



## Summary of the QHC Board of Directors Meeting November 24, 2015

The following is a synopsis of some of the topics that will be discussed at the November 2015 QHC Board Meeting.

### **Community Engagement**

Susan Rowe, Senior Director of Communications, will present a summary of the feedback gathered during the QHC community engagement process to inform the long-term clinical services distribution and 2016/17 operating plan. The process was completed over two phases. The first phase in May and June gathered input on the public's top priorities for hospital-based care. This, along with the work of the Brighton/Quinte West Health Services Advisory Committee, was used to build draft plans between July and September.

The second phase of engagement took place in October in order to: share the draft plans; explain how input gathered during phase 1 informed decision-making; and provide an opportunity for stakeholders to voice their concerns on the draft plans before decisions were made. For the most part, input gathered during phase 2 is used to help inform implementation planning. In total, more than 2,000 people participated in the two phases of engagement.

### **2016/17 Draft Operating Plan**

Both the Quality of Patient Care Committee and the Audit and Resource Committee are recommending that the Board endorse the draft 2016/17 QHC operating plan in principle. This endorsement would enable management to undertake the staff planning process and prepare the final draft of the 2016/17 operating budget for Board approval in January 2016.

As part of this approval process, Kim Stephens-Woods, Vice President and Chief Nursing Officer, will present the Board with an overview of the quality impacts and risk analysis of the major proposed changes.

### **Brighton/Quinte West Health Services Advisory Committee Report**

The Governance, Communications and Strategy Committee is recommending that the Board endorse the vision for health care in Quinte West as described in the Brighton/Quinte West Health Services Advisory Committee report and move forward with two steps. First, that the Boards of QHC, the Belleville/Quinte West Community Health Centre and the Brighton/Quinte West Family Health Team prepare a joint recommendation that the South East LHIN and MPP Lou Rinaldi create a steering committee as outlined in the recommendations report. Secondly, that the QHC Chief of Staff meet with the Mayors of Brighton and Quinte West to determine a process to develop a region-wide physician recruitment and retention strategy.

### **Potential New Board Member**

Merril Mascarenhas has recently resigned from the QHC Board due to time constraints. The Governance, Communications and Strategy Committee is recommending that Lynda Mungall be appointed to the QHC Board to fill this mid-term vacancy, until June 2016. Lynda is a Human Resources leader with more than 30 years' experience assisting organizations with their compensation, performance management and organizational effectiveness. She has previous hospital board experience as a member of the Rouge Valley Health System Board of Directors from 2008 to 2015 and recently moved to the Picton area.

**Next Meeting of the Board**

The next regular meeting of the QHC Board of Directors will be held January 26, 2016 at QHC Belleville General Hospital.



Time	Item	Topic	Lead	Policy Reference	Decision-Making	Monitoring	Information/Education
5:10	4.0	<b>Report of the Chair</b> 4.1 Patient Story	T. Anderson	V-A-8			X
5:20	5.0	<b>Building Relationships</b> 5.1 Report of the President & CEO 5.1.1 Community Engagement Results from 2016/17 Operating Plan	M.C Egberts	VI-1 VI-2			X X
5:50	6.0	<b>Ensure Program Quality and Effectiveness &amp; Ensure Financial &amp; Organizational Viability</b> 6.1 Report of the Chief of Staff & Medical Advisory Committee 6.1.1 Medical Advisory Committee Recommendations Report <i>Quality of Patient Care Committee &amp; Audit and Resources Committee</i>	D. Zoutman	By-law 8.04	X		X
6:00		6.2 2016/17 Draft Operating Plan • Quality & Risk Analysis	O. Hoyer/ K. Baker	IV-2	X		
6:50		6.3 September 2015 Financial Statements	K. Baker	IV-1	X		
7:00 7:10 7:25	7.0	<b>Ensure Board Effectiveness</b> <i>Governance, Communications and Strategy Committee</i> 7.1 Board Goals 7.2 Support for Brighton/Quinte West Health Services Advisory Committee Report 7.3 Filling 2015/16 Board Vacancy		V-B-7 V-I-2  By-law 1	X X  X		
7:30	8.0	<b>Adjournment</b> <b>Next Meeting:</b> <b>January 26, 2015 Board Meeting (BGH)</b>	T. Anderson		X		
7:45	9.0	<b>In Camera Session</b> 9.1 With President & CEO 9.2 Elected Directors	T. Anderson	V-B-8			

**Quinte Health Care  
Board of Directors Meeting Minutes  
September 29, 2015**

A meeting of the Board of Directors of Quinte Health Care was held on Tuesday, September 29, 2015 in the Belleville General Hospital Education Centre. Mrs. Anderson chaired the meeting.

