The following is a synopsis of some of the topics of discussion at the April meeting:

**Improvement efforts continue at QHC** with the initial focus on providing a better experience and improving quality of care for patients with COPD who come in through the Emergency Department at Belleville General Hospital and have an inpatient stay in either the Medicine unit or Intensive Care Unit. The meeting began with an educational presentation on the approach being used to identify how we can improve. It's the Lean Management System for Continuous Improvement.

**The Acute Care for Elders Unit** opened on Quinte 4 at BGH April 12th. The unit is intended to be the flagship unit for the care of seniors. It aims to prevent the deconditioning and functional decline of patients while being treated in hospital.

**Advisory Council members are needed** to fill a total of 27 vacancies as many members have completed their term of service. The vacant positions include: 10 from the community at large (preferably with recent experience at a QHC hospital as a patient or family member), 11 municipal representatives, 3 representatives from the hospital foundations and 3 representatives from the hospital auxiliaries. Applications will be accepted until May 20th. [Click here for more information.](#)

**The Chair of the TMH Implementation Task Force Marsha Stephens** presented information about the draft integration model and draft governance model which outlines how various agencies could work together offering services through the Health Hub.

**Health Minister Dr. Eric Hoskins announced an additional $4 million in operating funding** during his visit to QHC TMH on April 8th. This will have a positive impact on QHC’s ability to deliver high quality care within a stable financial environment without facing the same level of challenge for our 2017/18 budget.

**Health Minister Dr. Eric Hoskins announced a “pause” on the move of surgical services** between TMH and BGH. The QHC Board and Leadership are working with the Ministry of Health and Long Term Care and the South East LHIN to seek clarity.

**QHC has experienced some recent physician recruitment successes** including in the areas of internal medicine, psychiatry, and Trenton Memorial Hospital Emergency Department and inpatient unit. Quinte Health Care continues to actively recruit, particularly for family medicine at all four Quinte Health Care hospitals and emergency medicine at North Hastings Hospital, Prince Edward County Memorial Hospital, and Belleville General Hospital.

Visit the QHC news page to remain updated between board meetings: [www.qhc.on.ca](http://www.qhc.on.ca)
# AGENDA

**OUR VISION: QHC WILL PROVIDE EXCEPTIONAL AND COMPASSIONATE CARE. WE WILL BE VALUED BY OUR COMMUNITIES AND INSPIRED BY THE PEOPLE WE SERVE.**

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<th>Time</th>
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<th>Decision-Making</th>
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<tr>
<td>5:30</td>
<td>Quality Improvement (Lean) Presentation</td>
<td>M. Elias</td>
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<td>6:00</td>
<td>Consent Agenda</td>
<td>T. Anderson</td>
<td>By-law 3.2</td>
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<td>4.1 Board Minutes from March 22, 2016</td>
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<td>4.2 Review of Action Items</td>
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<td>4.3 Report of the Chair</td>
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<td>V-B-8</td>
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<td>4.3.1 Director Reports</td>
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<td>4.4 Report of the Chief Nursing Officer</td>
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<td>4.5 Upcoming Board Surveys</td>
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<td><strong>Policies and By-laws</strong></td>
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<td>4.6 Review of Policies and By-laws</td>
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<td>4.6.3 V-B-8 Board Meetings</td>
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<td>4.7 Quality of Patient Care</td>
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<td>4.8 Audit and Resources (no meeting in April)</td>
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<td>4.10 Senior Leadership Evaluation and Compensation Ad-hoc</td>
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<td>5.1 TMH Task Force Proposed Integration and Governance Model Presentation</td>
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<td>6:25</td>
<td>Building Relationships</td>
<td>M.C Egberts</td>
<td>VI-1</td>
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<td>6.1 Report of the President &amp; CEO</td>
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| 6:35 | Ensure Program Quality and Effectiveness  
Quality of Patient Care Committee  
7.1 Physician Human Resources Plan | O. Hoye | III-8  
III-3 | X | X |   |
| 6:40 | 7.2 Monitoring Risks of the 2016/17 Operating Plan |  |  |  |  |   |
| 6:50 | 7.3 Report of the Chief of Staff & Medical Advisory Committee  
7.3.1 Medical Advisory Committee Recommendations Report (April) | D. Zoutman | By-law 8.04 | X |  |   |
| 7:00 | Ensure Board Effectiveness  
Governance, Communications and Strategy Committee  
8.1 Policy V-A-7 Board Standing and Ad-hoc Committees | P. Johnston | V-B-14 | X |  |   |
| 7:10 | Adjournment  
Next Meeting: June 28, 2016 Board Meeting & Annual General Meeting (Bancroft – Location TBD) | T. Anderson |  | X |  |   |
Quinte Health Care
Board of Directors Meeting Minutes
March 22, 2016

A meeting of the Board of Directors of Quinte Health Care was held on Tuesday, March 22, 2016 in the Prince Edward County Memorial Hospital Boardroom. Mrs. Anderson chaired the meeting.

