



Chief of Staff Agreement

between

Atikokan General Hospital

and

Dr. Sara Van Der Loo

The Board of Directors and Leadership Team of the Atikokan General Hospital are pleased to extend to Dr. Sara Van Der Loo a service contract renewal from **April 2021 to March 2024** as Chief of Staff in accordance with the terms and conditions outlined in this Agreement.

Duties and Responsibilities of the Chief of Staff:

As Chief of Staff, Dr. Van Der Loo will report to the Board of Directors, Board Chair and Chief Executive Officer. The specific accountabilities of the Chief of Staff are set out in the Public Hospitals Act, the Regulations to the Public Hospitals Act, the hospital's by-laws and professional staff by-laws and the attached position description (see Schedule "A").

Insurance

Dr. Van Der Loo agrees to carry liability insurance during the course of this agreement in respect of the services provided pursuant to this Agreement.

Fee

With reference to the Hay Group's "Chief of Staff Compensation Review," the Hospital shall pay Dr. Van Der Loo an annual stipend of \$25,000 to be paid on a monthly basis (\$2083.33/month) for the services specified above. Under the terms of this Agreement, Dr. Van Der Loo is responsible for all statutory remittances required under both federal and provincial legislation.

Conflict of Interest

Dr. Van Der Loo agrees to identify any potential conflicts of interest that may exist as a result of her contract with the Hospital and other employment or business endeavours in which she is engaged. Resolution of these matters will be negotiated with the Board Chair and Chief Executive Officer. She agrees to comply with the Hospital's conflict of interest policies.

Dr. Van Der Loo agrees to maintain confidentiality and secure all material and information in her possession or under her control, which is the property of the Hospital. She agrees to comply with the Hospital's confidentiality policies.

Changes

Any changes made to this Agreement shall be made in writing and signed by the parties.

Term of Agreement

This Agreement shall be in effect from April 1, 2021 to March 31, 2024.



Dr. Sara Van Der Loo
Chief of Staff

July 7, 2021
Date Signed



Jorge G. VanSlyke
CEO


May 26, 2021
Date Signed

Atikokan General Hospital
SCHEDULE "A"

Chief of Staff Job Description

POSITION TITLE: Chief of Staff
ACCOUNTABILITY TO: AGH Board of Directors

APPROVED BY: Marlene Davidson (Chair)
Print Name

 Aug 6/21
Signature Date

INCUMBENT: Dr. Sara Van Der Loo
Print Name

 July 7, 2021
Signature Date

EFFECTIVE DATE: March 2021

Job Summary

The Chief of Staff (CoS) is appointed by the Board of Directors with considerations given to the recommendations of the Selection Committee and the advice / endorsement of the Medical Advisory Committee. The CoS is appointed for a minimum of three years per term with a maximum of three terms, and can be reappointed after three terms with a one-year break from the role or until a successor is identified. The CoS shall be an ex-officio member of the Board of Directors without voting privileges.

The Chief of Staff has the responsibility and authority for ensuring excellent quality of medical practice in the Hospital. The CoS works closely with the Chief Executive Officer and Chief Nursing Officer in achieving organizational goals specifically around the quality of medical services provided at AGH.

The COS serves as the Chair of the Medical Advisory Committee (MAC) and assumes the duties equivalent to a Medical Director for the Atikokan General Hospital Extended Care Wing under the EldCap model.

The CoS is also responsible for representing the administration and board to the medical staff and to provide feedback to the administration and board from the Medical Advisory Committee.

Qualifications

The role of Chief of Staff at AGH is challenging, requiring an exceptional combination of leadership, experience and positive personal attributes. Ideally, prospective candidates will possess an optimal combination of the following:

1. Partnering with the CEO, the ability to be a contributing senior team member
2. A track record in progressive medical administration, ideally demonstrating a strong affinity to continuously improve the medical services at AGH
3. Experience in medical services provision in a small community setting
4. Proven ability to affect positive change
5. Tactful and diplomatic, action-oriented
6. Demonstrated leadership in evidence-based management of resources
7. Possess exemplary facilitation, communication and listening skills
8. Conversant with conflict resolution practices
9. Demonstrate empathy with and be an honest broker of issues brought forward by the medical staff, presenting them with conviction and integrity to the organization's senior management team and Board
10. A reputation for openness, integrity and trustworthiness
11. A management style that is respectful, honest, participatory, empowering and enabling
12. It is a prerequisite that prospective candidates for this position to have a valid license with the College of Physicians and Surgeons of Ontario (CPSO).
13. Appointment to this role is contingent upon Medical Advisory Committee credential review and appointment to the medical staff.

