

***The Board of Directors held a meeting on March 6, 2025.***

## Quality Improvement Plan

The Board of Directors approved the Quality Improvement Plan for 2025-2026. The indicators selected are:

- 90<sup>th</sup> percentile ambulance offload time;
- 90<sup>th</sup> percentile Emergency Department wait times to physician initial assessment (PIA);
- 90<sup>th</sup> percentile Emergency Department length of stay for non-admitted patients with a low acuity;
- Percentage of staff (all) who have completed relevant equity, diversity, inclusion, and antiracism training;
- Patient Experience: Did patients feel they received adequate information about their health and care at discharge?
- Medication scanning compliance.

*The Plan is available for viewing on the Hospital's web site under the "Public Reporting – Excellent Care for All Act" tab.*

## Operating Results

The Financial Statements for the period ending December 31, 2024 were reviewed by the Board of Directors. The Balance Sheet is in good shape, and the working capital is improving for the last quarter. There has been progress in relation to the capital budget which had been set at \$7.2 million. Of this amount, \$4.7 million will have been spent by the end of the year and this is because some of the larger items have longer lead times. The Statement of Operations has been adjusted to apply across the nine months the funding received by the Ministry to address the financial impacts related to arbitrated wage settlements and this resulted in a surplus for each month. By the end of December, the revenue is ahead of budget by 2%, which represents \$2.3 million; most are volume-related or as a result of funds received to offset the cost of chemotherapy medications. Expenses at \$1.8 million were in an unfavourable position, representing 1.5%. Key drivers for this continue to be volumes, overtime, one-time purchases, and chemotherapy medication costs which are higher than budgeted. Year-to-date at the end of December, the Hospital has a \$100,000 net surplus. In terms of forecast, the Hospital expects to end the year with a \$1.6 million operating surplus, and this after factoring in one-time minor equipment purchases, such as workstations-on-wheels, software and some accruals for the recruitment of physicians.

## Service Accountability Agreements

The Board of Directors approved the terms of the Extending Letters dated February 13, 2025 received from Ontario Health to extend the Hospital Services Accountability Agreement (HSAA) and the Multi-Sector Service Accountability Agreement (MSAA) to March 31, 2026.

*The Agreements are available for viewing on the Hospital's web site under the "Public Reporting – Accountability" tab.*

# Corporate Operating Plan

The Board of Directors approved the Corporate Operating Plan for 2025-2026:

## Recovery

- Evaluate non-urgent (low acuity) access to the emergency department services and consider innovative models of non-urgent care delivery.
- Monitor internal budget performance against efficiency measures based on activity levels.
- Complete the consolidation of care team communication tools.
- Expand our Electronic Health Record (EHR) to include obstetrical services.
- Explore innovative models of care for our diabetic population.
- Advance the planning and design for the St. Denis community capital project and the hospital capacity project.
- Improving our image through (physical) plant enhancements.

## People

- Collaborate with our Care Partners on enhancing our delivery of palliative care services.
- Enhance engagement with care partners in the mental health patient population.
- Optimize the performance/outcomes from the Human Resource Information System.
- Champion an initiative(s) to enhance the culture of professionalism and compassion across the hospital.
- Advance our inclusivity and health equity initiatives.

## Integration

- Partner with the Seaway Valley Health Centre to provide access to Primary Care for Addiction and Mental Health Patients.
- Engage with partners on developing a sustainable model of primary care for our region and explore the potential integration of the hospital's Electronic Health Record (EHR).

# Corporate Scorecard

The Corporate Scorecard 2024-2025 results to the end of Quarter 3 were reviewed.

*The corporate scorecard is available for viewing on the Hospital's web site under the "Public Reporting – Accountability – Corporate Scorecard" tab.*

# Recognition

The Board recognized the following teams and individuals:

- **ICARETime Project Team** for the implementation of the new Human Resources Information System (HRIS);
  - **Shelley McLeod** for agreeing to lead the Surgical Wait Times Data project at the Hospital;
  - **Jannick Langlais**, Clinical Manager, **Nicole Johnston**, Clinical Informatics Manager, and **Margaret Yee**, Manager of Pharmacy Services, for the successful implementation of the Critical Care Step-Down Unit;
  - **All teams competing in the 2025 "Dancing with the CCH Stars"** fundraising event, and **Joy Cella** and **Dr. Garry Weinberg** for winning the 2025 Clinical Cup;
  - The **organizing committee** of the Cornwall Community Hospital Foundation's **"Dancing with the CCH Stars"** for a successful event.
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# Policies

The Board approved or revised the following policies:

- CR 10-026 – Participation in Research Projects
- HR 20-042 – Medical Certificates
- HR 20-673 – Respiratory Protection Program
- PE 15-725 – Celebratory Decorations
- PE 15-845 – Video Surveillance
- PR 10-610 – Pet Therapy Dogs
- RM 10-820 – Videotaping, Audiotaping or Photographing Personal Health Information/Personal Information
- RM 20-580 - MyChart™
- RM 20-600 - Overriding Patient or Client Information in the Electronic Health Record (EHR).