

### Board

- The Board received an education session from the organization's Chief of Staff, Dr. Ben Amor, regarding physician privileging practices, processes and requirements. The presentation highlighted governance responsibilities under the *Public Hospitals Act*, including oversight of the credentialing process, granting of privileges, and ongoing performance review of professional staff.
- The Board approved the appointment of community members to the Nominating Committee for the 2025–2026 Board year, supporting recruitment efforts for upcoming Board vacancies and continued engagement of community and patient/resident voices.
- Through the Strategic Planning & Partnership Committee, the Board received updates on strategic priorities including medical recruitment planning with municipal partners, progress on Executive and Chief of Staff strategic goals, and early planning for a Board off-site session in Fall 2026 to support the next strategic planning cycle.
- The Board received updates from the Patient and Family Advisory Council (PFAC), including input into the modernized Emergency Department design, 2026-2027 Quality Improvement Plan, and Long-Term Care staffing model development, reflecting continued commitment to co-design and patient/resident engagement.
- Following PFAC and the Quality, Risk and Safety Committee approval, the Board approved the organizational 2026–2027 Quality Improvement Plan, supporting ongoing focus on quality, safety, and patient experience. Areas of focus in the plan include sector specific initiatives in long-term care, primary care and acute care, as well as organizational initiatives aimed to improve the patient and resident experience, as well as staff safety and experience across the organization.
- The Board approved the extension and execution of the Hospital and Long-Term Care Service Accountability Agreements (LSAA) with Ontario Health to March 31, 2027, and additionally approved the annual LSAA Declaration of Compliance confirming adherence to legislative and reporting requirements in long-term care home operations. These agreements outline expectation of the organization in providing services as expected by the Ministry of Health, Ministry of Long-Term Care and the direct oversight body, Ontario Health.
- The Board received a report from the Family Health Team Lead Physician, Dr. Armer, reporting that the recent success of the medical residency program and the 'teaching days' hosted at DRDH can be contributed to the peer-to-peer feedback shared by the past medical students with the incoming group of learners and is viewed as promising step in attracting new physicians to DRDH campus. Dr. Armer also highlighted the success of the recently launched Lung Health Program, confirming that the pulmonary test reading is conducted by a respiratory therapist on site; and the progress in training of medical staff and efforts aimed at operationalizing the MINT Clinic.
- The Board heard a Patient Story, shared by the Chief Nursing Executive, Meagen Boisvenue. The Chief Nursing Executive (CNE) shared with the Board a positive example of cross-partner collaboration in patient-focused delivery of care. It was shared that an oncology patient without a primary care provider in the Deep River catchment area was referred to DRDH from an oncology clinic in Ottawa. The DRDH medical team jumped quickly to action and coordinated with several health partners including the Pembroke Regional Hospital to process the patient's transfer to DRDH and ensure compassionate end-of-life care offered at the patient's primary area of residence.

## **Capital Development:**

- The Board received updates on the Primary Care and Long-Term Care capital development projects:
  - Primary Care Capital Development
    - Final reconciliation of project costs is underway, with work continuing with external partners to complete Ministry reporting requirements.
    - Operational considerations continue to be addressed, including resolution planning for infrastructure issues identified within the building.
  - Long-Term Care Capital Development
    - Construction continues to progress on track, with interior framing and exterior siding underway. Utility coordination is ongoing, with Enbridge permit submissions in progress and pending municipal approval.
    - Planning for operational readiness and occupancy continue with an interdisciplinary internal team including leadership, subject matter experts. Work underway and planned shortly includes furniture and equipment selection, development of move in plans for future residents. Engagement sessions with team members, residents, resident family members and patient representatives were held throughout March, focused on informing the LTC staffing plan. Additional engagement sessions with staff, residents and families are being planned to inform recruitment planning over the coming year. The first major milestone for the operationalization team will be development of the Long-Term Care Occupancy Plan, required for submission to the Ministry of Long-Term Care by July 31, 2026.
- The Board noted updates related to contingency utilization within the Long-Term Care project, with further review to occur through the Capital Development Committee.