Present: Mrs. Tricia Anderson, Chair
Mr. Doug McGregor
Ms. Karen Baker
Mrs. Mary Clare Egberts
Dr. Dick Zoutman
Mrs. Kim Stephens-Woods
Mrs. Darlene O’Farrell by video conference
Mr. Stuart Wright
Mrs. Odila Hoye
Ms. Karen Tiller
Ms. Lynda Mungall

Regrets: There were regrets from Mr. David MacKinnon and Mr. Patrick Johnston.

Staff Present: Mr. Brad Harrington
Mr. Jeff Hohenkerk
Mr. Paul McAuley
Ms. Catherine Walker
Mrs. Jennifer Broek, Recorder

1.0 Call to Order
Mrs. Anderson welcomed everyone and called the meeting to order.

1.1 Approval of Agenda
Item 7.3 Public Sector Salary Disclosure was added to the agenda for discussion.

Motion: To approve the open session agenda of March 22, 2016.
Moved by: Mr. McGregor
Seconded by: Mrs. Hoye
Carried

1.2 Declaration of Conflict of Interest
Mrs. Egberts and Dr. Zoutman declared a conflict for item 6.1.1 2016/17 SLT Goals Linked to Compensation.

2.0 Closed Session

2.1 Motion to go into closed session

Motion: Motion to go into the closed session.
Moved by: Mr. McGregor
Seconded by: Ms. Tiller
Carried
3.0 Consent Agenda
Mrs. Anderson reviewed the consent agenda items.

Some board members noted they had clarification questions regarding the Hospital Sector Accountability Agreement (HSAA). As the agreement is an extension of terms only, it was agreed that board members would submit questions through the Chair of the Audit and Resources Committee. A suggestion to hold a future education session on the HSAA was made.

Approval of the following items was included within the consent agenda:

3.1 Board Minutes from January 26, 2016
3.5 Insurance Coverage
3.6 Hospital Sector Accountability Agreement (HSAA)

Motion: To approve all items within the consent agenda of March 22, 2016
Moved by: Ms. Baker
Seconded by: Mrs. Hoye
Carried

4.0 Report of the Chair
Mrs. Anderson welcomed everyone from the community and media.

4.1 Celebrating Nurses Improving Care for Health System Elders (NICHE) Designation
Mrs. Anderson invited NICHE Coordinator, Kim Binder and Program Director Christine Wilkinson to share an overview of the senior friendly strategy being implemented at QHC.

The board expressed pleasure and remarked on the enhanced strategy to ensure QHC’s hospitals are senior friendly. The importance of achieving a high level of engagement from professional staff was discussed and it was noted that some family medicine physicians have already expressed interest in accessing the educational materials.

The board recognized Ms. Binder and thanked Mrs. Wilkinson for bringing the NICHE program to QHC and for her leadership in achieving the designation. Board members were encouraged to attend the grand opening of the new Acute Care for the Elderly (ACE) unit on April 15 to show their support. The board also noted the importance of educating the community on the senior friendly strategy.

5.0 Building Relationships

5.1 Report of the President & CEO

Balanced Scorecard
Mrs. Egberts informed the board that QHC has been unable to meet ER Length of Stay and ALC targets. The board discussed the operational and financial challenges associated with achieving the target and sustainability. Management indicated that they are optimistic that given the opportunities that have been identified to-date and through researching best practices, that achieving the current target is attainable in future years. The importance of the board’s leadership and engagement in the lean value stream education, planning and implementation was noted.

Mrs. Egberts noted that 186 improvements have been made within 28 work teams at QHC.
Mrs. Egberts also reported that QHC’s performance for expected cost per equivalent weighted case continues to move closer to the annual target.

Health Care Tomorrow Hospital-Services Update
Mrs. Egberts provided the board with an update on the session held February 3rd which included leaders from across the SE LHIN on phase 2 planning in developing a regional shared service model in the areas of information technology, finance, human resources, facilities management, diagnostic imaging, pharmacy and laboratory services.

Mrs. Egberts noted that engagement will continue with staff and physicians in March and April to help inform business cases that will be presented to the Community Care Access (CCAC) Centre, SE LHIN and hospital boards in June.