**Present:** Mrs. Tricia Anderson, Chair  
Mr. Doug McGregor  
Mr. Merril Mascarenhas  
Ms. Karen Baker  
Mrs. Mary Clare Egberts  
Dr. Dick Zoutman  
Mr. Patrick Johnston  
Mrs. Darlene O'Farrell  
Mr. Stuart Wright  
Mrs. Odila Hoyer  
Mr. David MacKinnon  
Ms. Karen Tiller

**Regrets:** There were no regrets.

**Staff Present:** Mr. Brad Harrington  
Mr. Jeff Hohenkerk  
Mr. Paul McAuley  
Mrs. Susan Rowe  
Mrs. Jennifer Broek, Recorder

**1.0 Call to Order**

Mrs. Anderson welcomed everyone and called the meeting to order.

**1.1 Approval of Agenda**

**Motion:** To approve the open session agenda of September 29, 2015.  
**Moved by:** Ms. Baker  
**Seconded by:** Mr. McGregor  
**Carried**

**1.2 Declaration of Conflict of Interest**

There were no declarations of conflict of interest.

**2.0 Closed Session**

**2.1 Motion to go into closed session**

**Motion:** Motion to go into the closed session.  
**Moved by:** Mrs. Hoyer  
**Seconded by:** Mrs. O'Farrell  
**Carried**

Mrs. Anderson welcomed everyone from the community and the media and introduced two new board members. Karen Tiller was elected to the Board in August 2015 and Kim Stephens-Woods now holds an ex-officio Board position as the Interim VP & Chief Nursing Officer of QHC.

### 3.0 Consent Agenda

Mrs. Anderson reviewed the consent agenda items. A board member requested that item 3.10 Quality of Patient Care Committee update be added to the regular agenda for discussion.

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

- 3.1 Board Minutes from July 7, 2015
- 3.2 Board Minutes following the AGM July 7, 2015
- 3.3 Human Resources Committee Virtual Minutes from June 25, 2015
- 3.4 Medical Device Reprocessing Department (MDRD) – Award of Contract
- 3.5 2015/16 Board Committee Membership
- 3.6 2015/16 Board Committee Meeting Schedule
- 3.7 Policy: III-7 Complaints Policy (Patient Care and Other)

### 3.10 Quality of Patient Care Committee Update

An update on action plans for the quality indicators not meeting provincial targets was given. Of the twenty-nine quality indicators tracked, QHC is not achieving eight in the first quarter.

The board discussed the improvement in MRI Scan wait time as it is significantly better than the provincial average.

A board member inquired as to whether relocation of clinical services would adversely affect patient care. It was noted that best practice is achieved through consolidation of procedures in one location and quality standards would be closely monitored by management and medical staff. There was also discussion surrounding the importance in working collaboratively with health care partners to maintain access to services in the SE LHIN.

The board discussed the high standard of care achieved even with the significant reduction of funding over the last three years. A board member suggested that the Ministry of Health and Long-Term Care (MOHLTC) could better support Ontario hospitals in addressing compensation related challenges and that education on high patient satisfaction scores could be improved.

A board member requested an update on the resolution for QHC North Hastings Hospital (NHH) ultrasound services. The board was advised that a Radiology Technologist from the NHH is currently being cross trained to perform ultrasounds. Upon completion of training, the technologist will begin performing ultrasound work at NHH in mid-October.

**Motion:** To approve the consent agenda of September 29, 2015.  
**Moved by:** Ms. Baker  
**Seconded by:** Mrs. Hoyer  
**Carried**

### 4.0 Report of the Chair

#### 4.1 Patient Story

Mrs. Anderson shared a patient story with the board. The story came from a staff member and highlighted the exceptional care provided by a physician and nurses in the QHC Belleville General Hospital (BGH) Emergency Department (ED) resulting in rapid diagnosis of a potentially life-threatening genetic condition. Warm regards and appreciation were extended on behalf of the board for the exceptional care delivered by the physician and staff of the BGH ED.

