	Extended	A8	NP
C9114	MMNCL DECONTAMINATION PRODUCTS 2017	Vantage	February 1, 2017	January 31, 2013	November 30, 2023	Extended	A8	NP
C9122	OR ORTHOPEDIC BONE GRAFT 2017 - CITAGENIX	CITAGENIX	January 1, 2017	December 31, 2022	December 31, 2023	Extended	A8	NP
C9123	OR ORTHOPEDIC BONE GRAFT 2017 - STRYKER	STRYKER	January 1, 2017	December 31, 2022	December 31, 2023	Extended	A8	NP
C9124	OR ORTHOPEDIC BONE GRAFT 2017 - STRYKER	STRYKER	January 31, 2017	December 31, 2022	December 31, 2023	Extended	A8	\$ 295.00
C9125	OR ORTHOPEDIC BONE GRAFT 2017 - ZIMMER	ZIMMER	January 31, 2017	December 31, 2022	December 31, 2023	Extended	A8	NP
C9126	OR ORTHOPEDIC BONE GRAFT 2017 - JUMP	JUMP	March 1, 2017	December 31, 2022	December 31, 2023	Extended	A8	NP
C9127	OR ORTHOPEDIC BONE GRAFT 2017 - MEDTRONIC	MEDTRONIC	January 1, 2017	December 31, 2022	December 31, 2023	Extended	A8	NP
C9128	OR ORTHOPEDIC BONE GRAFT 2017 - MTF	MTF	January 31, 2017	December 31, 2022	December 31, 2023	Extended	A8	NP
MMC-1947	MMNCL RESTRAINT BODY AND INJURY PREVENTION	Medline Canada	June 1, 2018	May 31, 2022	June 1, 2023	Extended	A8	P-ND
MMC-1968A	OR LABOUR AND DELIVERY CARE PRODUCTS 2018 - CARDINAL	Cardinal	August 1, 2018	September 30, 2022	December 31, 2023	Extended	A8	NP
MMC-1981	OR SKIN PREP SYSTEMS - SURGICAL SCRUB BRUSH 2018	AMC Medical	April 1, 2018	May 31, 2022	May 31, 2024	Extended	A8	NP
MSS-1314D ACCESS	OR THOPEDIC HIP'S & KNEES - CEMENT & ACCESSORY	STRYKER CANADA	October 1, 2016	June 30, 2022	December 31, 2022	Extended	A8	\$ 54,812.00