Process Improvement
Mrs. Egberts provided an update on the process improvement initiative launched at QHC with external quality improvement coach and expert, Mike Elias. Senior leaders, directors, managers, physicians and board members participated in the initial launch on March 21st. A three-day value mapping stream analysis is planned in late April.

Trenton Memorial Hospital Implementation Task Force
An update on the task forces’ progress was given by Mrs. Egberts. Engineers and architects have been onsite at TMH in March to look at space and structure to determine its suitability and the renovations required to create a health hub of co-located hospital and community services.

The board was reminded that the task force expects to deliver their final report to the SE LHIN by May 1st.

Prince Edward County Memorial Hospital (PECMH) Redevelopment Update
Mrs. Egberts informed the board that work continues on QHC’s master program as a part of the PECMH redevelopment project. It was noted that completion of the master program planning is expected for June 2016. The board discussed future steps and actions required for the redevelopment.

6.0 Ensure Program Quality and Effectiveness: Quality of Patient Care Committee

6.1 2016/17 Quality Improvement Plan
Mrs. Hoye provided an overview of the 2016/17 Quality Improvement Plan. The board discussed the proposed measures and targets which were selected. The board discussed the principles used in selecting the targets and it was agreed that principals should be articulated in future submissions.

Motion: That the QHC Board of Directors’ approve the 2016/17 Quality Improvement Plan as presented.

Moved by: Mrs. Hoye
Seconded by: Ms. Tiller
Carried
6.1.1 2016/17 SLT Goals Linked to Compensation
The board reviewed and discussed the proposed 2016/17 SLT goals linked to compensation. A board member noted the difference between “percent” vs. “percentile” for the ED length-of-stay goal when comparing to the Hospital Sector Accountability Agreement (HSAA). It was suggested that the proposed SLT goal which uses “percent” is meaningful for the community as it is relatable to a person and provides a comparator with reporting on the Ministry of Health and Long-term Care’s website. The suggested goal will also enable management to more easily identify opportunities for improvement and improve board reporting. A board member asked management if the suggested target is achievable. Management indicated their optimism that the target is achievable given the current initiatives in place.

It was noted that the TBD target which is under development on the ‘Become More Cost Efficient’ measure will be cost per weighted case. A target will be brought back to the board once 2015/16 results are complete.

Motion: That the QHC Board of Directors’ approve the 2016/17 Performance Goals Linked to Compensation as pay-for-performance as per the Excellent Care for All Act and their inclusion of the Quality Improvement Plan.
Moved by: Mrs. Hoye
Seconded by: Ms. Tiller
Carried

6.2 Report of the Chief of Staff & Medical Advisory Committee (MAC)

Quality Improvement
Dr. Zoutman advised the board that the MAC has approved a policy reinforcing its top three improvement priority initiatives: physician rounding schedules in the ED, rounding timing on in-patient units and response time of consulting physicians to see patients in the ED.

Physician and Professional Staff Wellness
Dr. Zoutman informed the board that a physician and professional staff wellness survey was conducted at QHC. Of note, 66% of QHC physicians who participated indicated that they are currently experiencing burnout or have in the past year. QHC is planning a 2 day physician wellness workshop featuring a specialist in physician mental health, Dr. Mamta Gautam in April to help address the topic. Dr. Zoutman was asked to ensure there is physician participation for each of QHC’s hospitals at the event. A suggestion to consider developing a physician support group was made and Dr. Zoutman agreed to seek input from Dr. Gautam.

A suggestion to conduct a similar staff survey was made and the board emphasized the importance of supporting mental health for staff and physicians in a meaningful and strategic approach.

6.2.1 Medical Advisory Committee Recommendations Report (March)
Dr. Zoutman presented the recommendations from the MAC.

Motion: That the QHC Board of Directors appoint Dr. Andrew Pickle as Division Head of Orthopaedic Surgery in the Department of Surgery as recommended by the Medical Advisory Committee (MAC) on March 15, 2016.
Moved by: Mrs. Hoye
Seconded by: Mr. McGregor
Carried
7.0 Ensure Financial and Organizational Viability: Audit and Resources Committee

7.1 January 2016 Financial Statements
Ms. Baker presented the year-to-date financial results for the ten months ended January 31, 2016, which show a surplus of $29K which represents a positive variance of $289K to the budgeted deficit of $260K.

QHC has received the formal funding letter for the 2015/16 fiscal year. Ms. Baker indicated that the amounts are consistent with those previously provided by the SE LHIN. The total alleviation funding for 2015/16 has increased by the remaining $500K outstanding, to a total of $4M.

It was noted that QHC is forecasting a slight surplus of $56K for year-end. The balance sheet shows the current ratio at January 31, 2016 is 0.77. The total margin at January 31, 2016 is 0.02%.

