



The Board of Directors held a meeting on January 29, 2026.

Operating Results

The financial statements for the period ending November 30, 2025 were reviewed by the Board of Directors. The financial statements are in excellent shape and right on budget. The Hospital has spent \$3.6 million in capital to date, and the working capital is in good shape. The computed tomography scanner has been a big capital expenditure. In terms of occupancy, there has been a slight peak after Christmas, but this has now settled. The Emergency Department visit volumes have seen some ups and downs. Surgical volume allocations are being met. The Hospital is currently in a great financial position, and the hope is this will be maintained.

Perioperative Review

An operational review of the Hospital's Perioperative Program has been completed in late 2025. The review highlighted recommendations which will provide direction towards meeting the Hospital's goals of optimizing and growing its surgical program. In order to operationalize these recommendations, a leadership triad, which include the Chief of Anaesthesia, Chief of Surgery and Director of Perioperative Services, has been created. The reception by employees and members of the medical staff to this initiative has been very positive.

Patient and Family Advisory Committee

The Board of Directors received the 2025 annual report on the activities of the Patient and Family Advisory Committee (PFAC). Patient and family advisors serve on numerous committees, working groups and councils across the hospital. Their involvement in the past year included the following:

- Review and feedback on the Quality Improvement Plan indicators
- Focus group for Palliative Care Suite
- Review and feedback on Annual Operating Plans
- Review of surge area (auditorium), environmental, criteria, length of stay, overall ways to maximize the patient /caregiver experience
- Review of potential vending machine items in the Emergency Department
- Review of Patient Safety Reports including feedback files
- Emergency Department Trauma Program presentation/information sharing
- Membership on the National Surgical Quality Improvement Program (NSQIP) working group to review pre-op information for diabetes management
- Evidence to Practice Diabetes Project (consult from a patient lens)
- Review and feedback on Patient Oriented Discharge Information (improve readability and patient/caregiver understanding)
- Review and feedback on post operative patient education, Home First pamphlet, and patient billing information handout.

The following goals have been set for 2025-2026:

- Continue to prioritize patient and caregiver/ family engagement in our Strategic Plan
- Focus on retention efforts for current members
- Recruit new members representing our diverse community demographics
- Further embed PFAC members into CCH committees and working groups/unit councils
- 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.

Access to Care – Diagnostic Imaging

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.**

Modality	Wait Time for Routine P4 Tests
Computed Tomography (CT)	15 weeks
Echocardiogram	15 weeks
Magnetic Resonance Imaging (MRI)	6.5 months
Mammography	7 weeks
Nuclear Medicine	9.5 weeks (bone) 3 weeks (BMD)
Ultrasound	N/A – triage system
X-Ray	1 week (for gastrics)

Policies

The Board approved or revised the following policies:

- CR 10-030 – Policies and Procedures Framework
- HR 10-145 – Disclosure of Wrongdoing (Whistle Blowing)
- HR 10-730 – Confidentiality
- HR 20-013 - Emergency Shower and Eyewash Stations
- HR 20-070 – Tuberculosis
- HR 20-169 – Fit for Duty
- IM 05-005 – Emergency Codes
- PE 10-050 – Parking
- PE 15-750 - Personal Safety Device – Duress System – Acute Care
- RM 10-180 – Electronic Communication and Personal Health Information
- RM 10-225 – Disclosure of Personal Health Information for Research Purposes
- RM 10-625 – Privacy Breach Management.

Recognition

The Board recognized the following teams and individuals:

Cornwall Community Hospital Foundation for their fundraising success which enabled the acquisition of a state-of-the-art computed tomography (CT) scanner;

Kathy Bisson, Project Specialist and Equipment Planning, for her efforts in ensuring the successful acquisition and installation of the new CT scanner;

Steven Mulder, Manager, and **Sara Dicaire**, Supervisor of Diagnostic Services, for their leadership in ensuring the successful transition to the new CT scanner;

Hawkesbury and District General Hospital for graciously accepting referrals of our patients requiring a CT scan during the transition period to the new scanner;

Members of the **Patient and Family Advisory Committee** for their engagement and contributions towards continually enhancing the patient experience;

Andrea Chowdhary, Director of Perioperative Services, **Dr. Jay Ross**, Chief of Anaesthesia, and **Dr. Garry Weinberg**, Chief of Surgery, for leading the implementation of the recommendations contained in the Perioperative Review with the goal of optimizing and growing the surgical program.

Corporate Scorecard

The Corporate Scorecard 2025-2026 results to the end of Quarter 2 were reviewed.