MOHAWK MEDBUY

BPS Attestation Report - April 1, 2022 to March 31, 2023

Contract No.	Contract Name	Supplier Name	Contract Start Date	Current Contract Expiry Date	New Contract Expiry Date (for extended contracts)	Exception Type	Justification Code	CMH
MSS-1314D T1-80	ORTHOPEDIC HIPS & KNEES - PRIMARY LEVEL 1 80% COMMITMENT	STRYKER CANADA	October 1, 2016	June 30, 2022	December 31, 2022	Extended	A8	NP
MSS-1314D T1-95	ORTHOPEDIC HIPS & KNEES - PRIMARY LEVEL 1 95% COMMITMENT	STRYKER CANADA	October 1, 2016	June 30, 2022	December 31, 2022	Extended	A8	NP
MSS-1314D T2	ORTHOPEDIC HIPS & KNEES - PRIMARY LEVEL 2 95% COMMITMENT	STRYKER CANADA	October 1, 2016	June 30, 2022	December 31, 2022	Extended	A8	NP
MSS-1314D T3	ORTHOPEDIC HIPS & KNEES - PRIMARY LEVEL 3 95% COMMITMENT	STRYKER CANADA	October 1, 2016	June 30, 2022	December 31, 2022	Extended	A8	\$ 1,006,309.34
MSS-1314D T4	ORTHOPEDIC HIPS & KNEES - PRIMARY LEVEL 4 95% COMMITMENT	STRYKER CANADA	October 1, 2016	June 30, 2022	December 31, 2022	Extended	A8	NP
MSS-1320A	OR OPHTHALMOLOGY PRODUCT - MULTI	BAUSCH + LOMB	November 1, 2014	October 31, 2022	December 31, 2023	Extended	A8	\$ 67,027.99
MSS-1320B	OR OPHTHALMOLOGY PRODUCT - MULTI	ALCON CANADA INC.	November 1, 2014	July 31, 2022	December 31, 2022	Extended	A8	NP
MSS-1320C	OR OPHTHALMOLOGY PRODUCT - MULTI	LABTICIAN	November 1, 2014	July 31, 2022	December 31, 2022	Extended	A8	\$ 2,967.00
MSS-1320D	OPHTHALMOLOGY PRODUCT - MULTI	INNOVA MEDICAL	November 1, 2014	January 31, 2022	December 31, 2023	Extended	A8	NP
MSS-1320E	OR OPHTHALMOLOGY AMO CANADA	AMO CANADA COMPANY	November 1, 2014	July 31, 2022	December 31, 2023	Extended	A8	NP
MSS-1449A	OR PACK OPHTHALMOLOGY - SINGLE	ALCON CANADA INC.	November 1, 2014	July 31, 2022	December 31, 2022	Extended	A8	NP
MSS-1673B	SYSTEM-VACUUM ASSISTED DELIVERY	COOPER	October 1, 2015	August 31, 2022	August 31, 2023	Extended	A8	\$ 912.00
MSS-1766A	SERVICE DISPOSAL WASTE GENERAL	WASTE MANAGEMENT	June 1, 2016	May 31, 2022	June 30, 2024	Extended	A8	NP
MSS-1766B	SERVICE DISPOSAL WASTE GENERAL	WASTE CONNECTIONS CANADA	June 1, 2016	May 31, 2022	June 30, 2024	Extended	A8	NP
MSS-1766C	SERVICE DISPOSAL WASTE GENERAL	WASTECO	June 1, 2016	May 31, 2022	June 30, 2024	Extended	A8	NP
MSS-1808A	MMNCL PEST CONTROL SERVICE	ABELL PEST CONTROL	February 1, 2017	July 31, 2022	July 31, 2023	Extended	A8	NP
MSS-1808B	MMNCL PEST CONTROL SERVICE	ORKIN PEST CONTROL	February 1, 2017	July 31, 2022	July 31, 2023	Extended	A8	NP
MSS-1826	CATHETER URETHRAL	CHS	July 1, 2016	September 30, 2022	September 30, 2024	Extended	A5(v)	NP
MSS-1858A	OR ELECTROSURGICAL ATTACHMENTS AND AND ACCESSORIES	KARL STORZ ENDOSCOPY	August 1, 2017	July 31, 2022	March 31, 2024	Extended	A8	NP
MSS-1858B	OR ELECTROSURGICAL ATTACHMENTS AND AND ACCESSORIES	KARL STORZ ENDOSCOPY	August 1, 2017	July 31, 2022	March 31, 2024	Extended	A8	NP
MSS-1893	MMCL ACCESSORY UROLOGY 2017 - MEDLINE	MEDLINE CANADA	August 1, 2017	September 30, 2022	September 30, 2024	Extended	A5(v)	NP
MSS-1920	MMCL SET URINARY CATHETER NEONATE	BOWERS MEDICAL	August 1, 2017	September 30, 2022	September 30, 2024	Extended	A5(v)	NP
MSS-1936	OR GYN - SURGICAL COOPER	COOPER	May 1, 2017	August 31, 2022	August 31, 2023	Extended	A8	\$ 3,430.60
MMC-1967	MMNCL FLOOR GRADE DISPOSABLE INSTRUMENTS 2018 - CARDINAL	CARDINAL	March 1, 2018	February 28, 2023	December 31, 2024	Extended	A8	\$ 28.32
NSC 14-57	NSC REAGENT EQUIPMENT 2015 - INSTRUMENTATION LAB	INSTRUMENTATION LAB	August 1, 2015	July 31, 2022	July 31, 2024	Extended	A5(v)	NP