Motion: That the QHC Board of Directors’ approve the January 2016 financial statements.
Moved by: Ms. Baker
Seconded by: Mrs. Hoye
Carried

7.2 Magnetic Resonance Imaging (MRI) Upgrade
Ms. Baker informed the board that the current MRI machine at BGH in near the end of its life cycle and requires an upgrade. The board discussed the impact to patients and staff while service work is being performed. It was noted that high-priority cases would temporarily be referred to other hospitals. Staff will be encouraged to take vacation during this time.

Motion: That the QHC Board of Directors’ approve the upgrade of the current MRI machine at an approved cost of $1.015M.
Moved by: Ms. Baker
Seconded by: Ms. Mungall
Carried

7.3 Public Sector Salary Disclosure
Ms. Baker indicated that a list of all QHC employees who earned over $100K in 2015 has been completed in accordance with the Public Sector Salary Disclosure Act.

The board was informed that 2015 base salaries for QHC executives remained the same compared to 2014. However, there were 27 pay periods in 2015 compared to 26 in 2014. The change resulted in 33 additional employees being added to the list and reported earning numbers to be higher in 2015.

The CEOs compensation was higher for 2015 as a result of the additional pay period noted above and a vacation payout at the time of contract renewal as per the employment agreement.

The board discussed the overcapacity and patient flow challenges at QHC and their impact on overtime accrued by senior nursing staff. It was noted that QHC continues to work on improving patient flow challenges and expects that the interprofessional approach will decrease RN overtime. The board emphasized the importance of staff having a balanced workload and the ability to use their vacation to sustain wellness.
8.0 Adjournment

Motion: To adjourn at 6:32 p.m.
Moved by: Mrs. Hoye
Carried

Next Meeting: April 26, 2016 at QHC Belleville General Hospital.

Action Items:

i. Board members are to submit clarification questions regarding the HSAA to the Chair of the Audit and Resources Committee.
   Responsible: Directors Due: April 12, 2016

ii. The Audit and Resources Committee was asked to consider holding a future education session on the HSAA (all board members to be invited).
    Responsible: K. Baker Due: September 2016

iii. Send invite to board for grand opening of Acute Care for the Elderly (ACE) unit which takes place at BGH on April 15<sup>th</sup> at 2:30 p.m.
    Responsible: J. Broek Due: April 2016

iv. Ensure principles are developed and used in selecting the 2017/18 Quality Improvement Plan (QIP) targets and noted in future QIP submissions.
    Responsible: C. Smith Romeril Due: February 2017

Tricia Anderson, Chair
Mary Clare Egberts
Board of Directors
President and CEO and Board Secretary
To: QHC Board of Directors
From: Tricia Anderson, QHC Board Chair
Topic: Report of the Chair
Date of Meeting: April 26, 2016
For: Information

Events and Meetings Attended

March 14, 2016 – Telephone meeting with Mr. McGregor and Mrs. Egberts.

March 22, 2016 – Meeting with Mr. McGregor, Dr. Zoutman and Mrs. Egberts.

March 22, 2016 – Attended QHC Board of Directors meeting in Picton.

March 29, 2016 – Meeting with Mr. McGregor, Dr. Zoutman and Mrs. Egberts.

March 29, 2016 – Attended OHA Webcast on Improving the Governance Relationship Between Hospital and Foundation Boards.

March 29, 2016 – Attended Advisory Council meeting.

April 2, 2016 – Phone meeting with Mr. McGregor.

April 5, 2016 – Phone Meeting with Mr. McGregor, Dr. Zoutman and Mrs. Egberts.

April 5, 2016 – Attended TMH Implementation Task Force Joint Governance Session with Mr. McGregor and Mrs. Egberts.

April 8, 2016 – Attended Minister Hoskins press announcement at TMH with Mr. Wright, Dr. Zoutman, Mrs. Rowe, Mrs. Walker and Mrs. Egberts.

April 9, 2016 – Phone meeting with Mr. Johnston.

April 11, 2016 – Phone meeting with Mr. McGregor and Mrs. Egberts.

April 11, 2016 – Phone meeting with Mrs. Segal, SELHIN Chair.

April 12, 2016 – Phone meeting with Mr. McGregor, Dr. Zoutman and Mrs. Egberts.

April 12, 2016 – Attended meeting with Mr. Foreman.

April 12, 2016 – Attended QHC Board Senior Leadership Evaluation Committee.

April 12, 2016 – Attended QHC Board Governance Committee.
April 12, 2016 – Attended QHC Special Closed Board Meeting.

