



Summary of the QHC Board of Directors Meeting January 27, 2015

The following is a synopsis of some of the topics that will be discussed at the January 27, 2015 QHC Board Meeting.

Medical Staff Leadership Changes

As part of the normal cyclical changes in Medical Leadership at QHC, one new Department Chief and seven Division Heads were appointed as of January 1.

Influenza Surge Update

Similar to many Ontario hospitals, QHC experienced a higher than expected volume of emergency room visits and inpatient admissions between December 20 and January 12, with a peak in the first week of January. In response, QHC designated 10 patient beds from the inpatient surgical unit (four existing and six additional beds) to support the admission volumes at BGH and four additional beds at TMH. Although volumes were also higher at NHH and PECMH they were managed and monitored daily within the current surge strategy. Appreciation was extended to all staff, physicians and management for working through the extra capacity challenges.

New Advisory Council Members

The Nominations & Communications Sub-Committee is recommending the Board approve two new members to the Advisory Council of QHC: Michael Brooks, representing the North Hastings District Hospital Auxiliary and Liz Gregory, a member at-large from Belleville.

QHC is now accepting applications for openings on the QHC Advisory Council starting in June. Any community member who would like to apply can go to www.qhc.on.ca for more information or call Julia Byers at 613-969-7400, Ext. 2400. Applications are due by February 27.

Board Member Recruitment

QHC is accepting applications for its volunteer Board of Directors. Local residents are encouraged to consider being part of this group of skilled, experienced and committed members of the community who provide leadership and oversight to QHC. The deadline for applications is February 27 and more information is available on the QHC web site (www.qhc.on.ca) or by calling Julia Byers at 613-969-7400, Ext. 2400.

Oncology Clinic Improvements

The QHC Oncology Clinic recently went through an initiative to improve patient flow and decrease the time patients wait in the clinic, as a result of a patient concern. Overall results show a decrease in time patients wait from registration to initial contact with a nurse or physician from an average of 60 minutes to 15 minutes. Average total time patients are in the clinic for a standard consult has been reduced by 30 minutes and for a short consult by 70 minutes. The percentage of time patients are seen within 14 days of initial consult has improved to 100% from 56%, exceeding the provincial target of 72%.

Health Care Tomorrow Initiative

The QHC Board will continue to receive monthly updates on the Health Care Tomorrow initiative that is being led by the South East Local Health Integration Network, the Community Care Access Centre, and all seven hospital organizations in southeastern Ontario. The goal is to identify options for how hospitals can best meet patient needs, now and into the future. By the hospitals working collaboratively, there is opportunity to provide better care for patients and ensure that the options developed best meet the needs of patients within available financial resources.

More information on this initiative is available at www.healthcaretomorrow.ca.

November 2014 Financial Results

Year-to-date results for the first eight months of the QHC fiscal year (April – November 2014) show a deficit of \$191,000 before building related items, compared to an expected surplus of \$248,000 at this point in the year. Since QHC has not yet received its official funding letter for fiscal 2014/15, these figures are based on original revenue assumptions.

2015/16 Operating Plan Update

An internal planning process underway since September has now identified a total of \$7 million in potential efficiencies for 2015/16. This includes the \$4 million already identified and \$1 million in management and administrative savings announced in December. The remaining \$2 million was identified through a detailed analysis of provincial benchmarking data. Further detail will not be announced until the remaining draft proposals have gone through the union staff planning process.

There is a remaining financial gap of \$3 to \$5 million for 2015/16 to address both the reduced government funding for QHC and the increased inflationary expenses. Senior leadership is in the process of identifying potential strategies to address this remaining gap.

The typical timeline is for the Board to approve the operating plan in April, after proposed changes have gone to staff planning with the unions.

Next Meeting

The next regular meeting of the QHC Board of Directors will be held on March 24 at QHC Belleville General Hospital.

Please also note that the June QHC Board Meeting and Annual General Meeting has been rescheduled to July 7, 2015.



QHC Board of Directors
Tuesday, January 27, 2015
In-Service Classroom, QHC Belleville General Hospital
AGENDA

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

Time	Item	Topic	Lead	Policy Reference	Policy Formulation	Decision-Making	Monitoring	Information/Education
5:45	3.0	Deputation (TBC) 3.1 Deputation	L. Finnegan					X
5:55	4.0	Consent Agenda 4.1 Minutes from November 25, 2014 4.2 Report of the Chair 4.2.1 Director Report on Conference 4.3 Medical Advisory Committee Recommendations Report 4.3.1 Medical Staff Leadership Changes at QHC 4.4 Report of the Chief Nursing Officer 4.5 Policy Approval 4.5.2 Audit & Finance: IV-4 Approval and Signing Authority 4.6 Multi-Sector Service Accountability Agreement (M-SAA) 4.7 Annual General Meeting Date 4.8 Approval of New Advisory Council Members 4.9 Committee Updates 4.9.1 Quality of Patient Care 4.9.2 Audit & Finance 4.9.3 Nominations & Communications Sub-Committee	S. Blakely	V-A-8 By-law 8.04 V-A-7 IV-2 V-B-8 V-B-14		X X X X X		X X X X X X
6:05	5.0	Report of the Chair 5.1 Patient Story	S. Blakely	V-A-8				X
6:15	6.0	Building Relationships 6.1 Report of the President & CEO 6.2 Balanced Scorecard	M.C. Egberts	V-I-1 I-2			X	X
6:25	7.0	Ensure Program Quality and Effectiveness 7.1 Report of the Chief of Staff & Medical Advisory Committee	D. Zoutman					X

Time	Item	Topic	Lead	Policy Reference	Policy Formulation	Decision-Making	Monitoring	Information/Education
6:35	8.0	Ensure Financial & Organizational Viability <i>Audit and Finance Committee</i> 8.1 November 2014 Financial Statements 8.2 2015/16 Operating & Capital Plan and 2020 Plan Development Update	K. Baker	IV-2 IV-2		X	X	
7:00	9.0	Adjournment Next Meeting: <ul style="list-style-type: none"> • March 24, 2015 Board Meeting: QHC Belleville General Hospital 	S. Blakely			X		
	10.0	In Camera Session 10.1 With President & CEO 10.2 Elected Directors	S. Blakely	V-B-8				

**Quinte Health Care
Board of Directors Meeting Minutes
November 25, 2014**

A meeting of the Board of Directors of Quinte Health Care was held on Tuesday, November 25, 2014 in the Prince Edward County Memorial Hospital Boardroom. Mr. Blakely chaired the meeting.

