



The Board of Directors held a meeting on January 22, 2025.

Operating Results

The Financial Statements for the period ending October 31, 2024 were reviewed by the Board of Directors. The Balance Sheet is in good shape as is the working capital. Current Ratio is excellent, and the capital expenditures are progressing. October on a stand-alone month has operated in a surplus, reducing the overall net deficit to \$1 million. The Ministry's recent funding announcement to address the financial impacts related to arbitrated wage settlements will enable the Hospital to end the year in a balanced position. The Senior Administration Team is also considering some one-time investments that could be made before the end of the fiscal year.

Chief of Department

The Board of Directors has appointed Dr. Lorne Scharf as Chief of Emergency Medicine for the three-year term of 2025-2026-2027.

Patient and Family Advisory Committee

The Board of Directors received the 2024 annual report regarding the activities of patient and family advisors.

The Patient and Family Advisory Committee (PFAC) currently includes ten community members, one clinical manager, one front-line nurse, a representative from Patient Experience, the Chief Nursing Officer and the Chief of Staff. Patient and Family Advisors serve on numerous committees, working groups and councils across the hospital.

The Committee has set the following goals for 2024-2025:

- Focus on retention efforts for current members;
- Further embedding Patient and Family Advisory Committee members into CCH committees and working groups;
- Continuing to prioritize patient and family engagement in our strategic plan and operating goals;
- Focus on co-design and co-leadership models to facilitate the inclusion of patient and families as partners in care;
- Build on the progress of integrating caregivers as partners in care through the Essential Caregiver Program.

Accreditors, during the Accreditation exercise of 2024, have recognized the Patient and Family Advisory Committee as follows:

- a “valuable asset to the team as they provide a lens that results in improvement in services”;
- “instrumental in the creation and opening of the Family Caregiver Center”
- “PFAC members are committed and passionate about volunteering their time to make it better for patients and families”

- Encouraged to continue to expand membership in all unit councils
- Encouraged to continue to include PFAC in policy development and improvement initiatives.

Diagnostic Services

The Board of Directors received a summary regarding wait times for priority 4 tests (which are routine non-urgent studies) in Diagnostic Services. **It is important to note that priorities 1, 2 and 3 tests are typically completed within established target times.**

Wait times in CT and MRI are improving. The area most concerning currently is Ultrasound. The Department has been reviewing the wait list and is in process of contacting people to determine whether their scan has been completed elsewhere or to advise them of other nearby options if they are still waiting. A decision has also been made to pause accepting any new priority 4 (routine non-urgent) requisitions at this time. **Again, it is important to note that this does not apply to priorities 1, 2 and 3, which typically continue to be completed within targets.**

Health Human Resources

As of December 2024, overall staffing level across Inpatient, Emergency Department and Operating Room in CCH is as follows:

- 92% for RNs
- 78% for RPNs
- 85% for PSWs

Departmental staffing level varies across different clinical areas. It ranges between 76% to 100% (some staff move between different areas). Ideal staffing levels are determined by using the full-time equivalencies (FTEs) required to staff departments based on budgeted hours (includes vacation, sick time and holidays).

In Diagnostic Services, staffing levels continue to be challenging but continue to improve. There are nine vacancies for the various programs, including two additional positions as part of proactive staffing. Overall, the staffing within the diagnostic services portfolio is 91%.

Recognition

The Board recognized **The Auxiliary to the Cornwall Community Hospital**, and **Judy Dancause**, Manager of Volunteer Services and Visitation, for their success in recruiting new volunteers.

Policies

The Board approved or revised the following policies:

- CR 05-008 - Land Acknowledgement
 - CR 10-030 – Policies and Procedures Framework
 - CM 05-750 - Translation Services Application – Use and Training
 - HR 20-007 - Bat Mitigation and Safe Removal Measures
 - HR 30-670 – Reassignment of Staff.
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Emergency Department

The Board received for information purposes a snapshot of the Emergency Department performance for the year ended November 2024. The Ministry's Pay-for-Results year is from December 1 to November 30. The reports provide relative numbers, meaning the Hospital must continue improving more than others are improving in the measured indicator. Among medium-sized hospitals, Cornwall Community Hospital ranks in third place across the province, while it ranks in first place among hospitals within the Champlain region.

Terms of Reference

The Board approved revisions to the Hospital On-Call Coverage Committee Terms of Reference.