

**BOARD OF TRUST**

DATE: Tuesday, November 28, 2023

In the Boardroom

TIME: 5:00 p.m.

PRESENT: Ms. P. Hilderley (Chair), Ms. D. Westcar, Ms. M. Ross (Pt. Advisor), Mr. R. Mitchell, Ms. J. Sandhu, Ms. B. Taylor, Mr. P. Lang, Ms. K. Lavelle, Ms. C. Smart, Ms. T. Crockford, Ms. A. Fortin, Dr. I. Hons, Dr. M. MacLeod

REGRETS: Ms. C. Wilson, Ms. L. Symons, Ms. J. Soden, Dr. P. Howatt, Dr. K. Green, Ms. C. Lauder (City Rep), Ms. P. Wettlaufer, Mr. E. Andreola, Mayor J. Acchione (County Rep)

Recorder: Ms. H. Scherer (Executive Assistant)

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| **AGENDA ITEMS** | **DISCUSSION** |
| CALL TO ORDER | The meeting was called by Ms. Hilderley, Chair at approximately 5:00 p.m. |
| PRESENTATION | **CORI Robot:**  Leslie Slabon, Director of Surgical Services gave a presentation on the CORI Robot and highlighted the following:   * Orthopaedic joint replacement became the focus of Ontario Health due to excessively long wait times and challenged hospitals to implement innovative strategies to reduce the wait list. * Between April 1, 2022 and March 31, 2023, WH completed 397 knee replacements surgeries. This fiscal year, we are on track to complete an additional 410 procedures. * The CORI robot is a state of the art, hand held robotic system to perform both total and partial knee replacements that allows the surgeon to measure, plan and carry out the procedure that is customized to the patient’s unique knee anatomy. * The system not only improves implant placement precision and operational efficiency, but it requires minimum setup and is portable so it can move between O.R’s. * Woodstock Hospital is the 7th in Canada and 2nd in Ontario to have a CORI robot. * The procedure is similar to a traditional knee replacement but is performed with the help of a handheld robotic system. * The technology determines the damaged areas of the joint that need to be removed for the precise placement of the knee joint. * Throughout the procedure, the surgeon is provided with real-time data which enhances the surgeon’s ability to ensure accurate placement of the knee implant. * Benefits of the CORI robot are: most patients get to go home that day, smaller incisions, better alignment and kinematics, minimal postoperative pain, greater accuracy in implant sizing and placement, improved implant longevity, lower risk of revision, less bone loss and higher patient satisfaction reported. * The first patient to undergo surgery with CORI robot did a patient story for us and confirmed the benefits. * To date, Dr. Petis has completed 30 knee replacements with the CORI robot. * Next Steps:   + Expanding number of sets so every patient can undergo a CORI assisted joint replacement.   + Investing in the technology to improve accuracy of hip replacement * In response to a question, it was noted that having three knee sets and one hip set would be sufficient. * In response to a question, it was noted that currently the decision on which patient gets the CORI robot is based on their knee movement and other health factors. * In response to a question, Dr. Petis noted that the benefits of the robot for the staff is the change in work flow and they don’t have to wear lead vests, which are heavy, be exposed to radiation and have an x-ray tech in the room. * Ms. Hilderley thanked Dr. Petis and Ms. Slabon for their informative presentation.   **Chemotherapy Renovation Update:**  Ryan Wood, Project Manager, Chris Marion, Director of Capital Projects and Fatima Vieira-Cabral presented on the chemotherapy renovation and highlighted the following:   * Staff and members of the Patient and Family Advisory Council were engaged when designing the new chemotherapy clinic. * Two of the main recommendations from the staff and PFAC members was patient privacy and exposure to exterior outdoor lighting. * There is currently 8 treatment chairs in 2,273 square feet of space, the new clinic will have 15 treatment chairs in 3,130 square feet of space. * Several pictures of the new space were shared. * The unit will be a pod style design which will provide more visibility for nurses and increase patient privacy. Each pod will also have room for one companion. * When choosing colours and finishes for the new unit, they went with more warm tones that would feel more like a home than clinic setting. * An additional intake area has been added to the waiting room and will be made wheelchair accessible. * Floor to ceiling windows have been added in each pod. There is also a door to the outside for future outdoor treatment sessions. * There are two clinic rooms with beds that will have electrified glass that goes from clear to opaque for more privacy. * There is also a negative pressure room for patients who have an airborne illness so they can continue to receive their treatments. * A staff break room has been added to the new floor