April 12, 2016 – Attended QHC Board Quality of Patient Care Committee.

April 12, 2016 – Meeting with Mrs. O’Farrell.

April 13, 2016 – Phone meeting with Mrs. Segal.

April 13, 2016 – Phone meeting with Mrs. Egberts.

April 14, 2016 – Phone meeting with Mrs. Egberts.

April 14, 2016 – Phone meeting with Mrs. Segal.

April 14, 2016 – Phone meeting with Mrs. Egberts.

April 15, 2016 – Phone meeting with Mr. McGregor.

April 15, 2016 – Phone meeting with Mr. McGregor and Mrs. Egberts.

April 16, 2016 – Phone meeting with Mr. McKinnon.

April 18, 2016 – Phone meeting with Dr. Zoutman.

April 18, 2016 – Phone meeting with Mr. McGregor.

April 19, 2016 – Attended Media Training with Mr. McGregor, Mrs. Smith Romeril, Mr. Harrington, Mr. Hohenkerk, and Mrs. Egberts.

April 19, 2016 – Attended meeting with Mr. McGregor, Dr. Zoutman and Mrs. Egberts.

Foundation and Auxiliary News

**Belleville General Hospital Foundation (BGHF) Butterfly Run**
The Butterfly Run was organized by three local moms wanting to fundraise and support families who have experienced a loss during pregnancy or the loss of a child. All funds will go directly towards resources for Quinte 7/Labour & Delivery and the Emergency Department at Belleville General Hospital Foundation (BGH). The one or five kilometer family walk/run is on May 1, 2016. For more information, please visit: [http://bghf.ca/event/butterflyrun/](http://bghf.ca/event/butterflyrun/)

**Prince Edward County Memorial Hospital Foundation (PECMHF) For the Ladies Zumbathon**
The Prince Edward County Memorial Hospital Foundation (PECMHF) will be hosting their ‘For the Ladies Zumbathon’ on Saturday, May 7 from 6:30 p.m. to 9:00 p.m. at the Prince Edward Community Centre. Please for information, contact Ritch Holland at 613-243-4462.

**BGHF Swing Fore Cancer**
BGHF will be hosting their Swing Fore Cancer on June 2, 2016 at the Black Bear Ridge Golf Club. For more information, please contact Jan Summers at extension 2061.
4.3

**PECMHF Golf Classic**
PECMHF will be hosting their Teeing up Fore Health Care Golf Classic on June 14, 2016 at the Picton Golf & Country Club. For more information, please contact Briar Boyce at extension 4425 or at bboyce@qhc.on.ca

**North Hastings District Hospital Auxiliary (NHDHA) Round-Up**
Round-Up, the partnership between the North Hastings District Hospital Auxiliary (NHDHA) and Pepin’s No Frills will run from June 25 to July 3, 2016. All funds raised from this summer campaign will go toward the purchase of 2016/17 medical equipment approved by the Fund Development committee. More details will be forthcoming about this exciting summer campaign.

**TMHF Golf Classic**
Trenton Memorial Hospital Foundation (TMHF) will be hosting their Golf Classic on August 12, 2016 at the Timber Ridge Golf Course. For more information, please contact Lynn Thibedeeau at 613-392-2540, extension 5401.

**Grapes of Wrath**
The 2016 Grapes of Wrath extreme romp’n’stomp is scheduled on September 10, 2016 at the Hillier Creek Estates Winery. This 5 kilometre charity run will support TMHF, PECMHF and the Canadian Cancer Society. For more information, please contact Laura-Lee Hogan at 613-392-2540.

Respectfully submitted,

*Tricia Anderson, Chair*
Acute Care for the Elderly Unit (ACE) and Patient Move

The ACE unit, is intended to be the flagship unit associated with the care of seniors. It will aim to prevent deconditioning and functional decline during acute care hospitalizations. The Board heard about this great vision and the achievement of the NICHE (nurses improving care for health system elders) designation from Director Christine Wilkinson at the March Board meeting. In April the vision became real.

It is a major task to open a new unit, with new staff and new processes. The space and process preparations must be meticulous, while the patient preparations must be sensitively negotiated and the staff must be thoroughly informed and assured. All this was precisely coordinated by a team of many staff and perfectly implemented Tuesday April 12.

The new ACE unit celebrated their milestone on April 15 with several happy patients in attendance. Director Christine Wilkinson, Manager Kim Fletcher, capital redevelopment, information technology and support services all did a great job.