NSC 16-22	PROFESSIONAL PATIENT TRANSFER SERVICES	AMBUTRANS EVENT MEDICAL	January 17, 2022	January 17, 2022	May 16, 2023	Extended	A8	NP
NSC 18-10	NSC WIRELESS DEVICES 2018 - TBAYTEL	TBAYTEL	October 1, 2018	September 30, 2022	September 30, 2025	Extended	A7	NP
NSC 21-55	THE SUPPLY OF STAFFING FOR THE JODY BLAIS RESIDENCE ASSISTED LIVING	2218796 ONTARIO INC.	November 1, 2021	March 31, 2023	March 31, 2027	Extended	A7	NP
NSC 17-77 MHC	NSC PEST CONTROL2022 - ABELL	Abell Pest Control Inc	March 1, 2022	February 28, 2023	October 31, 2023	Extended	A7	NP
C11224	PH INJECTABLE PHARMACEUTICALS	Generic Medical Partners	April 1, 2022	September 30, 2024	NA	Limited tender	A5	P-ND
C11529	PH Chemotherapy Spill Kits 2022 ACAN	BioNuclear Diagnostics INC	June 1, 2022	May 30, 2025	NA	Limited tender	A5	P-ND
C11533	PH Chemotherapy Spill Kits 2022 ACAN	Levitt Safety LTD	June 1, 2022	May 30, 2025	NA	Limited tender	A5	P-ND
C11534	PH Chemotherapy Spill Kits 2022 ACAN	McArthur Medical Sales Inc.	June 1, 2022	May 30, 2025	NA	Limited tender	A5	P-ND
C11532	PH Chemotherapy Spill Kits 2022 ACAN	PharmaSystems Inc.	June 1, 2022	May 30, 2025	NA	Limited tender	A5	P-ND
C11494	PH Oncology Pharmaceuticals Bridge	Accord	June 1, 2022	September 30, 2022	NA	Limited tender	A7(i)	NP
C11476	PH Oncology Pharmaceuticals Bridge	Apotex	June 1, 2022	September 30, 2022	NA	Limited tender	A7(i)	NP
C11486	PH Oncology Pharmaceuticals Bridge	Aspen	June 1, 2022	September 30, 2022	NA	Limited tender	A7(i)	NP
C11518	PH Oncology Pharmaceuticals Bridge	Dr. Reddy	June 1, 2022	September 30, 2022	NA	Limited tender	A7(i)	NP
C11499	PH Oncology Pharmaceuticals Bridge	Erfa	June 1, 2022	September 30, 2022	NA	Limited tender	A7(i)	NP
C11505	PH Oncology Pharmaceuticals Bridge	Fresenius Kab	June 1, 2022	September 30, 2022	NA	Limited tender	A7(i)	NP
C11516	PH Oncology Pharmaceuticals Bridge	Generic Medical Partners	June 1, 2022	September 30, 2022	NA	Limited tender	A7(i)	NP
C11500	PH Oncology Pharmaceuticals Bridge	Juno	June 1, 2022	September 30, 2022	NA	Limited tender	A7(i)	NP
C11498	PH Oncology Pharmaceuticals Bridge	Marcan	June 1, 2022	September 30, 2022	NA	Limited tender	A7(i)	NP
C11483	PH Oncology Pharmaceuticals Bridge	Natco	June 1, 2022	September 30, 2022	NA	Limited tender	A7(i)	NP
C11482	PH Oncology Pharmaceuticals Bridge	Pharmascience	June 1, 2022	September 30, 2022	NA	Limited tender	A7(i)	NP
C11517	PH Oncology Pharmaceuticals Bridge	Sandoz	June 1, 2022	September 30, 2022	NA	Limited tender	A7(i)	NP
C11496	PH Oncology Pharmaceuticals Bridge	Sterimax	June 1, 2022	September 30, 2022	NA	Limited tender	A7(i)	NP
C11475	PH Oncology Pharmaceuticals Bridge	Taro	June 1, 2022	September 30, 2022	NA	Limited tender	A7(i)	NP
C11495	PH Oncology Pharmaceuticals Bridge	Teva	June 1, 2022	September 30, 2022	NA	Limited tender	A7(i)	NP
C11497	PH Oncology Pharmaceuticals Bridge	Tolmar	June 1, 2022	September 30, 2022	NA	Limited tender	A7(i)	NP
C11474	PH Oncology Pharmaceuticals Bridge	Verity	June 1, 2022	September 30, 2022	NA	Limited tender	A7(i)	NP
C11494	PH Oncology Pharmaceuticals Bridge	Accord Healthcare Inc.	June 27, 2022	September 30, 2022	NA	Limited tender	A5(i)	NP
C10513	PH Oncology Pharmaceuticals Bridge	Accord Healthcare Inc.	June 27, 2022	September 30, 2022	NA	Limited tender	A8	P-ND
C11020	OR ENT Consumables 2022	Olympus Canada	August 1, 2022	July 31, 2025	NA	Limited tender	A5 (v)	\$ 335.67





