



The Board of Directors held a meeting on March 7, 2024.

Quality Improvement Plan

The Board of Directors approved the Quality Improvement Plan for 2024-2025. The indicators selected are:

- Emergency Visits – Wait Time for Physician Initial Assessment (PIA);
- Percentage of staff (executive-level, manager, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education;
- Percentage of respondents who responded “completely” to the following question: Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?
- Medication Scanning Compliance – Measures percentage of medications administered (scan or override selected) for which a medication scan was completed for all inpatient and Emergency Department patients.

Research Project

The Board of Directors approved hospital participation in the research project titled: “Provincial Data Integration through a Bi-Directional Information Exchange: A prospective Observational Study of Usability (AMPLIFI)”.

Patient and Family Advisory Program

The Board of Directors received a presentation regarding the Hospital’s Patient and Family Advisory Program, which includes the following Tables:

- Patient and Family Advisory Committee;
- Community Addiction and Mental Health Services Client Advisory Council;
- Addiction and Mental Health Family Advisory Council.

The purpose of the Program is to ensure that the voice and perspectives of patients and families are considered across all care and services. The Tables collaborate with CCH to endeavour to create a culture for patients and families that supports exceptional people-centred care. They act in an advisory capacity to ensure the voice of patients and families is integrated in the planning, delivery, and evaluation of services, and they make recommendations that impact the patient and family experience.

In addition to serving on various committees, including Board committees, and working groups, members were involved in the following initiatives in 2023-2024:

- Participation in website update and redesign;
- Engagement and feedback on patient relations process, on Quality Improvement Plan indicators, on Annual Operating Plans, and on Inpatient Mental Health Unit Patient and Family handouts/guides;
- Review of Patient Safety reports;
- Inclusion in Accreditation activities (focus groups);

- Feedback on staff interview guides;
- Engagement in goal setting as a committee.

Opportunities for the Program include:

- Further embedding patient and family advisors into CCH committees and working groups;
- Continuing to prioritize patient and family engagement in the Hospital's Strategic Direction;
- Focus on co-design and co-leadership models to facilitate the inclusion of patients and families as partners in care;
- Build on the progress of integrating caregivers as partners in care through the Essential Caregiver Program.

The Board thanked the members of the Patient, Client and Family Advisory Tables and assured them of Board commitment and support for the program.

Corporate Operating Plan

The Board approved the Corporate Operating Plan for 2024-2025:

Recovery

- Evaluate non-urgent (low acuity) access to the emergency department services and consider innovative models of non-urgent care delivery.
- Establish same-day face to face appointments with AccessMHA staff.
- Introduce a new brief therapy service across addiction and adult mental health that is in line with Stepped Care Approach to services, aimed at addressing waitlists.
- Provide supports from the Project Management/ Transformation Office to enhance our Human Resource systems and processes including the introduction of the new Human Resources Information System.
- Continue to implement our restoration plan following the cyber incident.
- Complete the expansion of the electronic health record (EHR) solution to outpatient chronic disease management.
- Bring together care team communications, clinical workflows, and alarm management on one mobile device to improve efficiency and coordinate care.
- Implement leadership dashboards (EHR) and leverage lights on (EHR) within our clinical leadership team to enhance access to data to facilitate quality patient care.
- Create efficiencies and improve patient safety during the obstetrical episode of care by standardizing and optimizing workflows including hybrid documentation.
- Continue advocacy and planning for the St. Denis community capital project as well as hospital capacity projects, ensuring the right care in the right place.

People

- Establish processes to effectively utilize information, feedback and reports from the (new) patient experience survey to improve quality of care.
- Advance ongoing efforts to ensure accessibility for people with disabilities.
- Finalize a staff scheduling solution, integrated with a Human Resource Information System (HRIS), focusing on the employee experience.
- Reintroduce the concepts of Mindful Leadership.
- Build contingency and resource plans to respond to health human resource risks.
- Explore opportunities in leveraging the EHR to reduce workload and optimize clinical resource utilization.
- Adopt a standard, best practice approach across organization for suicide risk assessments.
- Provide recommended EDI training aimed at raising awareness amongst staff, physicians, students, and volunteers.

- Provide formal education opportunities, through a partnership with Diversity Cornwall, to increase staff, physicians, and volunteer awareness of 2SLGTBQ+ issues.
- Evaluate the need for policy/workflow revisions to reflect EDI principles and values.
- Further our sustainability efforts through lighting upgrades and water consumption.

Integration

- Complete a Health Human Resources analysis aimed at strengthening our resource stewardship; ensuring sustainable core operations.
- Continue our work with partners to further the advancement of the Great River OHT, with a focus on Ontario's Path Forward.
- Expand the EHR integration with our partners via the Health Information Exchange (e-Hub) to include regional hospitals.
- Collaborate with Ontario Health Local Delivery Group (LDG) on implementing a Hybrid Security Operations Centre in coordination with OH qualified Management Security Service Providers (MSSP's).

Recognition

The Board recognized the following teams and individuals:

Members of the Patient, Client and Family Advisory Tables for their engagement and for the time they devote to helping us achieve our vision of “Exceptional Care. Always.”;

The **Department of Obstetrics/Gynaecology** for working through challenges associated with a shortage of medical manpower in ancillary departments and for their commitment to their patients;

Dr. John Moise for his flexibility during this time of manpower challenges and for attending additional meetings on behalf of the Department of Mental Health.

Policies

The Board approved revisions to the following policies:

- CR 05-015 – Patient and Caregiver Rights and Responsibilities
- CR 05-315 – Internal Audit
- CR 15-011 – Election of Directors
- FN 05-070 – Billing of Services to Non-Residents and Uninsured Resident of Ontario
- FN 15-010 – Bank Accounts
- HR 10-745 – Evaluation of Chief of Department
- HR 20-055 – Attendance Support
- HR 20-455 – Management of Surveillance of Varicella/Herpes Zoster (Chickenpox/Shingles)
- IM 10-045 – Incident Reporting, Investigation and Follow-Up
- RM 10-220 – Disclosure of Personal/Personal Health Information to the Police
- RM 20-125 – Authentication of Dictated (Back-End Voice Recognition) Documents.