Quinte 5 Outbreak

In February, a group of patients on Quinte 5 tested positive for the antibiotic resistant organism VRE (vancomycin resistant enterococci). Extra precautions were immediately put in place to try and control the spread of VRE colonization to other patients. Fortunately, no patients have developed VRE infections but the unit will continue the extra precautions until there are no new cases of transmissions among the unit patients over 2 weeks.

The Inter-professional Care Team (IPCT) Model Implementation

The plan for a rolling unit by unit implementation of IPCT care delivery was planned to be complete by the end of May 2016. The schedule remains on track for this initial roll out with just two units, Quinte 6 (surgery) and Quinte 7 (maternal-child) to complete. They are soon beginning the training and preparation for ‘go live’ implementation.

The initial implementation plan included an ambitious time line but included 5 days of education and a full time project manager for one year as well as on-site consultant support from Toronto East General Hospital. (The IPCT was based on their successful model of care.)

Due to fiscal realities in 2015/16, the education was reduced to 1-2 days and project management reduced to 6 months. The extended education format was tied to a refresh of clinical skills in preparation for role changes. The alternative will address needs for skills refresh and development through the standard mechanisms for education after the implementation roll out.
In addition, the recent introduction of the IPCT champion on Q5 was very successful in supporting adoption of the model change. The key seemed to be personalized support for staff to understand and practice their role in the new model. Therefore, the role concept has been also introduced in other areas, notably the recent addition in the Belleville emergency department.

Quinte 5 was the first unit to implement the model change in October. It has taken 6 months and a dedicated coach for 6 weeks to get to a point that manager and many staff can talk about success. The planning team heard that it would take years for such a change to be fully imbedded into ‘how things are done’ at QHS. Therefore, continued focus will be required on sustainability and additional training as personnel change.

Shifting the organization to support sustainability of this change, amidst other changes, will be the challenge for the coming quarter and beyond. In addition, there will be a need for enhancements to improve the model as QHC always strives to improve.
The Committee discussed and received the following updates from management at their April 12, 2016 meeting:

1. Governance Collaboration Update
   The committee received a governance collaboration reporting including updates on the status of Health Care Tomorrow – Hospital Services, regional Addictions and Mental Health (AMH) integration and the TMH Implementation Task Force. Of note, the AMH group is working on regional contracts for in-patient mental health services.

2. Board Recruitment and Process for Selection of Board Officers
   The committee received an update on the recruitment process and is pleased that it is proceeding appropriately.

3. Board Goals
   The committee reviewed the current board goals and felt that the board is taking actions towards fulfilling these goals.

4. Enterprise Risk Management (ERM) Update
   The committee received an update on ERM and instructed senior leadership to bring forward a draft risk registry to the June GCSC meeting.

5. Advisory Council Update
   The committee was informed that we are recruiting members for Advisory Council positions. There are a total of 27 vacancies, including 10 at-large, 11 municipal, 3 Foundation and 3 Auxiliary. As previously noted 11 Advisory Council members are completing their second two-year term in June and are not eligible to re-apply, according to Board Policy V-B-1.1. This does include some of the more engaged and committed members.

   Letters will go out to the Foundations, Auxiliaries and Municipalities asking for each to submit recommendations and applications for their vacant positions by May 20.

   For the at-large positions, there was a newspaper advertisement in February calling for applications, but none were received. Management will now use media, social media, people identified through QHC’s patient relations process, the current Advisory Council, and unsuccessful board applicants to solicit at-large applications between now and May 20.
Where possible, preference for at-large Advisory Council positions should be given to people with recent experiences at a QHC hospital – either as a patient or family member. This would facilitate having an Advisory Council representative on a few of QHC’s operational committees to ensure decision-making captures the patient/family perspective, at least until a more formal Patient and Family Advisory Committee model is determined and implemented.

All Advisory Council applications will be brought to the June GCSC meeting for review and approval.

6. **Whistle Blower Policy**
   Senior Leadership reviewed with the committee progress towards a whistle blower policy. It was agreed that this policy will be primarily an administrative policy that may be referenced in board policy. Senior Leadership will bring an update to the committee in September.
Health Care Tomorrow – Hospital Services (HCT-HS) Update

Through monthly Board Chair calls with the SE LHIN and the other hospital boards, we have been kept up-to-date on HCT-HS activities. The HCT-HS secretariat, through Tony Weeks, the CEO at Brockville General Hospital, has been providing updates on the state of business cases and informing us of what boards should expect as part of the June HCT-HS review. In order to manage the workload in the project, the board chairs approved the CEOs recommendation that June presentations will focus around three key enabling business cases: information technology services, decision support and laboratory services. Other work streams will provide updates on the vision for regional services, but not detailed business cases.