BPS Attestation Report - April 1, 2022 to March 31, 2023

Contract No.	Contract Name	Supplier Name	Contract Start Date	Current Contract Expiry Date	New Contract Expiry Date (for extended contracts)	Exception Type	Justification Code	CMH
C11608	PH Narcotic and Controlled Substances Denaturing Disposal Systems 2022	Medline Canada Inc.,	September 1, 2022	November 30, 2025	NA	Limited tender	A5	P-ND
C11605	PH Narcotic and Controlled Substances Denaturing Disposal Systems 2022	Daniels Sharpsmart Canada Ltd	September 1, 2022	November 30, 2025	NA	Limited tender	A5	P-ND
C11610	PH Narcotic and Controlled Substances Denaturing Disposal Systems 2022	Stryker Canada	September 1, 2022	November 30, 2025	NA	Limited tender	A5	P-ND
C11609	PH Narcotic and Controlled Substances Denaturing Disposal Systems 2022	Stericycle	September 1, 2022	November 30, 2025	NA	Limited tender	A5	P-ND
C11689	PH NAPRA IV Workflow Solutions 2022	Healthmark	November 1, 2022	November 30, 2026	NA	Limited tender	A5	P-ND
C11772	MMNCL LINEN TEXTILES PROVIDERS 2023	MIP	September 1, 2022	November 1, 2025	NA	Limited tender	A8	NP
C11671	PH Telepharmacy Services 2022	North West Telepharmacy Solutions	October 1, 2022	September 30 2025	NA	Limited tender	A5	P-ND
C11454	MILR ESWAB TRANSPORT 2022	Micronostyx	October 1, 2022	December 31, 2025	NA	Limited tender	A5	NP
C11805	MMNCL IT RECRUITMENT AGENCY 2022	Experis Placement Services	December 1, 2022	November 30, 2024	NA	Limited tender	A8	NP
C11808	MMNCL IT RECRUITMENT AGENCY 2022	Frank Recruitment Services	February 1, 2023	November 30, 2024	NA	Limited tender	A8	NP
C11807	MMNCL IT RECRUITMENT AGENCY 2022	StackIT Recruitment Services	February 1, 2023	November 30, 2024	NA	Limited tender	A8	NP
C11736	OR EQUIPMENT DRAPES 2022	Carl Zeiss Canada Ltd.	November 1, 2022	November 30, 2024	NA	Limited tender	A5	\$ -
C11737	OR EQUIPMENT DRAPES 2022	Stryker Canada ULC	December 1, 2022	November 30, 2024	NA	Limited tender	A5	\$ -
C11804	INNOV WEST REGION CATARACT CENTRAL WAITLIST MANAGEMENT 2022	EHEALTH CENTRE OF EXCELLENCE	December 19, 2022	June 30, 2023	NA	Limited tender	A7, A8, B7	NP
C11556	PH Parenteral Nutrition Solutions, Lipids and Consumables	Baxter Corporation	November 1, 2022	October 31, 2025	NA	Limited tender	A5	\$ 151.20
C11559	PH Parenteral Nutrition Solutions, Lipids and Consumables	B. Braun Canada	November 1, 2022	October 31, 2025	NA	Limited tender	A5	P-ND
C11557	PH Parenteral Nutrition Solutions, Lipids and Consumables	Fresenius Kabi Canada Ltd	November 1, 2022	October 31, 2025	NA	Limited tender	A5	P-ND
C11558	PH Parenteral Nutrition Solutions, Lipids and Consumables	Healthmark Services Ltd.	November 1, 2022	October 31, 2025	NA	Limited tender	A5	P-ND
C10508	PH Elastomeric Infusion Pump Devices 2022	Baxter Corporation	December 1, 2022	November 20 2025	NA	Limited tender	A5	\$ 126.66
C11690	PH Elastomeric Infusion Pump Devices 2022	B. Braun Canada	December 1, 2022	November 20 2025	NA	Limited tender	A5	P-ND
C11691	PH Elastomeric Infusion Pump Devices 2022	Canadian Hospital Specialties	December 1, 2022	November 20 2025	NA	Limited tender	A5	P-ND
C11692	PH Elastomeric Infusion Pump Devices 2022	Nipro	December 1, 2022	November 20 2025	NA	Limited tender	A5	P-ND
C10967	PH Critical Oral Antibiotic Suspensions for Alternate Suppliers ACAN 2023	Auro	January 16, 2023	January 31, 2024	NA	Limited tender	A5 & A8	P-ND
C10885	PH Critical Oral Antibiotic Suspensions for Alternate Suppliers ACAN 2023	Auro	January 16, 2023	January 31, 2024	NA	Limited tender	A5 & A8	P-ND
C10872	PH Critical Oral Antibiotic Suspensions for Alternate Suppliers ACAN 2023	Jamp	January 16, 2023	January 31, 2024	NA	Limited tender	A5 & A8	P-ND
C10891	PH Critical Oral Antibiotic Suspensions for Alternate Suppliers ACAN 2023	Teva	February 1, 2023	January 31, 2024	NA	Limited tender	A5 & A8	P-ND
C11832	MMCL Infant Formula 2023 - LT	Mead Johnson Nutrition	January 16, 2023	July 16, 2024	NA	Limited tender	A5 & A8	P-ND
C11829	OR Arthroplasty Hips, Knees & Bone Cement RFP	Medacta Canada Inc.	January 1, 2023	December 31, 2027	NA	Limited tender	A8	NP
C11378	PH Non-Competitive CN Development 2022-23	AbbVie	October 1, 2022	September 30, 2025	NA	Limited tender	A5	P-ND
C11427	PH Non-Competitive CN Development 2022-23	Laboratoire Aguetant Canada	June 1, 2022	September 30, 2024	NA	Limited tender	A5	P-ND
C11220	PH Non-Competitive CN Development 2022-23	Avir Pharma Inc.	June 1, 2022	September 30, 2024	NA	Limited tender	A5	P-ND
C11555	PH Non-Competitive CN Development 2022-23	Avir Pharma Inc.	June 15, 2022	January 31, 2024	NA	Limited tender	A5	P-ND
C10570	PH Non-Competitive CN Development 2022-23	Bausch Health	June 8, 2022	June 30, 2023	NA	Limited tender	A5	P-ND
C11710	PH Non-Competitive CN Development 2022-23	Bio-Nuclear	January 5, 2023	November 30, 2025	NA	Limited tender	A5	P-ND
C10867	PH Non-Competitive CN Development 2022-23	BioSyent	December 20, 2022	January 31, 2024	NA	Limited tender	A5	P-ND
C10977	PH Non-Competitive CN Development 2022-23	BioSyent	December 20, 2022	January 31, 2024	NA	Limited tender	A5	NP
C11548	PH Non-Competitive CN Development 2022-23	Eli Lilly	June 22, 2022	January 31, 2024	NA	Limited tender	A5	P-ND
C11223	PH Non-Competitive CN Development 2022-23	Fresenius Kabi Canada Ltd	July 8, 2022	September 30, 2024	NA	Limited tender	A5	P-ND
C11225	PH Non-Competitive CN Development 2022-23	Jamp Pharma Corporation	June 8, 2022	September 30, 2024	NA	Limited tender	A5	P-ND
C10873	PH Non-Competitive CN Development 2022-23	Johnson and Johnson Inc.	December 1, 2022	January 31, 2024	NA	Limited tender	A5	P-ND
C11547	PH Non-Competitive CN Development 2022-23	Medunik Canada Inc.	June 1, 2022	September 30, 2025	NA	Limited tender	A5	P-ND
C10880	PH Non-Competitive CN Development 2022-23	Omega Laboratories LTD.	February 1, 2023	January 31, 2024	NA	Limited tender	A5	P-ND
C10563	PH Non-Competitive CN Development 2022-23	Pendopharm, Div of Pharmascience	January 16, 2023	June 30, 2023	NA	Limited tender	A5	P-ND
C11237	PH Non-Competitive CN Development 2022-23	Pendopharm, Div of Pharmascience	November 1, 2022	September 30, 2024	NA	Limited tender	A5	\$ 1,225.00
C11594	PH Non-Competitive CN Development 2022-23	Pharmascience Inc.	February 3, 2023	September 30, 2025	NA	Limited tender	A5	P-ND
C11715	PH Non-Competitive CN Development 2022-23	PharmaSystems Inc.	January 5, 2023	November 30, 2025	NA	Limited tender	A5	\$ 318.84
C11339	PH Non-Competitive CN Development 2022-23	Seaford Pharmaceuticals Inc	December 1, 2022	January 31, 2024	NA	Limited tender	A5	P-ND
C11569	PH Non-Competitive CN Development 2022-23	Taro Pharmaceuticals Inc.	June 1, 2022	January 31, 2024	NA	Limited tender	A5	P-ND
C11570	PH Non-Competitive CN Development 2022-23	Taro Pharmaceuticals Inc.	June 1, 2022	January 31, 2024	NA	Limited tender	A5	NP
C11571	PH Non-Competitive CN Development 2022-23	Taro Pharmaceuticals Inc.	June 1, 2022	January 31, 2024	NA	Limited tender	A5	NP
C11792	PH Non-Competitive CN Development 2022-23	TerSera Therapeutics LLC	October 1, 2022	September 30, 2024	NA	Limited tender	A5	P-ND
2021-R020	Vital Signs Monitoring	Hill Rom	January 12, 2021	June 21, 2024	NA	Limited Tender	A8	NP
2019-P06	Patient Monitoring Equipment - CAPsource	Philips Healthcare Canada	April 1, 2022	March 31, 2025	NA	Limited Tender	A5 (v)	P-ND



