

Summary of the QHC Board of Directors Meeting

November 29, 2016

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

Vice-Chair Doug McGregor to become Chair December 1st

After seven years of dedicated service, QHC Board Chair Tricia Anderson has resigned from the board for personal reasons. Vice-Chair Doug McGregor will assume the position of Chair as of December 1st. Anderson was acknowledged for her outstanding leadership and for her passion for quality health care for our communities.

Grassroots Transformation improvement efforts continue at QHC

The two-year improvement plan called “Grassroots Transformation” looks at processes in each department. The idea is to bring frontline staff and physicians together to seek ways to be more efficient, improve patient care, and work life for staff and physicians. For example, anyone coming into the BGH Emergency Department (ED) will notice changes as a result of the five-day improvement event held in October - focused on processes in that department. The triage nurse has been moved to a more central location in the waiting area and the department is divided into three colour-coded zones – red, yellow, green – to better coordinate care based on patient acuity. The goal is to have most patients go right from triage into the department, rather than the waiting room. Early results show the changes are leading to a reduction in the number of patients leaving the ED before they are seen by a physician.

QHC’s Neonatal Abstinence Syndrome program (NAS) in the spotlight

In early 2015, the Maternal/Child Program team worked with community partners and volunteers to explore changes to how care was provided to expectant moms with a history of substance use or abuse - including opioids. The changes to a more holistic and team-based approach to care was implemented in July of 2015. After one year- the team has improved the patient experience, significantly decreased the use of medications in treating the baby’s symptoms, encouraged a stronger connection between moms and babes in the program, and reduced the length of stay. Due to the unique nature of the program and the fact that it was done with existing resources – the program has drawn a lot of interest from other hospitals as well as local and national media.

Addictions & Mental Health Redesign

The Hospital Services Agreement with the Addictions and Mental Health Agency will be brought forward for approval by the QHC Board. The agreement has been under development for a number of months as part of the South East LHIN Addictions and Mental Health (AMH) redesign. The organization of AMH services is focused on creating an ideal patient journey - timely access to services, coordinated intake and cross sector collaboration. Under the new, more integrated design, Quinte Health Care’s mental health services will fall under the umbrella of the Addictions and Mental Health Agency. That way there is a seamless support system for patients from the community, to hospital and back into the community. The agreement lays out the financial, legal and logistical accountabilities and parameters.

<http://www.southeastlin.on.ca/goalsandachievements/coordination/addictionsmentalhealth.aspx>

Experiencing capacity issues at QHC

Chief Nursing Officer and Vice President Carol Smith-Romeril reports patient volumes were challenging over the summer months and into the fall. There were a number of days that patient needs required the use of what is called the Surge Protocol. This is a process that assigns extra patient volumes to the inpatient units in order to allow the extra admitted patients to move out of the Emergency Department (ED). If patients can’t be moved out of the ED, the impact can be increased wait times. During October and November, there was a

further increase in the number of days with the Surge Protocol in place. Efforts are underway to improve the situation as we look ahead to flu season- which could pose additional challenges.

Appointment of the new Chiefs/Medical Directors

QHC is streamlining its medical leadership structure to ensure better communication flow, role clarity and increased physician involvement in decision-making. There will be 11 combined Chief/Medical Director positions instead of separate chiefs and medical directors. QHC will no longer have formal Division Head roles, but will add three Hospital Lead positions to ensure TMH, PECMH and NHH are represented at the Medical Advisory Committee table. The appointment of the 11 new Chiefs/Medical Directors will take place in at least three waves over the next four to six months, starting with the following appointments to Chief/Medical Director: Dr. Cathy Goetz, Laboratory Medicine, Dr. Chris Perkes, Anaesthesia and Dr. Emma Robinson, Diagnostic Imaging.

Master Planning and PECMH Update

The QHC Master Plan was officially submitted to the Ministry of Health and Long-Term Care in October. A comprehensive summary and Q&A document is available on the QHC web site on the PECMH Redevelopment page. QHC's commitment to building a new PECM Hospital was identified as the top redevelopment priority through this planning process. Once we receive Ministry approval of the Master Plan and PECMH pre-capital submission, we will continue the PECMH Stage 1 Report, which will take about six months to complete.

Projecting a balanced budget at year-end

Despite the capacity challenges, QHC continues to project at minimum a balanced budget at this point in our 16/17 fiscal year. This is largely a result of the funding adjustments by the ministry including additional dollars for inflationary costs.

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