## **DRDH Foundation Updates**

- The Foundation's Board of Directors representative, Jeremy Tyrell, provided an update from the DRDH Foundation regarding the recently held *Breakfast and Bonspiel* fundraising on March 7, 2026. The event raised over \$10,000 for the current Foundation's "*Get On Board: Connecting Community*" campaign and included a community breakfast provided by the DRDH Dietary Team at the Deep River Legion.

## **DRDH Auxiliary Updates**

- The Board received a written report from the DRDH Auxiliary President, Eileen Burke, noting that the planning for the upcoming Annual Meeting of Members of the DRDH Auxiliary scheduled on May 7th is underway. The Auxiliary will be announcing a donation to the hospital at this event and the DRDH Chief Executive Officer and Chief Financial Officer are being invited to present to the membership on behalf of DRDH.
- The Auxiliary continues to work with DRDH Volunteer Coordinator on finalization of resumption Nutrition service program for the medical unit to commence the week of March 30th. It was also noted that the Whistle Stop and Gift Shop operations are doing well.

## **Health Campus Updates**

### Communications

- The week of March 23rd officially launched the organization's Employee Value Proposition (EVP), with the sharing of the first video in the series. The EVP was developed with input from across the organization, through the Leadership Development Institute, and reflects on the employee experience at DRDH today as well as the culture for the expanded workforce. This launch will be followed by a timed series of video vignettes over the coming year, highlighting aspects of the EVP, DRDH experience and life in the community.

#### Diagnostic Imaging

- A new casual sonographer has been onboarded, with work ongoing to decrease the regional backlog in demand for ultrasound with the additional new sonographer.

#### Dietary Department

- The DRDH Dietary department successfully hosted another community breakfast at the Deep River Legion, as part of the *Breakfast & Bonspiel* event. Members of the DRDH dietary team served well over 100 breakfasts to curlers and community members alike, raising close to \$2000 for the *Get on Board – Connecting Community* fundraising campaign.

#### Emergency Department

- Phase One of the ED Modernization renovations continues, encompassing re-design of registration, expansion of the waiting room and flooring replacement for the waiting room and hallways. Temporary adjustments to patient flow, signage and location of registration are in place to maintain operations during construction. These are expected to be adjusted as the project moves towards the start of flooring replacement over the coming weeks.

#### Emergency Preparedness

- Planning is underway for a joint “Code White – Violent Person” mock exercise, in collaboration with the Deep River Police Department for early April. Education is planned as part of this exercise to build joint capabilities, communication and collaboration.

#### Family Health Team

- In partnership with ConnectWell, the launch of the Lung Health program has been successful, providing care for 18 new clients, with follow up closer to home for 13 since its launch in January. Currently wait times to see the Respiratory Therapist are less than 4 weeks.
- Ongoing challenges with plumbing continue within the new Family Health Team Building as the existing line the building was tied to has a blockage. The project team is investigating a solution to the current issue, with the goal of developing a plan to prevent future problems.

#### Human Resources

- Go Live of the new Scheduling System was delayed from its planned implementation date of March 8, 2026. Training for core users, managers and supervisors continues, as well as correction of system errors with the team to enable go live on March 23.

#### Infection Prevention and Control

- DRDH’s IPAC/Occupational Health nurse recently joined a local and a regional occupational health community of practice to support the sharing of resources, expertise, and leading practices to further strengthen occupational health within our organization.

#### Medical Affairs & Recruitment

- The organization continues to host medical learners alongside local medical staff in primary and acute care, including two long-term (three month) medical residents from Queens, as well as a visiting medical student from RCSI School of Medicine in Dublin, Ireland.

