



## **QHC Board of Directors Summary**

September 24, 2019

Education Centre, Belleville General Hospital

### **Recognizing Dr. Iris Noland**

The QHC Board begins each meeting with a story that reminds us of the exceptional care extended by staff, volunteers and physicians each and every day at QHC hospitals. At this meeting, the Board will recognize Dr. Iris Noland, who has been a dedicated physician at Trenton Memorial Hospital for 35 years. Additionally, she has been an effective and collaborative member of the medical leadership at QHC in her position as Chief/Medical Director of Primary Care. Dr. Noland is retiring from her role at Quinte Health Care, but she will be continuing on with her community practice. Please see the full recognition story on page 2.

### **System pressures**

We continue to see extremely high volumes of patients across the hospital sector in Ontario, including at Quinte Health Care's four hospitals. The Ontario Hospital Association has been vocal about the record level capacity facing hospitals across the province. We continue to experience year over year increases in acute inpatient activity and Emergency department visits at all four hospital locations. We are not seeing the decreased volumes during the milder months that we did in the past. Surge planning is underway to help our teams prepare for a continued increase of patients as we head into the flu and respiratory illness season.

### **ICU Expansion**

The QHC Board of Directors will be asked to approve the submission of the Stage 1 and 2 Intensive Care Unit (ICU) expansion to the South East Local Health Integration Network (SE LHIN) and the Ministry of Health (MOH). The ICU operates 15 critical care beds, and is required to increase to 17 beds during times of a surge in patient volumes. Although the current space is well designed, the physical space is limited to 14 individual rooms. The ICU's occupancy is well over 100% most of the year. QHC has received a planning letter that indicates the operation of 2 additional ICU beds are added to the base funding. The 14 bed unit cannot house the 17 patients, plus 2-3 more that will be required in seasonal surge situations. Expanding the ICU will help ensure acute care is available for the sickest patients arriving at QHC hospitals. QHC's goal is to have the expanded ICU in place by late 2020 or early 2021.

### **Financials**

The latest financial reports to the end of July show a deficit of \$1.2 million. If no additional revenue is received, QHC projects a deficit of \$6.5 million by the end of this fiscal year - March 31, 2020. The financial results are consistent with the Board approved deficit and forecast for the year. The financial results also reflect the continued surge pressures being experienced in the inpatient areas and emergency departments. QHC is seeing increases in both sick and overtime hours over the prior year. The Board and Senior Leadership Team continue to advocate with the LHIN and the Ministry of Health to obtain equitable hospital funding for our region, but have not yet received confirmation of a base funding adjustment for QHC.

### **VRE**

In her report to the Board, Chief Nursing Officer Carol Smith-Romeril provides an update on vancomycin resistant enterococci (VRE). In August, the VRE transmissions were zero for several weeks so the pattern of transmission was successfully broken and has remained resolved. Transmissions are carefully tracked at QHC through screening and surveillance procedures. Earlier this year, in an attempt to address this stubborn situation, QHC invited assistance from Public Health Ontario (PHO). PHO sent a team to provide recommendations and suggestions to strengthen precautions and actions. The team was complimentary

regarding the proactive request for assistance and of QHC's existing attentiveness to preventing exposure to VRE organisms. A summary of the recommendations is included with the media summary.

### **Ontario Health Teams**

QHC is working with two different potential Ontario Health Team (OHT) groups – Rural Hastings and Quinte. The seven partners in the Rural Hastings OHT are working towards submitting their second round proposal by the December 2nd deadline. The 16 initial partners in the Quinte OHT plan to submit their proposal to the Ministry of Health in December. The ongoing meetings have been vital opportunities to continue to build relationships with our local partners, and better understand each other's services, challenges and opportunities.

### **Nursing Job Fair**

QHC is hosting its first Nursing Job Fair on September 27. The event is open to Registered Nurses, Registered Practical Nurses and anyone thinking of a career in nursing. This event follows on a very successful job fair held in May, when 188 community members attended to apply for positions in hospitality, food service, medical device reprocessing and as personal support workers.

### **Full recognition story - Dr. Iris Noland**

This Board year, we begin each meeting with a story that reminds us of the exceptional care extended by staff, volunteers and physicians each and every day at QHC hospitals. Today we're recognizing Dr. Iris Noland, who has been a dedicated physician at Trenton Memorial Hospital for 35 years. Additionally, she has been an effective and collaborative member of the medical leadership at QHC in her position as Chief/Medical Director of Primary Care. She has spent her career learning and growing and striving to advance health care in the Quinte region.

Ruthann Hubbs, TMH Patient Services Manager, collaborates with Dr. Noland often and describes her as extremely patient-centred. She says she is very approachable and always willing to make time (no matter how little time she actually has) to talk through a complicated case or troubleshoot a problem. Dr. Noland's patients also speak very highly of her. They note her genuine kindness and compassion. They appreciate her taking the time to answer any questions they may have and listen to their concerns.

Heather Campbell, Program Director of Emergency and Primary Care, says Iris is one of the most caring, dedicated and respected physicians she's ever met. She's been an incredible leader at Trenton Memorial Hospital and an unwavering advocate for her patients – especially palliative care patients.