## BPS Attestation Report - April 1, 2022 to March 31, 2023

Contract No.	Contract Name	Supplier Name	Contract Start Date	Current Contract Expiry Date	New Contract Expiry Date (for extended contracts)	Exception Type	Justification Code	CMH
Bulk Buy # 37A & 37B	Ansell Surgical Gloves March and April 2022	Ansell Canada	March 1, 2022	April 1, 2022	one time purchase	Limited Tender	A8	NP

\* Reported Spend indicates Member provided data for the Attestation Period.

Note that contracts may have started or ended at various points within the Attestation period.

Data compiled from February 1 2022 to January 31 2023

P - ND indicates Member participation on contract, however spend data not provided/available.

NP - Not Participating

APPENDIX A – Limited Tendering Exception Codes	
<p><b>A1.</b> If no tenders were submitted or no suppliers requested participation</p> <p><b>A2.</b> If no tenders that conform to the essential requirements of the tender documentation were submitted</p> <p><b>A3.</b> If no suppliers satisfied the conditions for participation</p> <p><b>A4.</b> If the submitted tenders were collusive</p> <p><b>A5.</b> If the goods and services can be supplied only by a particular supplier and no reasonable alternative or substitute goods or services exist for any of the following reasons:</p> <ul style="list-style-type: none"> <li>(i) Requirement is for a work of art</li> <li>(ii) Protection of patents, copyrights or other exclusive rights</li> <li>(iii) Due to an absence of competition for technical reasons</li> <li>(iv) Supply of goods or services is controlled by a supplier that is a statutory monopoly</li> <li>(v) To ensure compatibility with existing goods, or to maintain specialized goods that must be maintained by the manufacturer of those goods or its representative</li> <li>(vi) Work is to be performed on property by a contractor according to the provisions of a warranty or guarantee held in respect of the property or the original work</li> <li>(vii) Work is to be performed on a leased building or related property, or portions thereof, that may be performed only by the lessor</li> <li>(viii) Subscriptions to newspapers, magazines or other periodicals</li> </ul> <p><b>A6.</b> If goods or consulting services regarding matters of a confidential or privileged nature are to be purchased and the disclosure of those matters through an open tendering process could reasonably be expected to compromise government confidentiality, result in the waiver of privilege, cause economic disruption, or otherwise be contrary to the public interest</p>	<p><b>A7.</b> For additional deliveries by the original supplier of goods or services that were not included in the initial procurement, if a change of supplier for such additional goods or services:</p> <ul style="list-style-type: none"> <li>(i) Cannot be made for economic or technical reasons such as requirements of interchangeability or interoperability with existing equipment, software, services or installations procured under the initial procurement; and</li> <li>(ii) Would cause significant inconvenience or substantial duplication of costs for the procuring entity</li> </ul> <p><b>A8.</b> If strictly necessary, and for reasons of urgency brought about by events unforeseeable by the procuring entity, the goods or services could not be obtained in time using open tendering</p> <p><b>A9.</b> Goods purchased on a commodity market</p> <p><b>A10</b> If a procuring entity procures a prototype or a first good or service that is developed in the course of, and for, a particular contract for research, experiment, study, or original development. Original development of a first good or service may include limited production or supply in order to incorporate the results of field testing and to demonstrate that the good or service is suitable for production or supply in quantity to acceptable quality standards, but does not include quantity production or supply to establish commercial viability or to recover research and development costs</p> <p><b>A11.</b> For purchases made under exceptionally advantageous conditions that only arise in the very short term in the case of unusual disposals such as those arising from liquidation, receivership, or bankruptcy, but not for routine purchases from regular suppliers</p> <p><b>A12.</b> If a contract is awarded to a winner of a design contest provided that: (i) the contest has been organized in a manner that is consistent with the principles of this Chapter, in particular relating to the publication of a tender notice; and (ii) the participants are judged by an independent jury with a view to a design contract being awarded to a winner.</p>



# BRIEFING NOTE

**Date:** May 17, 2023  
**Issue:** M-SAA Schedule F – Declaration of Compliance  
**Prepared for:** Resources Committee  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Rita Sharratt, Director Emergency & Mental Health Programs  
**Approved by:** Valerie Smith-Sellers, Director, Finance and Acting CFO