#### Medical Inpatient Unit

- Occupancy and Alternative Level of Care rates remain lower than previous years for this time of year. Effective communication with Ontario Health atHome and consistency in discharge planning have greatly contributed to this increase in patient flow, and ensuring that patients admitted to hospital are discharged as soon as possible to the most appropriate level of care.

#### Organizational & Workforce Development

- DRDH launched the updated Standards of Behaviour (Code of Conduct) in late February. The Standards were originally developed in 2017, with the process to refresh the standards occurring through engagement with staff and leaders across the organization. The updated Standards reinforce expectations for how team members, physicians, volunteers, learners, leaders and directors work together and support patients, residents and the community. While remaining grounded in the “PIECES” values framework, the refreshed Standards place stronger emphasis on person-centred interactions, collaboration and shared learning, transparency and accountability, psychological safety, continuous improvement, and both physical and psychological wellbeing. The updated Standards are intended to strengthen a shared language and expectations that support DRDH’s culture as the organization continues to grow and evolve.
- Following the updated Standards of Behaviour release, a new peer recognition program, entitled “Pieces in Practice” was launched. The program is designed to celebrate staff who demonstrate the organization’s “PIECES” values (Partnering, Innovation, Excellence, Caring, Ethics & Integrity, and Safety) in their daily work. The program builds on the annual Essential Pieces Award by enabling year-round recognition of team members who live the values. Team members can nominate colleagues at any time, with six recipients (one per value) selected quarterly and recognized through internal communications, recognition pins, and staff engagement initiatives. The first round of awards will be announced in early April.

#### Regional Partners

- A letter of support was provided to Pembroke Regional Hospital for submission the Ministry of Health as part of PRH’s ongoing application to create a secured psychiatric facility.
- A letter of support was provided to the Four Seasons Conservancy in support of a Trillium Grant application for development of an accessible trail around the health campus, linked to the expanded Four Seasons Lodge LTCH.
- A summative report from the Ottawa Valley Ontario Health Team following the Adult Mental Health Services Collaborative Session held and focused on services in Deep River has been released and is attached for information. The report includes key initiatives identified from the session and actions and will be followed up in a session to monitor progress in fall of 2026.

#### Quality

- Preparations have begun for the organization’s next Accreditation Canada survey, scheduled for early 2027. With approximately twelve months remaining before the survey process begins, preparation activities are underway to create a structured approach. During the survey, Accreditation Canada surveyors will visit DRDH to observe care, review processes, and engage with staff, physicians, patients, residents, and community partners. Preparatory education and engagement activities for staff and leaders are underway and will continue as we count down to the survey dates to support readiness and ensure the organization is well positioned to showcase its commitment to safe, high-quality care.

#### Critical Events

- In the early morning of February 21<sup>st</sup>, the organization experienced a “Code Red – Fire” scenario on the medical inpatient unit requiring the Fire Department and Admin on Call response. A patient on the medical floor had lit a fire of bedding in their room. Staff responded by activating fire response and extinguishing the fire, prior to Fire Department arrival. Staff, patients and responders were safe, and minimal damage to the patient room was experienced. The Admin on Call manager that day responded onsite, supporting liaison with the Fire Department and directing incident response. Following the incident, debriefing occurred with the team to ensure that opportunities for improvement were identified and acted on. The following note was received following the incident from the Deep River Fire Department Chief: *“On behalf of the Deep River Fire Department, I am writing to express our deepest gratitude and admiration for the exceptional response of your staff during the fire incident on Saturday February 21.*

*Specifically, we would like to acknowledge Charge Nurse Sarah and the Nursing and Clinical Staff for her/their quick response to extinguish the fire. It is clear that DRDH prioritizes emergency preparedness. The professionalism displayed by your staff undoubtedly prevented a difficult situation from becoming a tragedy. We are proud to serve alongside such a dedicated group of professionals. Please extend our thanks to your entire team for their bravery and cooperation. We look forward to our continued partnership in keeping our community safe."*