



# WOODSTOCK HOSPITAL

## BOARD OF TRUST

DATE: Tuesday, November 26, 2024

In the Boardroom

TIME: 5:00 p.m.

PRESENT: Ms. P. Hilderley (Chair), Ms. T. Crockford, Mr. R. Mitchell, Ms. J. Soden, Mr. D. Wallet, Ms. S. Wolfe, Ms. B. Taylor, Mr. P. Lang, Ms. K. Lavelle, Ms. C. Smart, Ms. D. Westcar, Ms. A. Fortin, Ms. L. Symons, Dr. P. Howatt, Dr. K. Green, Dr. M. MacLeod

REGRETS: Mr. E. Andreola, Ms. C. Lauder (City Rep), Ms. M. Ross (Pt. Advisor), Mr. B. Kennedy, Mayor J. Acchione (County Rep), Dr. I. Hons

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.
PRESENTATION	<p><b><u>Business Continuity Plan:</u></b></p> <p>Ms. S. Sims, Accreditation Specialist and Emergency Preparedness Lead presented on the Business Continuity Plan and highlighted the following:</p> <ul style="list-style-type: none"><li>• A Business Continuity Plan is a comprehensive strategy that ensures the hospital can maintain or quickly resume critical operations during and after an unexpected disruption, disaster or emergency. Some examples are natural disaster, cyber attack, pandemic or power outage.</li><li>• Healthcare services are critical and need to be available 24/7. Any disruption could jeopardize patient safety and care which can lead to serious consequences.</li><li>• Business Continuity Plans are also an accreditation requirement.</li><li>• A well-developed Business Continuity Plan is crucial for safeguarding lives, maintaining public confidence, and ensuring the sustainability of healthcare services during challenging times.</li><li>• Incorporated other Business Continuity Plans from within the organization (I.T., Honeywell, Garda, Aramark and the new Oracle system).</li><li>• A Hazard Identification Risk Assessment (HIRA) was completed to identify potential risks and vulnerabilities that could disrupt hospital</li></ul>

	<p>operations. There are four categories technological, natural hazards, Human-cause and infrastructure.</p> <ul style="list-style-type: none"> <li>• Through the process they identified critical systems at the department level and determined the resources required to sustain them.</li> <li>• Implemented orders of succession in leadership who can invoke the plan. Business Operations Succession Plan would be CEO, then the CFO, then VP Patient Care/CNO. Clinical Operations Succession plan would be the CEO, then the VP Patient Care/CNO, then the CFO. The Chief of Staff would also be included and in their absence, it would be the Assistant Chief of Staff.</li> <li>• Developed protocols for maintaining critical functions, including alternative facilities, backup systems, and staff redeployment.</li> <li>• Vital emergency operating records are located on SharePoint, in the safe in Finance and in the Admin on-call bag.</li> <li>• Established a clear communication plan for staff, patients, external stakeholders and the community.</li> <li>• Ensured that patient data and other sensitive data is secure and recoverable in case of a breach or system failure.</li> <li>• Provide continuous training and educations for staff by conducting mock codes and drills.</li> <li>• Next Steps:             <ul style="list-style-type: none"> <li>○ Enhance the Code Green policy while working with our community partners.</li> <li>○ Finalize relocation plan which identifies evacuation relocation site, transportation planning, surrounding hospitals and other facilities and specific role checklist to identify roles.</li> <li>○ Formal agreements with other facilities.</li> <li>○ Create response and recovery plans for each department.</li> </ul> </li> <li>• In response to a question, it was noted that Oracle data is stored in the cloud.</li> <li>• It was noted that I.T. used the Windsor Hospital lessons learned to develop their departmental Business Continuity Plan.</li> <li>• It was also noted that there is a cellphone at all ward clerk desks should there be a disruption to the hospital phone lines.</li> <li>• In response to a question, it was noted that Ornge Air and Land would both be utilized in the event that patients need to be evacuated from the hospital.</li> </ul> <p>Ms. Hilderley thanked Ms. Sims for her presentation.</p>
<p>DECLARATION – CONFLICT OF INTEREST</p>	<p>No one declared a conflict of interest.</p>

ADOPTION OF AGENDA	<p>It was noted that the Ernst and Young Letter of Engagement will be added under the Finance section of the agenda.</p> <p><b>MOVED</b> by Ms. Taylor to adopt the agenda as amended, seconded by Mr. Mitchell. <b>CARRIED.</b></p>
HUDDLE	<p><b><u>Surgical Services:</u></b></p> <p>Mr. Mitchell presented on Surgical Services and highlighted the following:</p> <ul style="list-style-type: none"> <li>● <b>Overview of Department:</b> <ul style="list-style-type: none"> <li>○ 5 Operating Rooms</li> <li>○ 2 Endoscopy Procedure Rooms</li> <li>○ 1 Clinic for Carpal Tunnel and Cataracts</li> <li>○ Pre-Admit Clinic</li> <li>○ Day Surgery</li> <li>○ Recovery Room (PACU)</li> </ul> </li> <li>● <b>Overall Staff for Surgical Services:</b> <ul style="list-style-type: none"> <li>○ 1 OR Director</li> <li>○ 1 Educator</li> <li>○ 2 Charge Nurses</li> <li>○ 7 Clerical Staff Members</li> <li>○ 8 Operating Room Aids</li> <li>○ 72 Nurses – 43 RNs and 29 RPNs</li> <li>○ 19 Surgeons</li> <li>○ 9 Full-Time Anesthesiologists and 6 Part-Time who backfill vacancies</li> </ul> </li> <li>● 3 operating rooms run Monday to Friday from 7:30 a.m. – 5 p.m. and 1 runs Monday to Friday from 7 a.m. – 3 p.m.</li> <li>● 1 operating room is always available for C-sections.</li> <li>● 1 operating room is available after hours for emergency and inpatient cases between 6 p.m. – 10:30 p.m. and 1 room on weekends between 7 a.m. – 3 p.m.</li> <li>● The O.R. provides on-call coverage for other centres such as Tillsonburg, Ingersoll and St. Thomas.</li> <li>● <b>Types of Surgeries:</b> <ul style="list-style-type: none"> <li>○ <b>Orthopaedics</b> (joint replacement (hips and knees), trauma/sport medicine, and shoulder repairs).</li> <li>○ <b>Gynecologic</b> (hysterectomies, hysteroscopy and ablations, and c-sections)</li> <li>○ <b>Urology</b> (nephrectomy (kidney removal), kidney stone removal, and prostatectomy / bladder tumor resections).</li> <li>○ <b>General Surgery</b> (cholecystectomy (gall bladder removal), bowel resections, hernia repairs, and mastectomy (breast surgery)).</li> </ul> </li> </ul>