**Attachments/Related Documents:** Schedule F – Declaration of Compliance

### Alignment with 2023-24 CMH Priorities:

2022-2027 Strategic Plan No <input checked="" type="checkbox"/>	2023/24 CMH Priorities No <input checked="" type="checkbox"/>	2023/24 Integrated Risk Management Priorities No <input type="checkbox"/>
<input type="checkbox"/> Elevate Partnerships in Care	<input type="checkbox"/> Ensure Equitable Care For CND Residents	<input type="checkbox"/> Change / Project Management
<input type="checkbox"/> Advance Health Equity	<input type="checkbox"/> Grow Clinical Services	
<input type="checkbox"/> Increase Joy In Work	<input type="checkbox"/> Increase Staff Engagement	<input type="checkbox"/> Staff Shortages
<input type="checkbox"/> Reimagine Community Health	<input type="checkbox"/> HIS/ERP Planning and Implementation	<input checked="" type="checkbox"/> Access to Care
<input type="checkbox"/> Sustain Financial Health	<input type="checkbox"/> Grow Ministry Revenue	<input type="checkbox"/> Revenue & Funding

### Recommendation/Motion

#### **Resources Committee**

Following review and discussion of the information provided, the Resources Committee of the Board recommends that the Board of Directors supports the submission of the Multi-Sector Service Accountability Agreement (M-SAA) Schedule F – Declaration of Compliance.

Schedule F, Declaration of Compliance, describes that the Health Service Provider (HSP) has complied with applicable procurement practices, the Local Health System Integration Act, 2006 and the Public Sector Compensation Restraint to Protect Public Services Act, 2010.

#### **Board**

Following review and discussion of the information provided, the Board supports the submission of the Multi-Sector Service Accountability Agreement (M-SAA) Schedule F – Declaration of Compliance.

Schedule F, Declaration of Compliance, describes that the Health Service Provider (HSP) has complied with applicable procurement practices, the Local Health System Integration Act, 2006 and the Public Sector Compensation Restraint to Protect Public Services Act, 2010.

#### **Background**

The programs referred to in the M-SAA are the special or other vote budgets for Mental Health Services. Programs funded through this agreement include Outpatient Mental Health Counselling and Treatment, Psychiatric Assessment in the Emergency Department, Injection Clinic, Day

Hospital and the Medical Resources for these programs. The client population served for the above programs is primarily from within the Cambridge North Dumfries catchment area.

### **Analysis**

Visit volumes across day hospital, injection clinic and psychiatric emergency were down slightly compared to 2021-22. The issue for these decreases are staffing for psychiatric emergency (particularly in the first 3 quarters). The ongoing waves of COVID-19 affected patient's willingness to participate in day hospital programs however, this has improved dramatically in Q4. Counselling and Treatment were 80% of target volumes, and down by 13% over 2021/22. The primary issue for this is the significant shortage of psychiatrists in the outpatient department. In 2021, there were ~3.5 FTEs of psychiatrists working in outpatient, and now since another psychiatrist retired in the fall of 2022, we are down to 1 FT psychiatrist seeing patients' outpatient MH. The child psychiatrist also assists as she can. The Director of MH and the Chief of Psychiatry participate in a variety of MH OHT committees looking into ways to improve MH services to Ontarians.

Despite the unprecedented challenges of the COVID-19 pandemic and extreme staff and psychiatrist shortages, the Director for the Mental Health Programs at CMH has attested that, to the best of her knowledge, CMH has complied with the M-SAA as of the date of this report.

After making inquiries of the President and CEO and other appropriate officers of the HSP and subject to any exceptions identified on Schedule F, to the best of the Board's knowledge and belief, the HSP has fulfilled its obligations under the service accountability agreement (the "M-SAA") in effect during the Applicable Period (April 1, 2022 – March 31, 2023).

Without limiting the generality of the foregoing, the HSP has complied with:

- (i) Article 4.8 of the M-SAA concerning applicable procurement practices;
- (ii) The *Connecting Care Act, 2019*; and
- (ii) Any compensation restraint legislation which applies to the HSP.

**SCHEDULE F – DECLARATION OF COMPLIANCE****DECLARATION OF COMPLIANCE**

Issued pursuant to the Multi-Sector Service Accountability Agreement effective April 1, 2019

**To:**        **The Board of Directors** of Ontario Health  
              Attn: Board Chair

**From:**     **The Board of Directors** (the “Board”) of the Cambridge Memorial Hospital (the  
              “HSP”)

**Date:**      [insert date]

**Re:**        April 1, 2022 – March 31, 2023 (the “Applicable Period”)

---

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the multi-sector service accountability agreement between Ontario Health and the HSP effective April 1, 2019, as amended by an amending agreement dated the 31st day of March, 2020 (the “March 2020 Amendment”), an extending letter effective March 31, 2021 (the “March 2021 Extending Letter”) and an extending letter effective March 31, 2022 (the “March 2022 Extending Letter”) (collectively, the “Agreement”).

The Board has authorized me, by resolution dated [insert date], to declare to you as follows:

After making inquiries of the President and CEO and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board’s knowledge and belief, the HSP has fulfilled, its obligations under the Agreement in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP has complied with:

- (i) Article 4.8 of the MSAA concerning applicable procurement practices;
- (ii) The *Connecting Care Act*, 2019; and
- (iii) Any compensation restraint legislation which applies to the HSP

---

Nicola Melchers, Board Chair

SCHEDULE F – DECLARATION OF COMPLIANCE

Appendix 1 - Exceptions

No known exceptions.