#### **4.2 Brighton/Quinte West Health Services Advisory Committee (BQWHSAC) Report**

Mrs. Anderson invited Mr. Glenn Rainbird, Chair of the Brighton/Quinte West Health Services Advisory Committee to present the Committee's recommendations and future vision. The committee's mandate was to develop a future vision for integrated and sustainable health system services in Brighton/Quinte West, utilizing QHC Trenton Memorial Hospital, other local health care providers, community facilities and resources.

The committee oversaw an extensive community engagement process to gather input that could inform their future vision and recommendations.

The report included seven recommendations:

1. Significantly enhance the degree of collaboration and integration among local care providers, municipalities and social service agencies in order to meet evolving patient needs and enhance the quality of care in a sustainable manner.
2. Co-locate local health care services at the Trenton Memorial Hospital site, bringing together primary care, core hospital and community services into one central location.
3. Investigate the benefits and challenges associated with different ownership models for the TMH building.
4. Ensure, at a minimum, the following core services are retained at Trenton Memorial Hospital: 24-hour emergency room, appropriate inpatient beds, and relevant diagnostic, ambulatory and surgical services. In addition, ensure local patients have seamless access to more specialized hospital-based services within the region.
5. Recognizing the significant challenges facing recruitment and retention of family care providers in the area, create a coordinated Brighton/Quinte West Health Human Resources plan and recruitment/retention strategy, particularly aimed towards physicians and nurse practitioners.
  - a. This plan should be developed and implemented through a community-led committee that brings together the Family Health Team, Community Health Centre, LHIN, QHC, CCAC, municipalities and community members.
  - b. Request a review of Ministry of Health and Long-Term Care policies related to physician entry to practice in order to support successful recruitment, particularly in recognition that Brighton/Quinte is designated as a high needs area for physicians.
6. Promote community education and communication of what health services are available locally and within the region and how to access those services.
7. Maintain the positive, collaborative and constructive momentum of the Committee. Establish a Brighton/Quinte West Health Services Steering Committee to continue focused efforts and oversee the detailed analysis, sustainable viability assessments and implementation planning of the above recommendations.

Following a presentation of the Brighton/Quinte West Health Services Advisory Committee Report, Mr. Rainbird asked the board to take the priorities of the community under consideration in developing the long-term clinical services plan for Quinte Health Care.

A board member asked whether the report reflects the priorities of the communities. Mr. Rainbird expressed confidence indicating that each of the sixteen members of the BQWHSAC is behind the report and the seven recommendations had been verified with community focus groups.

The board discussed next steps for implementing the recommendations and the anticipated timelines. Mr. Rainbird recommended that the QHC board include the recommendations in their short and long term planning and that implementation timelines are unknown until further study can be completed. It was noted that the LHIN and MOHLTC would be asked to empower a new steering committee to move forward in the next phase of design and implementation.

The board discussed the general feedback provided by patients to the committee and were informed that community members expressed a need for improved collaboration among health care providers to support patients as they move throughout the healthcare system.

A board member suggested that the current health system is meeting the needs of the communities and acknowledged the need for a systematic approach. Mr. Rainbird noted that community members have suggested that there are barriers to timely access services.

The BQWHSAC was recognized for including recruitment and retention of family care providers in short and long-term human resources planning. Mr. Rainbird remarked on the aging physician population and that it may take two physicians to replace the significant patient loads of those retiring.

The board recognized Mr. Rainbird for his significant leadership in chairing the committee and for achieving the committee's mandate in six months. The board also recognized each of the committee members for providing their expertise and input into the development of the report.

## **5.0 Building Relationships**

### **5.1 Report of the President & CEO**

#### **2015/16 Balanced Scorecard Results**

Mrs. Egberts informed the board that QHC was meeting the target for ER lengths-of-stay for admitted patients in the first quarter, but it has been challenging to maintain this performance over the summer months given the patient surge. It was noted that surge activity in the second quarter may negatively impact results.

QHC is close to the annual target for alternate level of patient care days and expected costs. The board was advised that improvement initiatives for employee and physician engagement are being tracked and will be reported in the third quarter.

#### **Community Engagement Next Steps**

The board was advised that there will be further consultation with staff, physicians and within the community before proceeding with the union staff planning process in November and then Board approval.

The purpose of this next phase of consultation is to 1) explain how input gathered in May and June has been used to develop the planned distribution of clinical services across the QHC hospitals and 2) provide an opportunity for stakeholders to voice their concerns on the plan, before decisions are made. Input will be used to help inform implementation plans.