	<ul style="list-style-type: none"><li>○ <b>ENT</b> (pediatric – tonsils and myringotomies (ear tubes), septoplasty (nose), and thyroidectomy).</li><li>○ <b>Other</b> (Ortho/WSIB)</li><li>● There are 2 endoscopy rooms that run Monday to Friday from 8 a.m. – 4 p.m. Procedures done are colonoscopy (approx. 265 cases/month), fit positive cases (approx. 20/month), gastroscopy (approx. 135 cases/month), and bronchoscopy (4 cases/week).</li><li>● There is one room located within Pre-Admit for carpal tunnel and cataract procedures. Carpal tunnels are completed on Wednesday and Fridays (approx. 12-18 procedures per day) and cataracts are completed on Tuesday and Thursdays (approx. 1,200 cataract surgeries/year).</li><li>● Approximately 85% of patients are seen in the pre-admit clinic prior to their procedure.</li><li>● Follow-up calls are completed in the evening to check status of patient and answer any questions arising from discharge.</li><li>● <b>Utilization of Resources:</b><ul style="list-style-type: none"><li>○ 70% of cases start on time (target is 80%).</li><li>○ O.R. utilization averages 98%-100% (target is 90%).</li><li>○ Case turnover times average 25 minutes (target is 22 minutes).</li><li>○ Same day cancellations average 3% (target is less than 5%).</li><li>○ Completion of checklist is 100% - this is a required practice for Accreditation.</li></ul></li><li>● <b>Annual Budget</b> - \$14,395,797<ul style="list-style-type: none"><li>○ Staffing (wages and benefits) - \$7,206,157</li><li>○ Supplies - \$5,890,040</li><li>○ Equipment/Maintenance - \$981,850</li><li>○ Other – Linen - \$280,000; Sundry - \$37,750</li><li>○ Anticipated Revenues - \$1,944,916</li><li>○ Total endoscopy program ended in June 2024. Equipment rental associate with program was approximately \$200,000 per month, budget allocation per month is \$16,110.</li><li>○ Exceeding the funding allocations for hip and knee procedures creates variance in supplies; however, end of year funding reallocations helps to offset the additional expense.</li><li>○ Capital equipment requests total \$1M - \$1.5M each year. Many items that were purchased with the new hospital are now reaching end of life and replacement is required.</li></ul></li><li>● Patient volumes and volume allocations were shared.</li><li>● Huddle boards are in Daycare, O.R., and the Recovery Room. There has been a total of 155 improvements since December 2023.</li></ul>
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	<ul style="list-style-type: none"> <li>In response to a question, it was noted that FIT positive testing is a sample of your stool to determine whether you need a colonoscopy. Results generally take 8 weeks.</li> </ul>
PREVIOUS MINUTES – October 29, 2024	<b>MOVED</b> by Mr. Wallet, seconded by Ms. Symons to approve the previous minutes of October 29, 2024. <b>CARRIED.</b>
City Report	No report
County Report	No report
Foundation Report	<p>Ms. Symons gave the following highlights:</p> <ul style="list-style-type: none"> <li>❖ The Foundation received a gift of \$60,000 in October from Charles Wilson which will go towards the chemo renovations. Charles donates annually to a total of \$300,000 since 2019.</li> <li>❖ The 50/50 continues to generate lots of excitement and support. The grand prize winner in October was Donna Lee Wilkins who took home \$51,742. December will include the 12 Days of Winning with cash prizes from \$250 to \$1,000 throughout the month. The 50/50 has generated a net income of \$2,109,214 over the past year (ending October 31, 2024).</li> <li>❖ The Foundation has also been talking to Ascend, a fundraising solutions company and got some great ideas. They will be adding a new ticket tier for December (1200 tickets for \$100) and will guarantee a minimum jackpot of \$50,000 (underwritten by Ascend). They will also be testing some different early bird prizing options in January and February to see if they can stimulate even more ticket sales.</li> <li>❖ The chemo renovation is going strong. The Winter Direct Mail was sent out on November 8<sup>th</sup>; unfortunately, response has been impacted by the Canada Post strike, as they receive a lot of responses via mail. A radio campaign will begin tomorrow on HeartFM, 4 times a day for 4 weeks. There will also be a media release during that time.</li> <li>❖ The Foundation Board had a tour of the chemo renovation at the end of their meeting last week. It is going to be a remarkable space. Ms. Symons was impressed by the many ways very thoughtful elements that are being incorporated, like the floor to ceiling windows, wildflower garden, and the careful placement of the victory bell.</li> </ul>
Correspondence	Nothing to report.

Adjournment	The meeting adjourned to LPP on motion at 5:34 p.m. CARRIED.
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Ms. P. Hilderley, Chair

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Ms. L. Symons, Secretary