# BRIEFING NOTE

**Date:** May 10, 2023  
**Issue:** Meeting Summary – MAC OPEN Meeting May 10, 2023  
**Prepared for:** Board of Directors  
**Purpose:**  Approval  Discussion  Information  Seeking Direction  
**Prepared by:** Dr. Winnie Lee, Chief of Staff  
**Approved by:** Patrick Gaskin, President & CEO

**Attachments/Related Documents:** None

**Alignment with 2023/24 CMH Priorities:**

2022-2027 Strategic Plan No <input type="checkbox"/>	2023/24 CMH Priorities No <input type="checkbox"/>	2023/24 Integrated Risk Management Priorities No <input type="checkbox"/>
<input checked="" type="checkbox"/> Elevate Partnerships in Care	<input type="checkbox"/> Ensure Equitable Care For CND Residents	<input type="checkbox"/> Change / Project Management
<input type="checkbox"/> Advance Health Equity	<input checked="" type="checkbox"/> Grow Clinical Services	
<input type="checkbox"/> Increase Joy In Work	<input checked="" type="checkbox"/> Increase Staff Engagement	<input checked="" type="checkbox"/> Staff Shortages
<input type="checkbox"/> Reimagine Community Health	<input type="checkbox"/> HIS/ERP Planning and Implementation	<input checked="" type="checkbox"/> Access to Care
<input type="checkbox"/> Sustain Financial Health	<input type="checkbox"/> Grow Ministry Revenue	<input type="checkbox"/> Revenue & Funding

A meeting of the Medical Advisory Committee took place on Wednesday March 8, 2023 at 4:30 pm.

**Present:** Dr. W. Lee, Dr. A. Sharma, Dr. J. Legassie, Dr. L. Green, Dr. K. Wadsworth, Dr. M. Kumanan, Dr. A. Nguyen, Dr. M. Rajguru, Dr. J. Bourgeois, Dr. M. Runnalls, Dr. L. Puopolo, Dr. I. Morgan

**Regrets:** Dr. A. Rowe, Dr. M. Gill, Dr. V. Miropolsky, Ms. C. Witteveen, Dr. I. Isupov

**Staff:** Mr. P. Gaskin, Ms. S. Pearsall, Ms. M. Iromoto, Mr. R. Howe, Ms. J. Visocchi, Ms. N. Grealy (Recorder)

**Guests:** Ms. D. Wilkinson, Ms. C. Wilson, Dr. K. Nuri

**Committee Matters – For information only**

**1. M&T Report:** The April M&T report was approved by MAC (*Wadsworth, Bourgeois*)

**2. COVID-19 and Infectious Disease Update**

Dr. Nuri provided update on COVID which continues with low positivity. At the time of MAC, there were 4 COVID-19 patients. It was noted that WHO recently declared that COVID-19 is no longer a “global health emergency”. A recent Ontario Health (OH) memo dated April 25, 2023, was shared which highlighted a highly pathogenic strain of avian influenza (HPAI) that has been circulating in Canada and internationally among domestic and wild birds since 2022. The strain is highly pathogenic to birds and has been seen in wild and domestic mammals that have been exposed to infected birds. While rare, human cases of HPAI are possible. OH has asked for

heightened suspicion for individuals admitted to hospital with influenza as part of the enhanced surveillance for avian flu. Influenza A positive sample will be sent to Public Health Ontario Laboratory (PHAL) and sub-typing for ill patients with a history of potential exposure to an infected bird/animal.

### **3. Digital Health Update**

Mr. R. Howe provided an update on the HIS project. A written update was shared with all Medical Professional Staff on May 9, 2023. With clinical functional demonstrations now complete, the project is now in the final stages that involves the financial assessment. There has been a committed group of medical professional staff who have carved out time to participate in the clinical functional demonstrations. There was feedback provided about the rigidity of the process and not having the opportunity to be “hands-on” with the vendors. This is to provide objectivity in the evaluations. However, Dr. Taseen and Mr. R. Howe will be arranging a debrief session with the HIS medical advisory group to discuss the experience and to validate the key areas identified before the clinical functional demonstrations with vendor presentations in the clinical functional demonstrations.

### **4. MAID policy changes, Policy 2-200**

Dr. J. Legassie provided an update for MAID. There have been process update / document changes for seeking MAID. Recent requests for MAID highlighted the need for an update to our current policy and has since started. Additionally, it was noted that there has been an extension of the delay of eligibility for MAID in circumstances where a person’s sole underlying medical condition is a mental illness until 2024.

### **5. ICU Quality BN**

The ICU Quality Committee presentation was pre-circulated with MAC. Dr. A. Nguyen highlighted the great work of the ICU team which goes beyond just bedside care but positively impacting patients and their families through the “Three Wishes Project” that helped to create positive memories for a patient’s family when a patient was deemed end of life. Quality priorities for the ICU program includes (a) improving pull times of admitted ICU patient from ED, (b) reinstating the ICU Family Satisfaction survey, (c) continuous renal replacement therapy (CRRT), and (d) the Critical Care Response Team (CCRT) program.