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

### **6.1 Report of the Chief of Staff & Medical Advisory Committee**

#### **Quality Improvement**

##### **Physician Portal Development**

Dr. Zoutman informed that board that QHC is continuing to enhance the physician's portal by adding a new on-line orientation program, paperless application program and performance management process. The medical affairs team is working closely with the information services team to implement a new electronic physician scheduling program across QHC's hospitals.

##### **Physician Rounding**

A detailed workflow analysis is being conducted with a group of physicians in an effort to make physician rounding more effective and efficient.

##### **Medical Human Resources**

The board was advised that the medical affairs team is working with various stakeholders to develop a comprehensive physician human resource planning process. In partnership with HealthForceOntario (HFO), a regional Medical Human Resources Planning Forum will be held at QHC on September 30th. A comprehensive database of medical human resources across the Quinte region is under development, as no valid database exists.

##### **Physician Engagement in Development of 2016/17 Operating Plan**

Dr. Zoutman acknowledged the commitment and support from physicians in developing the 2016/17 operating plan. It was noted that engagement will continue as a special MAC meeting will be held to obtain professional staff feedback on the draft clinical services plan.

## **7.0 Ensure Financial & Organizational Viability: Audit and Finance Committee**

### **7.1 July 2015 Financial Statements**

Ms. Baker presented the year-to-date financial results for the four months ended July 31, 2015, which show a deficit of \$246K versus a budgeted surplus of \$70K.

QHC has been advised that the SE LHIN has requested one-time funding again for QHC, to offset the impact of health system funding reform for 2015/16. The official letter has not yet been received. QHC has recognized a pro-rated amount of this one-time funding which is yet to be approved in the July 2015 financial statements.

The balance sheet shows the current ratio at July 31, 2015 is 0.72. It was noted that cash flow will continue to be monitored closely as cash resources are no longer inflated by unspent capital project funds. The total margin at July 31, 2015 is -0.38%.

The board discussed the impact of reduced Cancer Care Ontario (CCO) funding as the funding does not completely offset the new volume being performed by the second medical oncologist. Mr. Harrington noted that regional discussions with Kingston are hoping to identify better ways to deliver oncology services more cost effectively.

**Motion:**                      **That the QHC Board of Directors' approve the July 2015 financial statements.**

**Moved by:**                      Ms. Baker

**Seconded by:**                      Mr. Wright

**Carried**

## 7.2 2016/17 Draft Operating & Capital Plan

Ms. Baker provided an update on the development of the 2016/17 draft operating and capital plan. In order to move QHC's costs in most areas to be in-line with the provincial average, there must be a minimum reduction of \$11.5 million in annual expenses for 2016/17, including \$6.6 million in overhead and indirect services and \$4.9 million in clinical areas.

QHC's expenditure rate is above the provincial median across many services provided by the hospitals. The board discussed the core structural issue identified through the work with the Hay Group is that QHC has critical mass issues across many of its clinical programs. Specific examples of possible critical mass issues discussed were the in-patient pediatric program at Belleville General Hospital (BGH) and the Emergency Department at North Hastings Hospital (NHH).

A board member asked whether the evaluation with the Hay Group included a review of Quality Based Procedures (QBPs). It was noted that QBPs were not a specific focus with the Hay Group and that QHC has completed a review QBP performance.

Ms. Baker informed the board that the capital planning process has been initiated with consideration of potential clinical services changes.

A board member asked if QHC was able to address the funding challenges in 2016/17, whether future funding challenges would be eliminated. It was noted that future funding challenges are expected to continue as the changes made in 2016/17 will not affect QHC's funding until 2018/19. As QHC improves performance, other hospitals in the province are also improving which moves the provincial target and there are no current plans by the MOHLTC to provide inflationary funding.

The board discussed the positive impact of the Rural Health Links initiatives reducing ER visits. It was noted that QHC's decision support team works closely with health links to share data.

A board member inquired on accessibility of Health Systems Funding Reform (HSFR) data. It was noted that historically, there was limited information. QHC recently built a proxy model to forecast HSFR funding. Recent information published from QHC's proxy model is materially reflective of what has been received from the SE LHIN.

