



WOODSTOCK HOSPITAL

BOARD OF TRUST

DATE: Tuesday, September 24, 2024

In the Boardroom

TIME: 5:00 p.m.

PRESENT: Ms. P. Hilderley (Chair), Ms. T. Crockford, Ms. M. Ross (Pt. Advisor), Mr. R. Mitchell, Ms. L. Symons, Ms. J. Soden, Mr. B. Kennedy, Mr. D. Wallet, Ms. S. Wolfe, Ms. B. Taylor, Mr. P. Lang, Ms. K. Lavelle, Ms. C. Smart, Ms. D. Westcar, Dr. K. Green, Ms. A. Fortin, Dr. P. Howatt, Ms. C. Lauder (City Rep), Dr. I. Hons, Dr. M. MacLeod, Mayor J. Acchione (County Rep)

REGRETS: Mr. E. Andreola

Recorder: Ms. H. Scherer (Executive Assistant)

AGENDA ITEMS	DISCUSSION
CALL TO ORDER	The meeting was called by Ms. Hilderley, Chair at approximately 5:00 p.m. Round table introductions were given as there are three new Board members, Duane Wallet, Sandra Wolfe and Brian Kennedy.
PRESENTATION	<u>Privacy and Confidentiality:</u> Ms. L. General, Director of Health Information and Privacy Officer presented on Privacy and Confidentiality. The following was highlighted: <ul style="list-style-type: none">• Privacy is the patients right to know that their information is being collected, used and disclosed in accordance with privacy legislation.• Confidentiality is the moral, ethical, legal and professional obligation to protect information that is entrusted to the hospital.• Privacy is everyone’s responsibility and must report a breach if they see one.• The majority of WH breaches are because of human error and not due to malicious intent.• Every breach is investigated, and processes are improved to minimize the risk of similar breaches happening again.• The <i>Personal Health Information Protection Act</i> is a provincial law that protects the privacy of an individual and the confidentiality of patient’s personal health information.

	<ul style="list-style-type: none">• All privacy breaches must be reported to the Privacy Commissioner of Ontario. Significant breaches are reported in real-time. Annually a report is provided on the total number of breaches.• The Privacy Commissioner can fine individuals a maximum of \$50,000 for breaches and institutions a maximum of \$500,000 for breaches. If breaches are escalated to the Police, they can also charge individuals and institutions.• WH has several physical and administrative safeguards in place to protect privacy, such as, locked doors, complex passwords, shredding bins, firewalls and monitoring software, education, random and targeted audits and privacy policies.• Staff maintain privacy and confidentiality by wearing their ID badges, using confidential shredding bins, being aware of who can overhear conversations, only sharing information with people on a need-to-know basis, understanding the hospital privacy policy and practices and asking questions if they do not know by calling the WH Privacy Office.• All hospital staff and volunteers must complete annual privacy education and sign a confidentiality agreement.• Starting in October 2024, the privacy education has been revamped to include more real-life scenarios that front line staff deal with.• A breach can fall into 4 categories:<ul style="list-style-type: none">○ Lost – a paper chart that cannot be located.○ Stolen – electronic personal health information that is stolen in a cyber attack or a lost WH laptop.○ Used Without Consent – employee snoops on patients not in their care.○ Disclosed Without Consent – personal health information shared with insurance company without patient consent.• In response to a question, it was noted that staff can encrypt emails with Office 365 and or through the Secure File Transfer.• An overview was given on a recent privacy breach that occurred in July 2024 and was reported to the Privacy Commissioner of Ontario.• In response to a question, it was noted the hospital is aware that the ED does not provide a lot of privacy and that work has been done over the years to minimize this, but we are limited with space and staff safety.• Members of the Board thanked Ms. General for the work that she does in ensuring patient privacy and for revamping the education piece for staff.
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Human Resources Strategic Plan / Succession Planning Scorecard:

Mr. I. Jakda, Director of Human Resources and Occupational Health and Safety presented on the Human Resources Strategic Plan and Succession Planning Scorecard. The following was highlighted:

- The Human Resources Department also consists of 2 full-time and 1 part-time Occupational Health and Safety staff and 3 full-time Human Resources Coordinators and 1 full-time Human Resources Assistant.
- There is a total of 1,241 staff at WH – 668 staff are full-time, 528 are part-time and 45 are casual.
- 90% of staff self-identify as female.
- Average age of staff is 40 years of age. The average age of management group is 49 years of age. The OHA average is 42 years of age.
- 20% of staff worked at the old hospital.
- Current tenure average is 7.5 years.
- 53% of staff have worked here 5 years or less and 17 % of staff have worked between 5 and 10 years.
- Recruitment Stats:

	2023	2024 (Sept)
Postings	593	412
Time to Fill	42 days	37 days
Hires	272	208
Transfers	301	260
Lefts	227	140
Turnover	19%	11% (7% is voluntary leave)

- In response to a question, it was noted that postings are the number of a times a job is posted. Some jobs are posted multiple times.
- In response to a question, there is approximately 25%-30% of job openings across the organization.
- In 2023 there were 20 retirements and in 2024 there have been 14 retirements to date. 14% of staff are eligible to retire now and 10% of staff are eligible to retire in 5 years. This is based off the retirement age of 55.
- The average grievance for our size hospital with ONA is 60 per year and WH is only 20.
- To date there has been 9 investigations and 6 arbitrations.
- In response to a question, it was noted that the tenure is low due to a high turnover rate due to the pandemic and staff retiring because of the pandemic.
- The strategic priorities for 2023-2028 are:

	<ul style="list-style-type: none"> ○ Employee Well-Being: <ul style="list-style-type: none"> ▪ Increasing employee satisfaction and commitment through enhanced engagement and health, safety, and wellness support. (i.e., non-violent crisis training, panic alarms, N95 fit testing, Employee Assistance Program, etc.) ○ People & Culture: <ul style="list-style-type: none"> ▪ Nurture a culture where employee engagement and retention are a priority in HR and across WH. (i.e., market review/pay equity, changes to vacation entitlement, recognition changes from hours to hire date, joint workshops with unions, etc.) ○ Talent Management: <ul style="list-style-type: none"> ▪ Re-envision our talent management practices by recruiting, developing, and retaining competent employees to meet the needs of the community we serve. (i.e., job fairs, labour market impact assessment, Externs, placements, clinical scholars, attendance support program, tuition assistance Growth learning program, etc.) ▪ Succession Planning has begun by using the nine box tool and completed an impact risk assessment. ○ Operational Excellence: <ul style="list-style-type: none"> ▪ Foster operational excellence through continuous improvement, innovation, and empower leaders to achieve operational goals. (i.e., recruitment, PEPs, skills management, enhanced reference checks, labour relations 101, leadership program, etc.) ○ Workplace Belonging: <ul style="list-style-type: none"> ▪ Cultivate an equitable, diverse and inclusive workplace environment where employees belong and have a sense of psychological safety. (i.e., creation of Equity, Diversity, Inclusion and Belonging Strategic Health Equity Plan and Committee, education for staff on anti-racism, indigenous, 2SLGBTQIA+, AODA, etc.) <ul style="list-style-type: none"> ● It was recommended that because Oxford County has a high Mennonite population that education regarding this population should be given to staff, especially for OB. ● Ms. Hilderley thanked Mr. Jakda for his presentation.
<p>DECLARATION – CONFLICT OF INTEREST</p>	<p>No one declared a conflict of interest.</p>
<p>ADOPTION OF AGENDA</p>	<p>MOVED by Ms. Westcar to adopt the agenda, seconded by Mr. Mitchell. CARRIED.</p>