### **6. IPAC BN**

Dr. K. Nuri shared highlighted from the IPAC briefing note to the Quality Committee. IPAC has been critical in navigating the COVID-19 pandemic. However, it was highlighted there is ongoing work to monitor hospital acquired infections (HAI) such as MRSA and VRE. Outbreaks have been largely related to COVID-19. Dr. K. Nuri raised the emerging concerns with CPE (carbapenem-resistant Enterobacteriaceae), as a “superbug”.

### **7. Archive MD # 573**

Dr. A. Nguyen spoke to the archiving of Medical Directive #573 as the use of IV saline with systemic therapies has been incorporated in other pre-printed orders. This was also referenced in the M & T update. (*Nguyen, Legassie*)

### **8. Code Transfusion**

Dr. J. Bourgeois presented a refreshed Massive Hemorrhage Protocol (MHP) that provided a clear algorithm and an improvement with increased blood products delivered to the patient during the need to initiate the MHP. There was a deep dive of the MHP and an evaluation of previous MHP cases, which helped inform improvements in multiple steps in the MHP. The improvements were much appreciated by MAC and the work to make these improvements was recognized. The revised MHP was approved by MAC. (*Nguyen, Puopolo*)



### **9. Chair Update: Survey Results**

Dr. W. Lee thanked all those who participated in providing feedback on MAC. There were suggestions for more in-person meetings and increased focus on the positive accomplishments across the organization. Given the feedback, Dr. W. Lee has arranged for the June MAC to be held at the Galt Country Club where the MAC can connect in-person prior to the summer holidays.

### **10. Chief's Corner (The Proof, VBC, Up to Date Subscription)**

Dr. W. Lee and Dr. J. Legassie shared learnings from Session #2 from the Proof that focused on physician administrative duties that include charting, occupational health and safety and mandatory training. The work on incomplete records (ICRs), N95 FIT testing / COVID vaccination as part of credentialing, and eLearn modules all align with the administrative duties expected for physicians. Dr. J. Legassie spoke of areas for refinement in our processes that were takeaways for this next year.

Dr. W. Lee shared a briefing note outlining upcoming Value-Based conversations that she will initiate in the fall of 2023 with each of the Chiefs. The aim is to encourage dialogue and to gain perspectives and feedback from the medical leadership.

Dr. W. Lee shared that there will be renewal of the Up to Date and there was support by MAC to continue this offering to the medical professional staff.

### **11. CEO Report**

Mr. P. Gaskin shared a comprehensive CEO report. He highlighted the work in each of the strategic Pillars which included:

1. *Advance Health Equity* – RAO Best practice guidelines for 2SLGBTQA+; Diversity Council; planning for Pride month in June, and National Indigenous History Month.
2. *Elevate Partnerships in Care* – Community Mental Health & Addictions Clinic (CMAC) pilot finished with work on identifying a new temporary location; CSGP; initiation of an RFP for an updated functional program plan by June 30.
3. *Reimagine Community Health* – HIS evaluations are ongoing with the plan for a recommendation for a preferred vendor to the Board by June 2023.
4. *Increase Joy in Work* – Unconscious bias training for leaders; VBC refresh; recent Staff Town Hall; and ongoing discussions regarding Bill 124 reopeners.
5. *Sustain Financial Health* – Balanced budget for 2023/2024, with a signed HSAA which includes funding for 22 additional beds that are currently in operation; Capital Redevelopment Project is on track with an Open House of the new Laboratory space on May 15.

Positive feedback from patients were shared with MAC, including Stephanie Pearsall and Dr. Smriti Nayan's nomination for Cambridge YMCA's Women of Distinction award, which will be held on June 14, 2023.

### **12. CNE Report**

Ms. S. Pearsall provided a comprehensive CNE report briefing note. Highlights were provided to MAC which included the activities for Nurses week, a successful Best Practice Fair in March 2023, ongoing student placements that has led to staff recruitment, and Bridge2Learn Learning Management System work towards program-specific curriculums. ED staffing continues to be a challenge, although there have been new hires, in addition to new Urgent Care Physicians and Senior ED Residents who will be joining. As a result, there are no vacant physician shifts. Work is underway to examine workflow barriers in the Fracture Clinic to improve the experience from

ED to the Fracture Clinic for follow up. There is ongoing work on Med A and Med B for model of care planning that supports a collaborative care model that aims for full scope of practice for nursing. Education is planned for May/June for the nursing staff. ECT has begun in the Mental Health program and occupancy continues at 86%. There are currently no vacant RN positions in the perioperative program. The AORN (Association of perioperative Registered Nurses) program starts on May 8, 2023. Leadership changes were shared, including Rita Sharratt's retirement at end of May and Irene Harder's retirement announcement in July 2023. New Director of ED and Mental Health and Manager of the Women's and Children's Program have been recruited.

### **13. Board Update**

Ms. Diane Wilkinson provided an update from the Board. The Board was pleased with the improved vacancy rate. There is currently recruitment of community members for the Board. There are hospital by-laws and there is work starting to align with these changes. Grand Rounds on Respectful Workplace last month by Steve Abdool was well received.

### **14. Board Update**

Ms. M. Iromoto provided an update for PFAC. The recent PFAC meeting included a presentation of the semi-annual PX Office report, discussion on the Beryl Institute modules that have been offered to PFAC and the Clinical Services Growth Plan (CSGP). There was positive feedback from the CSGP from PFAC. The Beryl Institute modules were also well received, and the aim will be to have those offered to our staff, physicians, and midwives through our eLearning platform in the future.