# **BOARD HIGHLIGHTS**

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#### The Board of Directors held a meeting on February 5, 2015.

### Risk Management and Mental Health

Cornwall Community Hospital is a Schedule 1 Psychiatric Facility under the *Mental Health Act.* A presentation was delivered by Ms. Jeanette Despatie, Chief Executive Officer, on the obligations of a Schedule 1 Mental Health facility, the hospital's obligations under the *Occupational Health and Safety Act* with respect to workplace violence, the potential risks related to violent behaviour, and the Violence Prevention Management program at Cornwall Community Hospital. This program has been developed to manage risk across the service continuum including pre-hospital, police apprehension, Emergency Department visit, transfer to the inpatient unit, inpatient hospitalization and discharge. Strategies include the development or review of Protocols with community partners, training of Emergency Department and Inpatient Psychiatry Unit staff in Non-Violent Crisis Intervention (NVCI) and Prevention and Management of Violent Behaviours (PMVB), changes to security officer roles, and the completion of seclusion room renovations. Workplace Violence Prevention has been selected as an indicator for the 2015-2016 Quality Improvement Plan and the performance of the program will continually be assessed and monitored. Our main objective is ensuring the safety of our staff.

## Addiction Services Advisory Committee Report

Christine Penney, Vice-President of Community Programs, presented on the activities of the Addiction Services Advisory Committee. This Committee was created following the voluntary integration on April 1, 2013 with Cornwall Community Hospital of the Stormont, Dundas, Glengarry and Akwesasne programs of the former Addiction Services of Eastern Ontario.

Currently the Addiction Services program consists of three components: Outpatient Services, Withdrawal Management Services and St. Denis Centre which is a men's residential program. The membership of the Addiction Services Advisory Committee includes twelve interested community members and representatives of partner agencies, and is supported by three resource staff. The key purposes of the Committee is to ensure a unique identity for addictions within the hospital, enhance the client experience through advocacy and provide information to Senior Administration and to the Board.

The many accomplishments of Addiction Services since April 2013 include a number of service enhancement initiatives involving a variety of partners such as the Children's Mental Health Services, Seaway Valley Community Health Centre, Ottawa Recovery Centre, Baldwin House, and Akwesasne Wellness Program. As well, Addiction Services has increased programming in the areas of youth and family, walk-in service, problem internet and video gaming, and concurrent disorders. On the immediate horizon, Addiction Services will soon be providing specialized programming for borderline personality disorders (DBT) and a smoking cessation program. Staff participation in Lean Continuous Improvement projects have led to the implementation of immediate screening for appropriate addiction program, integrated treatment plan and standardized assessment, which have resulted in a significant reduction in wait times (from one month to three days) to access services.

### The Auxiliary

The Auxiliary shared a calendar of upcoming events, which includes:

- The Auxiliary's Annual General Meeting on March 30;
- The Hospitals Auxiliaries Association of Ontario (HAAO) East Region Spring Conference on April 15;
- The Luncheon Bridge/Euchre on April 18;
- The Fall Luncheon on October 2.

#### The Foundation

This year's Radiothon will be held on Thursday, April 2<sup>nd</sup> on the hospital site.

Mark your calendars!

## Quality Improvement Plan Indicators for 2015~2016

The following performance indicators have been selected for 2015-2016 Quality Improvement Plan:

- o Ninetieth (90th) Percentile Emergency Department Length-of-Stay for Admitted Patients.
- o Thirty (30) day Readmission Rate to any Facility.
- o Percentage Alternate Level of Care Days.
- o Stroke.
- o Hip Fracture.
- o Workplace Violence Prevention.
- o Medication Reconciliation at Care Transitions.

### **Chemotherapy Services**

Work is ongoing towards the introduction of chemotherapy services at the hospital. The capital improvement planning is well underway and the capital requirements have been included in the capital budget for 2015-2016. The Hospital Foundation is working hard to assist with these requirements. The hospital continues to work with the Regional Cancer Program on the operational requirements for the program.