## 8.0 Adjournment

**Motion:** To adjourn at 7:38 p.m.  
**Moved by:** Mrs. Hoye  
**Carried**

**Next Meeting:** November 24, 2015 at Belleville General Hospital in the Education Centre

### Action Items:

- i. There were no actions from the meeting of September 29, 2015

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Tricia Anderson, Chair  
Board of Directors

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Mary Clare Egberts  
President and CEO and Board Secretary

<b>To:</b>	<b>QHC Board of Directors</b>
<b>From:</b>	<b>Tricia Anderson, QHC Board Chair</b>
<b>Topic:</b>	<b>Report of the Chair</b>
<b>Date of Meeting:</b>	<b>November 24, 2015</b>
<b>For:</b>	<b>Information</b>

### **Events and Meetings Attended**

September 29, 2015 – Phone meeting with Mrs. Egberts.

September 29, 2015 – Participated in Hay webinar.

September 29, 2015 – Attended meeting with Mr. McGregor, Mrs. Egberts and Mr. McAuley.

October 9, 2015 – Attended Trenton Memorial Hospital Foundation (TMHF) Board Retreat.

October 13, 2015 – Attended the Advisory Council.

October 14, 2015 – Attended the Brighton/Quinte West Health System Advisory Committee at Quinte West City Hall with Mr. Rainbird.

October 14, 2015 – Attended Belleville General Hospital Foundation (BGHF) In Memoriam event with Mrs. Egberts.

October 20, 2015 – Attended QHC Board Senior Leadership Evaluation and Compensation Ad-Hoc Committee with Mr. McGregor, Mrs. Egberts, Mr. Hoehenkirk.

October 20, 2015 – Attended a meeting with Mrs. Egberts, Mr. McGregor, Mrs. Rowe.

October 24, 2015 – Phone call with Ms. Segal, SELHIN Board Chair.

October 27, 2015 – Attended the Board Retreat.

October 29, 2015 – Phone call with Mr. Harrison, Mayor, City of Quinte West.

November 1 to November 3, 2015 – Attended OHA HealthAchieve conference with Mr. Johnston, Mr. McGregor and Mrs. O'Farrell.

November 4, 2015 – Phone call with Mr. Kay, Vice Chair Additions and Mental Health Services, Hastings Prince Edward.

November 6, 2015 – Attended meeting with MPP Lou Rinaldi and Mrs. Egberts.

November 10, 2015 – Attended meeting with Brighton Quinte West Community Health Centre Executive Director Ms. Stephen, Board Chair Ms. Cooper, Board Vice-Chair Mr. Mathany, Mr. McGregor and Mrs. Egberts.

November 10, 2015 – Attended meeting with the BGHF Executive Director Mr. Brown, Board Chair Mr. Doyle, Board Vice-Chair Mr. Knudsen, Mr. McGregor and Mrs. Egberts.

November 10, 2015 – Attended meeting with Mrs. Egberts and Mr. McGregor.

November 10, 2015 – Attended QHC Board Governance Committee meeting.

November 10, 2015 – Attended QHC Board Audit & Resources Committee meeting.

November 10, 2015 – Attended QHC Board Quality of Patient Care Committee meeting.

November 11, 2015 – Attended TMHF Board meeting with Mrs. Egberts.

November 13, 2015 – Attended meeting with MPP Todd Smith and Mrs. Egberts.

November 16, 2015 – Attended Governance, Communications and Strategy Committee meeting.

November 16, 2015 – Attended interview with Mr. McGregor and Mr. Johnston.

November 17, 2015 – Attended meeting with Mr. McGregor, Dr. Zoutman and Mrs. Egberts.

November 17, 2015 – Attended meeting with Mrs. Egberts and Mr. McGregor.

November 24, 2015 – To attend meeting with Brighton Quinte West Family Health Team Executive Director Mrs. Parker, Board Chair Dr. Wiginton, Brighton Quinte West Community Health Centre Executive Director Marsha Stephen, Board Chair Lori Cooper, and Board Vice-Chair, Alan Mathany, along with Mr. McGregor and Mrs. Egberts.

November 24, 2015 – To attend meeting with Mr. McGregor and Dr. Zoutman.

November 24, 2015 – To attend meeting with Mr. McGregor and Mrs. Egberts.

November 24, 2015 – To attend QHC Board of Directors meeting.

#### **Events and Meetings Vice-Chair Attended on behalf of the Board Chair**

September 23, 2015 – Attended the South East Local Health Integration Network (SE LHIN) / Community Care Access Centre (CCAC) Board Chairs' Forum by phone.

