



Board of Directors
11/27/2018
Summary

1. **QHC Marks 20 Years:** Quinte Health Care was established on November 26, 1998, merging the operations of the four hospitals serving our area: Belleville General Hospital, Trenton Memorial Hospital, North Hastings Hospital and Prince Edward County Memorial Hospital. *Please see page 3 for more information.*
2. **#4MyTeam Recognition:** This Board year, each meeting starts with a story that exemplifies the exceptional care extended by staff, volunteers and physicians at QHC hospitals. This meeting, the board recognized the efforts of QHC's Nutrition and Food Services Team for their participation in "Co-op with a Purpose"- a joint initiative between Community Living Prince Edward, and local schools and businesses. *Please see page 5 for more information.*
3. **Operational Assessment:** The draft report from BIG Healthcare was received significantly later than originally anticipated. The LHIN now has the report and is beginning its own analysis, which is expected to take until January to complete. We continue to work collaboratively with the LHIN and the Ministry to find long-term solutions to QHC's base funding challenges. Thanks to the one-time funding of 2.8 million announced by Bay of Quinte MPP Todd Smith last month, QHC may end the year in a balanced position.
4. **Integrated Stroke Unit:** When QHC opens its Integrated Stroke Unit (ISU) on December 11, stroke patients will receive their acute and rehabilitation care on one unit. Currently, patients are transferred from a medicine unit to the rehabilitation unit part way through their recovery. The Integrated Stroke Unit on Sills 3 at BGH will offer seamless care, adequate space for therapies and better access to peer support.
5. **Patient volumes:** While the flu-season has yet to arrive, QHC has been experiencing high patient volumes requiring the use of surge beds already. Additionally, service agencies are experiencing some challenges in securing enough staff to deliver all the home care services needed in the community. This can mean that patients stay in the hospital longer. This is a scenario experienced in other parts of the province as well.
6. **Newborn access to primary care:** The Maternal Child program is working with the LHIN and the Public Health Unit to address an increasing concern about the lack of access to primary care follow-up for some newborns. There are screening measures and other follow-up practices recommended for newborns within the first week. Currently, for babies that don't have a family doctor, our teams advise the families about where they can receive that follow-up care in the community.

7. **Physician spotlights:** Earlier this year, QHC and hospital doctors entered into a physician compact that outlines what physicians may expect from the organization, and, in turn, what the organization may expect from the physicians. Part of the implementation of the compact is having a monthly theme and physicians are nominated to be the “spotlight physicians”. Two physicians are selected from the list of nominations. Drs. John Coady of the department of Family Medicine and Jack McGugan of Anaesthesia were selected for September’s theme ‘joy in work’. Drs. Peter Hollet of Internal Medicine and Patricia Wong of Family Medicine were selected based on October’s theme of “Caring Culture”.

8. **QHC welcomes new Director:** QHC’s new Director of Medicine, Critical Care, Rehabilitation, Therapies and Behavioural Support Transition Unit, Anna-Marie Sutherland, began her new role November 12. Anna-Marie comes to QHC from Northumberland Hills Hospital where she was a Program Director since 2013 and a Manager prior to that. Anna-Marie brings a diverse leadership background that goes well beyond medicine and critical care including areas such as emergency services, surgical services, ambulatory and cancer care, maternal child care and pharmacy.



November 26th marked the 20th Anniversary of Quinte Health Care.

Four hospitals, one system. Each hospital is distinct in size, in the scope of care it provides and in the community it serves. Each facility has a unique environment and a unique history. Despite these differences – or perhaps because of them – Quinte Health Care has evolved into a dynamic organization founded on collaboration for the sake of providing exceptional patient care. Let’s explore some examples.

Patient flow

A prominent example of QHC working as one system is when it comes to patient flow. Patient Care Leads from all four sites come together three times per day – in person or by phone – for bed scrum. During bed scrum, Bed Traffic Control gathers information from each unit to determine bed needs and staffing requirements.

“We want to ensure the right patient gets in the right bed while safely maximizing the utilization of services across the four sites,” explains Lisa Hildebrand, Manager of Patient Flow.

Bed scrum is a relatively new process that has allowed the organization to have a full picture of patient and staff needs at any given time and it is the role of Bed Traffic Control to implement a plan based on this picture.

“Bed Traffic Control is an art, not a science,” said Lisa. “Multiple factors are considered. It isn’t just about the numbers; it’s about accommodating the people the best we can.”