Dr. Noland will be retiring from her role at Quinte Health Care in September, although she will be continuing on with her community practice. Everyone who works with her at QHC will feel the loss of this pillar to our hospitals. She has been an absolute asset to our organization and a reliable health care provider to our patients.

Dr. Noland, thank you for truly exemplifying QHC's values. I ask you to please come up and accept this certificate of recognition for your incredible contributions to Quinte Health Care.



## Summary of PHO Infection Control Resource Team (ICRT) Visit

At the request of Quinte Health Care, a multidisciplinary team from Public Health Ontario (PHO) visited Quinte Health Care (QHC) Belleville General Hospital on June 11, 2019 for the purpose of reviewing and providing recommendations on the management of an ongoing Vancomycin-Resistant Enterococci (VRE) outbreak. VRE are a type of bacteria present in the gastrointestinal tract. It is spread from person-to-person or from contaminated surfaces and can cause infections.

“For most healthy people contracting VRE does not pose much of a risk. It’s only when it leads to infection that it becomes a serious health issue, as it is resistant to most antibiotics,” explains Carol Smith Romeril, Chief Nursing Officer, QHC. “Infections are most likely to occur in individuals that are already unwell. That’s why we try hard to prevent the spread of VRE in the hospital.”

The Infection Control Resource Team (ICRT) was led by Dr. Gary Garber, Chief of Infection Prevention and Control, PHO. The ICRT members conducted a number of interviews, chart reviews and a tour of the physical building. The team recognized QHC’s strong culture of quality improvement and noted in the report, “... there is a high level of engagement and a desire to bring this outbreak under control”.

### The recommendations:

In the internal report, the ICRT recommended a focus on the two primary contributing factors – 1) management of human waste and 2) the patient care environment.

A summary of the 6 key recommendations made by ICRT are as follows:

1. **Human waste management:** Standardize the way urine and feces are disposed of and provide additional training to ensure consistency on all inpatient units at QHC hospitals. This includes storage of human waste containers, the appropriate location for emptying containers (not in patient toilets), discarding reusable containers if they are stained or chipped, and using liners to contain waste and reduce the potential for spilling and splashing. Other recommendations related to human waste management include increasing the number of commodes to meet demand and additional training on managing the chemical solutions for the bedpan washing equipment (there are two Arjo Typhoon bedpan washers on each inpatient unit).
2. **Environmental and Patient care equipment cleaning:** Ensure cleaning and disinfecting products are consistently used according to recommendations in terms of dilution, temperature, water hardness and contact time. When patients move, consider not moving the patient’s bed and de-clutter patient care spaces to facilitate effective cleaning and disinfection. Clearly and consistently distinguish clean from contaminated patient care equipment such as IV poles and portable vitals machines and clearly define who is responsible for cleaning equipment between patients. Other recommendations include additional training for all staff involved in cleaning/disinfecting patient care equipment and making disinfecting wipes more readily available at the point-of-use.

3. **Facility design:** Rooms designed as single patient rooms should not be used for two patients. Reassess the potential for office spaces to be converted to additional patient rooms and utilize ward rooms for office space. Parts of the hospital infrastructure are composed of hard-to-clean surfaces and should be replaced (such as wooden handrails and chairs with wooden arm rests). The recommendations included reinforcing the responsibility of care providers for disinfecting their personal cell phones if they carry them while providing care.
4. **Patient Traffic Control:** Consider temporarily stopping admissions onto Quinte 5 medicine unit at BGH to clear the area for deep cleaning. Place repatriated patients coming from organizations that do not screen for VRE on contact precautions and screen them for VRE – keeping them on precautions until the results are known.
5. **VRE Management:** Consider screening patients in the Emergency Department once the decision to admit has been made instead of waiting until they are on an inpatient unit and consider testing for VRE on patients discharged from the units that are in outbreak. Reinstate screening of all patients admitted to the ICU. Educate and encourage VRE positive patients to perform diligent hand hygiene anytime they are out of their room. Recommendations related to hand hygiene for staff, patients and visitors included discouraging care providers from wearing rings and bracelets as they can be impediments to effective hand hygiene, ensuring there are sufficient hand washing sinks conveniently available to staff and encouraging patients to clean their hands after toileting, before leaving their room and prior to eating.
6. **IPAC Staffing and Physician Support:** Review the staffing levels of the Infection Control department to ensure it is appropriate for the size and complexity of care at QHC hospitals and identify consistent physician support for the department.

#### **Putting the recommendations into action:**

At the end of the team's daylong visit in June, Dr. Garber presented some initial recommendations. Improvement efforts started immediately and will continue based on the full recommendations outlined in the internal report.

So far, 29 specific action items have been identified, with four already complete. For example, all patients admitted to the Intensive Care Unit are being screened for VRE, additional staff education related to the use of the bedpan washer has been complete on QHC's largest medicine unit, Quinte 5, and planning is underway to develop a better system for flagging clean equipment versus equipment not yet cleaned.