Responsibilities

1. **Board Accountability**
 - Participates in committees as requested by the Board of Directors
 - Provides input during regular formal review of by-laws pertaining to the Medical Staff
 - Be responsible to the Board through and with the Chief Executive Officer for the appropriate utilization of resources by all medical departments;
 - Be responsible to the Board for assuring the quality of care provided by Professional Staff, to patients and the general conduct of the Professional Staff, according to the policies established by the Board, to ensure a safe clinical and workplace environment;
 - Reports regularly in writing including the minutes of the Medical Advisory Committee to the Board about the activities, recommendations and actions of the Medical Advisory Committee and any other matters about which they should have knowledge
 - Participates in the development of the Hospital's Mission, Objectives and Strategic Plan
2. **Medical Leadership**
 - Chairs the Medical Advisory Committee (MAC) and ensures that the MAC fulfills its responsibility as defined in the Public Hospitals Act and Corporate By-Laws;
 - Acts as spokesperson for MAC to external agencies as appropriate
 - Be an ex-officio member of all committees that report to the MAC
 - Ensures accurate MAC minutes are kept and appropriately circulated
 - Be responsible for ensuring compliance with the Public Hospitals Act (Ontario),

- regulations and By-Laws of the Corporation, with respect to Credentialed Professional Staff;
- Ensures that the process regarding credentialing of Credentialed Professional Staff is fair, thorough, and executed in a timely manner;
- Receives and reviews the performance evaluations and recommendations concerning re-appointments. Ensure that the evaluations and recommendations are forwarded to the Medical Advisory Committee. Notify the Credentials Committee of the completion of the evaluations and the completion of the recommendations
- Assumes or assigns to any other member of the Credentialed Professional Staff, responsibility for the direct care and treatment of any patient in the Hospital, under the authority of the Public Hospitals Act and notifies the attending Credentialed Professional Staff member, the CEO and the patient, guardian or Power of Attorney;
- Be responsible for establishing and monitoring the credentialing and disciplining process for the Credentialed Professional Staff;
- Investigates, reports and discloses critical incidents pursuant to the Hospital Management Regulation under the Public Hospitals Act and in keeping with the legislation;
- Ensures that a comprehensive orientation program is utilized for new medical staff including medical students
- Provides clinical leadership and guidance to ECW's Director of Care
- Liaises with other Chiefs of Staff through the region as appropriate
- Reports to the Medical Advisory Committee on activities of the Hospital including the utilization of resources and quality assurance

3. Organizational Leadership

- In consultation with the CEO, designate an alternate who will assume duties during an absence of the Chief of Staff;
- Ensures a process for the regular review of the medical staff performance
- Advises the medical and dental staff on current Hospital policies, objectives and rules
- Works with the Medical Advisory Committee to plan the medical manpower needs of the Hospital in accordance with the Hospital's strategic plan
- Assures there is a process for physician staff to participate in continuing medical staff education

4. Quality and Safety

- Working with the CNO, review and monitor the quality of medical care based on feedback from both the medical practitioners, hospital's clinical team, and patient experience
- Acts as an advocate for high quality care for patients in hospital.
- Leads and champions quality care and safety among professional staff
- Maintains an active practice in his or her clinical field, relentlessly equipping self of cutting-edge practices that can help improve clinical / medical services at AGH;
- Conducts regular quality audits and ensure that regular quality discussions are occurring with credentialed staff, individually, or as a group.

The above statements reflect the general details considered necessary to describe principal functions of the job, and should not be construed as a detailed description of all the work requirements that may be required of the position.