October 2, 2015 – Attended meeting with MPP Lou Rinaldi and Mrs. Egberts.

October 2, 2015 – Attended meeting with MPP Todd Smith and Mrs. Egberts.

October 5, 2015 – Attended media briefing with Mrs. Egberts, Dr. Zoutman, Mrs. Stephens-Woods and Mrs. Rowe.

October 28, 2015 – Attended BGHF Donor Appreciation event with Mrs. Egberts.

<b>To:</b>	<b>QHC Board of Directors</b>
<b>From:</b>	<b>Kim Stephens-Woods, Interim Vice President &amp; Chief Nursing Officer</b>
<b>Topic:</b>	<b>Report of the Chief Nursing Officer</b>
<b>Date of Meeting:</b>	<b>November 24, 2015</b>
<b>For:</b>	<b>Information</b>

### **Interprofessional Care Team**

The Interprofessional Care Team (IPCT) has begun with implementation on Quinte 5 and TMH in-patient unit. The roll out has gone well. There have been some concerns identified, for example, the flow of the patient chart, how to manage bullet rounds, how doctors liaise with the nursing team and the connectivity of the pocket phones that each nurse carries. These items were identified and then a quick change or PDSA (Plan, Do, Study, Act) cycle takes place as appropriate. This process has been working very well.

There were several supports on the unit to assist with this transition. It has been identified that the two weeks of additional support may not be enough so the manager and director are adding some support over the next few weeks to ensure all staff have had an opportunity to work in the model.

TMH in-patient unit went live just recently and are already well entrenched in this change of model. As occurred on Quinte 5, identification of issues is being promptly taken care of and new processes defined. The support will remain on this unit for two weeks as well.

Education sessions for the subsequent teams continue to roll out as planned as in-patient units prepare for the model changes.

### **Mental Health Changes**

In March 2015, the Ministry of Health & Long-Term Care contracted with CritiCall Ontario to operate the Provincial Inpatient Mental Health Bed Registry. This project is part of the Ministry's commitment to strengthen mental health and addiction services through their broader Comprehensive Mental Health and Addiction Strategy announced in June 2011.

The Mental Health Bed Registry Project will support a systematic, province wide approach to inpatient mental health and addiction beds, thereby helping optimize the utilization of those beds, and helping ensure that patients receive timely access to the bed and resources that best meet their needs.

There will be two Mental Health & Addiction Resource Boards developed within CritiCall Ontario's existing Provincial Hospital Resource System (PHRS). Both will provide up-to-date information on the availability of mental health and addiction beds for patients requiring an in-patient admission:

- The Adult Mental Health & Addiction Resource board will be an adaptation of the existing PHRS MH&A Resource Board. It is scheduled to go-live in early December 2015;

- The new provincial Child & Youth MH&A Resource Board is scheduled to go-live in March 2016.

The management team at QHC has been a part of this process. We will monitor and update on the progress of this initiative.

### **Patient Flow and Surge**

While there has been much focus on the SE LHIN peer to peer working groups related to a refresh of home first, seniors strategies, Quinte LinkAge and Health Links, there continues to be pressure on the in-patient beds at QHC. We continue to surge on our medical and surgical units on a frequent basis. Our overall occupancy for QHC is well above 100% leaving us little capacity to meet the needs of our patients arriving to our Emergency Departments.

During the next several weeks, we will be investigating opportunities to reduce this variability across the organization and will look at standardizing our approach to admitting and discharging our patients. Our goal will be to keep our occupancy at or below 95%.

This information has been shared with the members of QHC Utilization and Advisory Committee, the department of family medicine and the Clinical Directors.

As well with flu season approaching and the holiday season, we will begin planning for these spikes in patient activity and the potential for staff illnesses.

<b>To:</b>	<b>QHC Board of Directors</b>
<b>From:</b>	<b>Mary Clare Egberts, President &amp; CEO</b>
<b>Topic:</b>	<b>Report of the President &amp; CEO – Discussion</b>
<b>Date of Meeting:</b>	<b>November 24, 2015</b>
<b>For:</b>	<b>Information</b>

### **Community Engagement efforts**

We have now completed the second and final phase of the community engagement process to inform our long-term clinical service distribution and 2016/17 operating plan. We gathered input from more than 500 patients, community members, physicians and staff between October 5 and 30, for the purpose of refining our proposed plans, understanding the key concerns and informing implementation plans. At the Board meeting, Susan Rowe will present the summary of the feedback.