plan. * There will be a stock room with access to the main hallway so staff do not need to go through the clinic area. * They implemented a wave pattern design throughout the space to create a more visual appeal. This includes the ceiling in the corridor which can have donor’s names on it. * The Woodstock Fire Department also donated a bell to be used for when patients finish their treatment. There will be back lights that change colour to the applicable cancer ribbon for that ceremony. * There will also be a word mural with inspirational words from current patients receiving or finishing their treatment. * During the construction phase, the chemo clinic will be moved into two thirds of Vision Hall (L110 and L112) and meeting room L104. * The total estimated project budget is $3M plus HST. * A vendor of record has been submitted and they are hoping to go out to tender in January, receive Board approval in February 2024, with construction starting in May 2024 and ending in May 2025. * Ms. Hilderley thanked Mr. Wood, Mr. Marion and Ms. Vieira-Cabral for their presentation. |
| DECLARATION – CONFLICT OF INTEREST | No one declared a conflict of interest. |
| ADOPTION OF AGENDA | Ms. Hilderley requested that “Woodstock Wellness and Treatment Centre” be added to the agenda under New Business.  **MOVED** by Ms. Ross to adopt the Agenda as amended, seconded by Mr. Mitchell. **CARRIED.** |
| HUDDLE | * Ms. Hilderley reviewed the Mission, Vision, Values and Value Statement. * This month’s topic is **Pay for Results (P4R):**   + P4R is performance based funding under Ontario’s Wait Time Strategy to support Emergency Departments/hospitals with process improvements and efficiencies to meet provincial targets.   + Monthly metrics are collected for 74 hospitals and ranking reports are sent to the hospitals.   + Woodstock Hospital is currently #2 out of 74 hospitals.   + Some of the metrics are:     - Our target for length of stay for admitted patients is 7.5 hours (time from triage to when patient left the ED).     - Our target for ED length of stay for non-admitted high acuity patients is 5 hours (time from triage to when patient left the ED - Ctas 1-3; chest pain, abdominal pain, stroke symptoms, trauma).     - Our target for ED length of stay for non-admitted low acuity patients is 3 hours (time from triage to when patient left the ED – Ctas 4-5; cough, sore throat, minor laceration).     - Our target for physician initial assessment is 2 hours (time from triage to physician assessment).     - Target for time to inpatient bed is 90 minutes (time from decision made to admit patient until the patient is transferred to an inpatient bed).     - Target for ambulance offload times is 15 minutes (time from ambulance arrival to transfer of care to hospital staff).   + In response to a question, it was noted that when the hospital meets these targets, they receive one-time funding to put towards projects to improve our targets. * Ms. Crockford will be the Huddle Leader for January. |
| PREVIOUS MINUTES –  October 24, 2023 | **MOVED** by Ms. Taylor, seconded by Ms. Sandhu to approve the previous minutes of October 24, 2023. **CARRIED.** |
| Finance Committee | **Foundation Naming Levels:**  The different levels to have a naming opportunity at WH which was approved by the Foundation Board was reviewed. The naming opportunities are for 25 years.  **Q2 HSAA Scorecard:**  Ms. Westcar reviewed the Q2 HSAA Scorecard and highlighted the following:   * There has been small improvements in our ED length of stay. * Our hip replacement performance is within our targeted corridor. * We continue to have challenges with our DI indicators (CT and MRI). These are reviewed regularly and we are working on plans for improvement in wait times. |
| City Report | No report |
| County Report | No report |
| Foundation Report | Ms. Taylor gave the following highlights:   * **Major Gifts:** * Charles Wilson has donated $60,000. He has donated a generous gift each year since 2019. His total donations to the WH Foundation to date is $240,000. * William and Catherine Murphy – the Foundation was notified that they will be making their annual donation of $8,000. * Gavin and Janet Kendrick – will be making their annual gift of stock. The Foundation is expecting $6,000 this year. * **50/50:** * October grand prize winner was Mary-Ellen Zegers who took home $72,840. * WHF portion was $51, 802 * 12 Days of Winning will start in December. There will also be a new ticket tier of $75 for 750 tickets. * **Winter Direct Mail:** * Has been mailed out to 2600 homes in Oxford County. Proceed will support a MRI compatible ventilator for our CCU. |
| Correspondence | Nothing to report |
| Adjournment | The meeting adjourned to LPP on motion at 5:54 p.m. CARRIED. |

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Ms. P. Hilderley, Chair Ms. L. Symons, Secretary