

## *The Board of Directors held a meeting on December 2, 2010.*

**2010-2011 Operating Results** - The financial results to the end of October 2010 are within expectations. Although a slight deficit of approximately \$300,000 has been incurred to date, the results continue to be promising and we are forecasting a balanced position by year end.

**Telestroke / Stroke** - Over a year ago, the Board directed Administration to proceed with planning for Cornwall Community Hospital to become a Telestroke site. This vision became a reality this week. On November 23<sup>rd</sup>, the Hospital has received confirmation that it would have a Designated Community Stroke Prevention Clinic for the Ontario Stroke System. The initiation of the Telestroke program has been the result of the concerted efforts of many people – Board, Administration, physicians, nurses, technical and clerical staff.

**Interim Long-Term Care Unit** - Construction work for the Interim Long-Term Care unit at Second Street has begun during the week of November 29, 2010, and is anticipated to be substantially completed around mid February 2011.

**Capital Redevelopment Project** - The last week of November continued with the final stages of the main demolition. The contractor is excavating to achieve the new grade and slope for the area that will be receiving the new wing. The activity in the center of the same area is the formwork and pouring of the concrete base for the tower crane. As well, there was extensive excavation around the base of tower on the north side of the east wing. This was work required for additional storm water drainage around the basement footings and to clean up the exit/ entrance walkway from the morgue entrance.

**Research Study** - The Board approved continued participation in the research study “ASCEND Heart Failure Trial”. This research involves a study drug which is widely used in the United-States and which is given via an IV infusion to patients identified as having acute heart failure. Although global enrolment has ended, Dr. J.P. DeYoung requested approval to follow patients until February 2011.

**Operating Plan 2011-2012** - The Board approved the Corporate Operating Plan targets for 2011-2012 which align with the Strategic Directions.

### **Health System Integration:**

- Develop and introduce three (3) care pathways in conjunction with CCAC and other Champlain LHIN health providers.
- Identify and implement additional strategies with Champlain health care providers to reduce alternate level of care days/occupancy.

- Within the Eastern Counties Health system, residents at risk of alternate level of care designation are effectively and efficiently matched with the least resource intensive level of care appropriate to their clinical and functional needs.

#### **Excellence in Quality, Patient Safety and Service Delivery**

- Ensure timely access to hospital services across the organization by developing and improving processes to ensure that the Emergency Department Wait Time Targets are met in 2011-2012 fiscal year.

#### **Outstanding Operational and Financial Performance**

- To develop the corporate decision support scorecard across the organization.
- Improve efficiencies by 3% while maintaining the same access to services to the community along with increasing investments in key areas (e.g. IT/IM).

#### **People Development/Workplace of Choice**

- Develop/Implement two levels of management/physician leadership development programs.
- Each department/service to develop and implement a department communication plan/strategy.

The Corporate Operating Plan will guide the development of the departmental and service plans across the organization.

**Alternate Level of Care Status** - Over the past month, the Hospital has maintained a consistent range of 33-35 alternate level of care (ALC) patients at McConnell Avenue. There is still an average of around 25 patients waiting for Long-Term Care beds. Although the Hospital meets the predetermined thresholds to sustain Priority Access for Long-Term Care beds 2-3 days per week, there has been minimal movement due to lack of available beds.

Averaging 15 less ALC patients on a daily basis is having a significantly positive impact on hospital patient flow, the number of admitted patients in the Emergency Department, surgical cancellation and hospital performance in meeting the Pay for Results Wait Time Target.

That being said, things must be kept in perspective as the hospital continues to run one of the highest acute care occupancies in the LHIN, as well as ALC ratios well beyond the acceptable targets. Over 35% of the hospital's medical-surgical beds are occupied by ALC patients.

New community initiatives which will provide alternatives for ALC patients are currently being implemented. Such an example is the Home First program launched by CCAC on November 1st. This service will provide enhanced services to patients while they await a long-term care bed. The program has set a target to accept eight new referrals per month from the hospital.

There is also work underway by the Champlain LHIN and the Red Cross to expand the Assisted Living Program in Cornwall. This will provide additional housing options, support services and alternatives to ALC patients. It is anticipated that this service will be initiated by mid-December. Eighty percent (80%) of these places will be allocated to hospital patients as an ALC diversion.

The commitment of staff and physicians to finding every possible option for ALC patients at Cornwall Community Hospital and ensuring they are in the most appropriate environment is clearly evident.

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