### **Communications**

We recently began a more proactive community communications strategy to help reassure the public that TMH is here to stay and provide a more positive outlook on the future of the local health system. This has included large banners on the TMH building, print and web site advertisements, social media, enhanced web site content and videos, letters to the editor and other media relations, postcards to handout to ER and other hospital visitors, and community newsletter articles. We are also working to ensure our local advocates have the information they need to help us address the local concerns.

Please let Tricia or myself know if you are interested in speaking about QHC and local hospital services to a group, club, or individuals.

### **OHA award**

QHC is proud to have once again won a Quality Healthcare Workplace Award from the Ontario Hospital Association and Ministry of Health and Long-Term Care – this year at the Silver level.

Health care organizations from across Ontario participate in this program, which is designed to encourage self-evaluation, learning and improvement. A high-calibre adjudication panel of quality workplace experts completed a rigorous assessment process when reviewing the applications. My congratulations to everyone at QHC who has contributed to making this an exceptional workplace.

### **Minister Hoskins speech**

On the Board portal ([click here](#)), you can read the speech that Minister Hoskins delivered at the OHA Health Achieve conference in early November to announce that significant structural change is coming to Ontario's health care system.

In the speech, he questioned whether it may be time to reconsider the relationship between the CCACs and LHINs and signals that he will be considering changes in areas such as primary care, home and community care, and public health. The strength of the rural health hub model was also mentioned as an example of successful end-to-end integration.

<b>To:</b>	<b>QHC Board of Directors</b>
<b>From:</b>	<b>Dr. Dick Zoutman, Chief of Staff</b>
<b>Topic:</b>	<b>Report of the Chief of Staff &amp; Medical Advisory Committee</b>
<b>Date of Meeting:</b>	<b>November 24, 2015</b>
<b>For:</b>	<b>Information</b>

Since my last report in September, the Medical Advisory Committee (MAC) has met three times, twice in October and once in November. There was a special MAC meeting October 1<sup>st</sup> to review the QHC 2016/16 operating plan.

### **Quality Improvement**

On October 1<sup>st</sup> we held a special MAC meeting to consider the QHC 2016/17 Operating Plan and the clinical implications of the proposed changes. Of the many items discussed the bronchoscopy clinic was identified as an item that should continue to be offered at QHC with the strict understanding that it must operate within the allocated budget. A follow up meeting was held with the leadership and staff of the bronchoscopy clinic to plan for its successful continuation within budget to deliver a high quality service.

The level of engagement of the professional and medical staff concerning the 2016/17 Operating Plan continued with two separate all professional staff and physician open meetings. The excellent attendance and vigorous discussion was most helpful. The ideas were captured and there will be specific feedback to the professional and medical staff on their suggestions.

The QHC Utilization Advisory Committee (QUAC) has completed its initial development of utilization analysis of laboratory testing for our major diagnosis groups at QHC. Through a detailed analysis we have identified at least 47,000 laboratory tests that can be reduced and that by so doing we improve quality of care. The QUAC team members are amending our order sets to make these changes and we will continue to monitor lab utilization closely. QUAC is now turning its attention to the utilization of in-patient resources such as beds.

Mr. Michael Stewart, Director of the Clinical Support Branch at the MOHLTC spent a lively evening with a huge crowd of staff and physicians on November 12<sup>th</sup> reviewing the relationship between clinical documentation and health system funding reform. His excellent presentation along with the presentation by our own Sherry Mifsud stimulated considerable interest. The health records department is establishing a working group to examine in detail our practices concerning clinical documentation and coding at QHC.

### **Education and Leadership Development at QHC**

On November 28 & 29<sup>th</sup> we will be hosting the Canadian Medical Association Physician Leadership Institute course "Engaging Others". This valuable training will assist our medical leaders in better engagement with their colleagues on the many challenges we face each day.

**Medical and Professional Staff Recognition Event:**

On November 26<sup>th</sup> I will be hosting a recognition event for our medical and professional staff at the Belleville Club. It will be a great opportunity to acknowledge the tremendous work of our new, present and past members of the medical and professional staff at QHC. An invitation has also been sent to members of the Board to attend as well!

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Zoutman", written over a horizontal line.

Dick Zoutman, MD, FRCPC  
Chief of Staff