<p>HUDDLE</p>	<p><u>Patient And Family Advisory Council (PFAC):</u> Ms. Ross presented on the history of the PFAC committee and the progression of where the committee is today. The following was highlighted:</p> <ul style="list-style-type: none"> • The initial concept of PFAC was in the spring of 2015. • Staff engaged patients and families in planning patient care. • The first PFAC meeting was held on January 26, 2016, with 50% of the membership being staff and 50% being patients and families. Today’s membership is weighted more towards patients and families. • Recruitment to PFAC was difficult at first. • The committee began with reviewing patient education materials and expanded to include program planning and mental health orientation, to PFAC members sitting on several hospital committees and attending interviews. • The next step is to include patient advisors at the unit level.
<p>PREVIOUS MINUTES – June 25, 2024</p>	<p>MOVED by Ms. Ross, seconded by Ms. Symons to approve the previous minutes of June 25, 2024. CARRIED.</p>
<p>Finance Report</p>	<p><u>Capital Budget Status Update:</u> Ms. Westcar gave an update on the capital equipment list for 2024/25. There is a total of \$5,268,550 of unpurchased items on the list. Majority of it being I.T., Diagnostic Imaging and Corporate purchases.</p> <p><u>Q1 HSAA Scorecard:</u> Ms. Westcar presented the Q1 HSAA Scorecard and highlighted the following:</p> <ul style="list-style-type: none"> • We are seeing an increase over the last year to both ED length of stay indicators, and they are both above target. • We are seeing an increase over the last year to both the hip and knee indicators, and we are performing better than target. • We continue to remain above target for our MRI indicator. We have seen a significant increase in volumes, specifically from out of area patients. • The CT indicator is slightly higher than last year, and we continue to not meet this target. • Readmission rates are below target; however, this could be due to timing as not all records may be coded. • The infection indicator continues to be 0. • Our ALC rate is on par from last year, and above target. • We are doing well in service volumes, except for complex care and mental health are below target.

	<p><u>ProResp Summary of Payments:</u> Ms. Westcar reviewed the ProResp summary of payments. The 2024 dividends were \$5,000 and the management fees were \$115,000. The fees remain the same as 2023.</p> <p><u>ED Visit Statistics:</u> Ms. Westcar presented the last five years of ED visit statistics and highlighted the following when looking at 5-year trends:</p> <ul style="list-style-type: none"> • Overall ED volumes are up 10%. • The number of patient visits to the ED with no family physician has increased 27%. • The number of ED visits from patients outside the Oxford County catchment area has increased 30%. • The number of patients that arrive by EMS from outside the Oxford County catchment area has increased almost 40%.
<p>Joint Health and Safety Committee</p>	<p>MOVED by Ms. Soden, seconded by Mr. Acchione to approve the previous minutes of June 18, 2024. CARRIED.</p>
<p>City Report</p>	<p>Ms. Lauder congratulated the hospital on winning two City Beautiful awards for the hospital site and the medical building located at 645 Finkle Street.</p> <p>Ms. Lauder also shared a story of a family member who had a wonderful experience as a patient at WH and extended her gratitude to the staff for the care they provided.</p>
<p>County Report</p>	<p>Mr. Acchione also shared a patient’s story who received excellent care at WH.</p> <p>He also reported that a Councillor is requesting that nursing staff attend Woodstock Police. It was noted that the hospital is interested in having a group discussion with other community partners to see what types of resources already exist.</p>
<p>Foundation Report</p>	<p>Ms. Symons gave the following highlights:</p> <ul style="list-style-type: none"> ❖ The Foundation had an excellent response to the spring direct mail campaign, one of the highest ever, generating \$29,380 from 175 donors. The number of gifts was down, but the gift value went up significantly. All proceeds will go towards the CORI robot hip software. ❖ In addition to the \$29,380, a major gift of \$25,000 from John Lamprea was received to be put towards the CORI robot hip software based on

	<p>a wonderful experience Mr. Lamprea had with a knee replacement by Dr. Petis using the CORI robot knee software.</p> <ul style="list-style-type: none"> ❖ The 50/50 continues to do well. In June, Jayne Novak was the grand prize winner and took home \$43,162; Patricia Coomber was the grand prize winner in July and took home \$53,732; and Harla Morris was the grand prize winner for August and took home \$46,595. ❖ In October, the Foundation will be giving away an additional 50 bonus tickets for the \$40 option (i.e., 450 tickets for \$40). They are also working on marketing efforts through Shopify to capture information from people who leave the site without purchasing. ❖ The golf tournament was another huge success and generated the highest net revenue from the golf tournament. A post event survey was sent out and it was decided to remain with the Double Shot Gun format for next year. ❖ The winter direct mail will support the chemo campaign, with a goal of \$1.5M.
Correspondence	Ms. Symons read aloud a letter of compliment from Jane Mclsaac as well as a letter of thank you from Maureen Ross.
Adjournment	The meeting adjourned to LPP on motion at 6:13 p.m. CARRIED.

Ms. P. Hilderley, Chair

Ms. L. Symons, Secretary