SECHEF and the SE LHIN have scheduled the following board engagement sessions:

Governance to Governance Webinar: May 4th, 4:00 – 6:00 p.m.
- This webinar session will focus on the strategic implications of shared services models with specific examples to build understanding of hospital board vs. shared services requirements.

Governance to Governance Session: June 9th, 4:30 – 7:30 p.m.
- This is an in-person session to be held in Kingston
- Business cases will be highlighted and questions addressed to better inform the upcoming Boards decisions. Expected availability of business cases is June 2.

As a board we will then consider the HCT cases at our June meeting.

TMH Implementation Task Force

This group continues to meet with Brad Harrington as the QHC representative on the work team. The focus of the team is around creating a Community Health Hub for Brighton-Quinte West. On April 5th, Doug McGregor, Mary Clare Egberts, Brad Harrington and I attended a board governor’s session to consider potential governance models for the Health Hub.

Attached are three documents from this session – Draft Integration Model which outlines a framework for how we can consider integrating services offered by various agencies in the Health Hub, and Draft Governance Model V3 which outlines how the agencies would work together to govern the activities offered through the Health Hub. There is also a Summary of Feedback from the April 5th governor’s session with questions for boards to provide input.

At the meeting, there were a number of questions posed to the Board representatives. To help our Board best understand the model and answer governance questions, we have invited Marsha Stephens, the Chair of the TMH Implementation Task Force, to provide a presentation and engage with the Board at the meeting.
Ministry Funding Announcement

We were pleased to be able to host the Minister of Health and Long-Term Care, Dr. Eric Hoskins, and MPP Lou Rinaldi for the funding announcement made at TMH on April 8. The commitment for an additional $4 million in operating funding was very welcome news and will have a positive impact on our ability to deliver high quality care within a stable financial environment, without having the same level of challenge for our 2017/18 budget.

Brad Harrington is working with the SE LHIN to determine the exact breakdown of the $4 million, but we do know that this is a mix of:

1. The inflation increase for all hospitals that was contained in the 2016 provincial budget.
2. The reset of the HBAM funding formula that has a positive impact on QHC. As you know, we have been advocating for this reset of the formula with the Ministry and are obviously very pleased with this result.
3. The changes we have made to bring our costs down in recent years. This funding is another positive indication that we continue to move in the right direction to meeting our expected costs.

We are working with the Ministry and the LHIN to seek greater clarity on what is meant by the “pause” on the move of services between TMH and BGH, including the surgical services. Since we were midway through the union staff planning process, this announcement has caused even greater uncertainty for our staff and significant operational challenges.

Addictions and Mental Health (AMH) Redesign

As part of the redesign of AMH services in the SE LHIN, accountability for schedule 1 inpatient psychiatry services will be moving from hospitals to the local AMH Agency. Hospitals will then have a contract with the AMH Agency to deliver services. QHC has been working with the regional AMH agencies, our hospital partners and legal counsel to review the contract. We have been informed by the AMH Agency that they anticipate that hospital boards will review and approve the contract in June. As there may be a number of potential impacts to QHC governance and operations, we will work with committee chairs to ensure that the contract is appropriately reviewed before coming to the board.
To: Quality of Patient Care Committee
From: Dr. Dick Zoutman, Chief of Staff
Subject: Physician Human Resources Plan
Date of Meeting: April 12, 2016
For: Information

The medical affairs team regularly reviews physician human resources. This is to ensure the team and colleagues have a comprehensive understanding of current active/associate status physicians, open vacancies, impending vacancies this calendar year, and expected retirements for the next three calendar years.

The plan is reviewed regularly with department chiefs, division heads, program medical directors, and program directors, including regular review at the Medical Advisory Committee (MAC) meetings. The plan was most recently reviewed at MAC January 2016.

Areas of recent physician recruitment success include:
- Trenton Memorial Hospital (TMH) Emergency Department (ED) has successfully recruited two new physicians and will soon have two others joining
- TMH Family medicine has two physicians who joined the team in the summer of 2015
- BGH Internal medicine has successfully recruited three physicians total to help cover in-patient care on Quinte 5, with one recent recruit plus two physicians expected to start the summer of 2016
- Psychiatry will have a full complement with one recruit joining in the spring of 2016

Areas of physician human resources need include:
- High need is particularly for BGH family medicine division, with seven current vacancies though discussions are in progress with a couple of potential new graduate recruits.
- BGH and North Hastings Hospital each require at least two new ED physicians.

Additionally, BGH obstetrics and gynaecology requires 1-2 new obstetrician-gynaecologists but has 2 potential recruits in progress. Paediatrics requires coverage for 1 maternity leave and 1 replacement physician. There are 3 potential recruits in progress for pediatrics.