“Through bed scrum we can hear what’s happening in other units and speak up when things aren’t going well in our own,” said Ruthann Hubbs, Manager, TMH Inpatient Unit. “It’s an opportunity to elicit help from other units and to share staff. It has helped build relations and contributed to accountability, civility and understanding.”

Support and access to services

When times are tough, we can rely on the colleagues we work with closely, as well as our colleagues at the other hospitals. When the fire closed down BGH Quinte 5 in May, patients were transferred to TMH, PECMH and NHH. We could rely on the strength of our own organization to get us through the difficult time.

Similarly, when we have a lengthy downtime in Diagnostic Imaging because new equipment is being installed – as we did recently for the installation of a new CT scanner at TMH – we have the backup of our other hospitals to keep up with patient load.

Dr. Rans Perera, Chief/Medical Director, Emergency, explains how being part of a multi-hospital system is beneficial for Emergency physicians and patients – “As emergency physicians, being part of a collective corporation significantly helps us provide our patients with advanced diagnostics and specialty care. In lone community hospitals elsewhere in the province there is a constant struggle to access

specialty services and advanced diagnostics with incredible complications and transfer delays. Being a part of QHC, our three smaller community hospitals (TMH, PECMH, NHH) get immediate access to the vast array of specialty services (major surgical services, internal medicine, oncology, pediatrics, obs/gyne and psychiatry) with minimal delays and hassles.”

Complementary roles

Each hospital has its own unique array of services and specialties that our patients can depend on. A good example is with our surgical program. BGH is generally for longer, more complicated cases, TMH takes the lead on day surgery cases where patients are not admitted, and PECMH has an efficient Gastrointestinal Endoscopy unit (a procedure used to examine a person’s digestive tract).

“As far as surgery is concerned, BGH, TMH and Picton serve different but complementary roles,” said Dr. Florian Braig, Chief/Medical Director, Surgery. “The three hospitals form a network of integrated surgical services that is organized and booked centrally through BGH.”

“We’ve certainly come a long way when it comes to working as one collaborative system,” said Mary Clare Egberts, President & CEO. “Our four hospitals have distinct cultures and rich histories and our communities have come to expect great care from each one of our facilities. I feel privileged and proud to be part of this unique organization.”

Staff Recognition Story – Co-op with a purpose

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 - care to the patients and their loved ones, and care for one another in the workplace. Today's story is a wonderful example.



Quinte Health Care is one of the largest employers in the area and with that comes a sense of pride in our teams and the communities we serve. This sense of pride was the inspiration behind a new partnership to help local teens who need the opportunity to shine.

QHC has joined 'Co-op with a purpose,' a joint initiative between Community Living Prince Edward, and local schools and businesses. Through this program, students with disabilities have the opportunity to learn more about a field of work by being trained and integrated onto a QHC team during their placement.

The first QHC department to participate is Nutrition and Food Services (NFS) – this team is part of our contracted services with Compass One Canada. With one high school student at Prince Edward County Memorial Hospital and three at Belleville General Hospital, the teams have embraced teaching the students the 'ins and outs' of their department. The staff members worked with Community Living Prince Edward and the students' education assistants to determine the best way to work with the students to help them be a successful and valued member of the team.

Vice President Jeff Hohenkerk, Director Joseph Mancuso and Manager Marelou Daley-Jewell have been enthusiastic champions of the co-op program at QHC. They view it as a way of embracing the abilities of the students involved. They want to give the students the opportunity to join our team to learn new skills and gain valuable experience.

One of our partners involved, Jeff Wood, is a Teacher and Guidance Counsellor at Nicholson Catholic College. He told us that experiential learning (co-op) can be a valuable tool for students in helping them gain comfort in different environments, learn interpersonal skills and independence. He added that sometimes it can be a challenge to find the best placement for students that allows them to experience success and feel valued while recognizing they may require additional assistance or support to meet their needs. We are so pleased he feels that QHC has been that placement for two of his students.

We've also been fortunate to work with Lisa Rashotte, Supervisor of Supports and Services at Community Living Prince Edward. She explained that "to have a vision and to see the gifts and value in all people is truly inspirational".

The goal is to expand the 'co-op with a purpose' program to other departments throughout our hospitals to give students the chance to learn about other areas that interest them.

It is my pleasure to ask Marelou Daley-Jewell and members of the Nutrition and Food Services Team to join me. On behalf of the QHC Board of Directors, I present this small gesture of our sincere thanks and appreciation for living our QHC Value - "Respect Everyone" for embracing the opportunity to make a difference in the lives of local youth through your participation in "co-op with a purpose". Congratulations.