To address these vacancies, some tactics that are being used as appropriate are as follows:
- Advertising in key medical journals and HealthForceOntario (HFO) and QHC websites.
- Sending details of vacancies to fellowship programs to attract new graduates.
- Promoting opportunities with residents.
- Working with each department chief and related division heads to plan recruitment activities.
- Collaborating with HFO as a resource on provincial medical human resources.
To: QHC Board of Directors
From: Odila Hoye, Chair of the Quality of Patient Care Committee
Subject: Monitoring Risks of the 2016/17 Operating Plan
Date of Meeting: April 26, 2016
For: Information

Background
As part of the development and approval of the 2016/17 QHC Operating Plan, senior leadership identified key risks associated with the plan implementation. This was originally presented to the Board at their November meeting and further revised as the operating plan was developed.

The Board, through the Quality of Patient Care (QPC) Committee asked senior leadership to identify a methodology so that the Board could monitor risks and take action if risks become unacceptable. QPC committee reviewed this at their April committee meeting and endorsed the approach that senior leadership was recommending.

Approach
To support the need of the Board to monitor operating plan risks, QPC will receive a Risk Indicator Report that will identify and report on key metrics that will ensure the Board that risk is at an acceptable level.

It is important to note that monitoring risk and performance improvements (i.e. the Quality Improvement Plan) are different. Generally risks are not reviewed as often and in reviewing risks it is important to have measures that truly reflect increased risks and not just normal statistical variation in results. As an example, comparing monthly indicators for falls will show variation in results month to month. This does not necessarily indicate an increased risk as it may be within the normally expected variation. For this reason, development and review of the Risk Indicator Report will be an iterative process as QPC understands how to best monitor risks.

Draft Risk Indicator Report
Attached is the first draft of indicators that will be provided to QPC for reviewing risks. This list is based on the high and medium risks that were identified to the Board. For each, senior leadership has tried to identify key metrics that would give the Board an indication that risk may be changing. Individual indicators alone may not be sufficient to quantify an increase in risk, but taken together the indicator report will provide an indication of risk changes.

Next Steps
QPC will continue to work with senior leadership to develop the risk indicator report. In June we will review the metrics including the definition for each indicator, historical performance (where available) and discuss risks limits, outside of which performance would indicate increased risk. As this is the first time that QPC has reviewed this type of analysis, development of a final report will take a number of meetings. It is anticipated that once developed, the indicators would be monitored by senior leadership and reported to the board twice per year.
DRAFT 2016/17 Operating Plan Risk Indicator Report

Note – risks were those identified as medium or high in initial risk report presented to the QHC Board in November 2015

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Area</th>
<th>Risk</th>
<th>Risk Level</th>
<th>Indicator</th>
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<tbody>
<tr>
<td>Inter Professional Care Team</td>
<td>Human Resources - Staffing</td>
<td>Sustainability of staffing plan</td>
<td>High</td>
<td>Sick time, Overtime, Vacancy rates</td>
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<td></td>
<td>Provision of Quality Care</td>
<td>With changes to the bed compliment and alignment of services patients may not be placed in the right bed the first time</td>
<td>Medium</td>
<td>Length Of Stay (LOS), Unit occupancy, Falls</td>
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<td></td>
<td>Human Resources - Physicians</td>
<td>Physician remuneration</td>
<td>Medium</td>
<td>Physician vacancy, recruitment measure</td>
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<tr>
<td></td>
<td>Human Resources - Physicians</td>
<td>Physician resources to care for patients in these new locations (ACE/ALC unit)</td>
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<td></td>
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<tr>
<td>Surgical Services</td>
<td>Surgical Services</td>
<td>Delays to BGH Medical Device Reprocessing Department (MDRD) construction</td>
<td>Medium</td>
<td>Construction completion</td>
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<tr>
<td>Complex Continuing Care (CCC)</td>
<td>Complex Continuing Care (CCC)</td>
<td>Beds transition to TMH</td>
<td>Medium</td>
<td>Transportation costs, Others included above</td>
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<tr>
<td>Allied Health</td>
<td>Allied Health</td>
<td>Focus of allied health services to specific patient populations</td>
<td>Medium</td>
<td>LOS, Allied Health wait times (if available)</td>
</tr>
<tr>
<td>Emergency</td>
<td>Emergency</td>
<td>Increased wait times</td>
<td>Medium</td>
<td>ER wait times (on balanced scorecard)</td>
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<td></td>
<td></td>
<td>Decreased P4R funding</td>
<td>Medium</td>
<td>P4R ranking</td>
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