Present: Mr. Steve Blakely, Chair
Mrs. Tricia Anderson
Ms. Karen Baker
Mrs. Mary Clare Egberts
Dr. Dick Zoutman
Dr. Alan Campbell
Mrs. Katherine Stansfield
Mr. John Embregts
Mrs. Odila Hoye
Mr. Patrick Johnston
Mr. Merril Mascarenhas
Mr. Doug McGregor
Mrs. Darlene O'Farrell
Mr. John Petrie
Mr. Stuart Wright

Regrets: There were regrets from Mr. David MacKinnon.

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

1.0 Call to Order

Mr. Blakely welcomed everyone and called the meeting to order at 4:05 p.m.

1.1 Approval of Agenda

Motion: To approve the open session November 25, 2014 agenda.
Moved by: Mrs. Anderson
Seconded by: Ms. Baker
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 closed session.
Moved by: Mr. McGregor
Seconded by: Mrs. O'Farrell
Carried

Mr. Blakely welcomed everyone from the community and the media. It was noted that members of the public who wish to address or raise questions to the board must make a request in writing 14 business days in advance of the meeting. Mr. Blakely confirmed that no requests were received by the office of the President & CEO for the November 25, 2014 meeting. It was offered that individual board members and senior leadership team would informally answer questions from the public following the meeting.

3.0 Consent Agenda

Items 3.6.1 Policy Approval - Quality of Patient Care and item 3.7 Committee Terms of Reference & Work Plans were removed from consent and added to the regular agenda for discussion.

3.6.1 Policy Approval Quality of Patient Care (III-8 Professional Staff Credentialing)

The board discussed the need to further review policy III-8 Professional Staff Credentialing as an annual Professional Staff Human Resources Plan is not currently assigned to any board committee's work plan. It was agreed that the committee chairs would determine the most appropriate committee responsible for oversight of the Professional Staff Human Resources Plan. The revised policy will be presented to the board in January 2015.

3.7 Committee Terms of Reference and Work Plans

The Quality of Patient Care Terms of Reference and Work Plan were discussed by the board. It was determined that further review to address responsibility for the annual Professional Staff Human Resources Plan is required. All other committee terms of reference and work plans were approved by the board.

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

- 3.1 Minutes from September 30, 2014
- 3.4.1 Recommendations Report
- 3.6.2 Policy Approval - Audit and Finance
- 3.7 Committee Terms of Reference & Work Plans (excluding Quality of Patient Care)

Motion: To approve all agenda items within the consent agenda on November 25, 2014.

Moved by: Mrs. Hoye

Seconded by: Mr. Petrie

Carried

4.0 Report of the Chair

4.1 Patient Story

Mr. Blakely invited Mr. Hohenkerk, Vice President, to share a patient story with the board. The story illustrated the innovative and collaborative approach available to patients in their homes through the partnership with the Prince Edward Family Health Team Hospital@Home, Hospice Prince Edward and St. Elizabeth Home Health Care programs. Mr. Blakely thanked Mr. Hohenkerk for sharing the story with the board and remarked on the importance of emphasizing a patient care perspective in all decision making.

5.0 Building Relationships

5.1 Report of the President & CEO

A verbal update was provided by Mrs. Egberts on the Healthcare Tomorrow – Hospital Services Visioning Day held on October 30, 2014. There is a video available on the Health Care Tomorrow webpage, at: www.healthcaretomorrow.ca which provides some participant reflections from the day. Mrs. Egberts noted that working groups are currently being formed.

Mrs. Egberts confirmed that in October 2014 the QHC has received notification from the Ministry of Health and Long-Term Care (MOHLTC), that QHC Prince Edward County Memorial hospital is not eligible for the Small and Rural Hospital Funding. It was indicated that the SE LHIN plans to look into whether there is any chance for appeal.

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

6.1 Critical Events Update

There have been six critical events in the first two quarters at QHC and disclosure occurred in all cases. It was noted that the Quality of Patient Care committee closely monitors the robust investigation process. A thorough analysis was completed which led to 23 recommendations for improvement. Mr. Embregts indicated that the recommendations have been assigned and are currently being addressed by the QHC team.

6.2 Report of the Chief of Staff & Medical Advisory Committee

Dr. Zoutman provided an update to the board. Several physicians participated in the October 2014 Board Retreat and have attended the six open engagement sessions for medical staff throughout November. Department chiefs, division heads, program medical directors, program directors and senior leadership continue to be involved in "Think Tank" in-depth sessions to help develop possible options for the future of QHC.

Dr. Zoutman also reported that 20 of QHC's medical leaders spent two full days at a "Dollars and Sense" course reviewing latest techniques in economic analysis of healthcare planning and decision making on November 15-16th.

The board discussed alternate methods of obtaining physician feedback and ideas. It was noted that the medical portal is working well and that many physicians are communicating directly with the senior leadership team by email.

The intricacies of reaching a consensus among physicians were discussed. Dr. Zoutman indicated that the physician group has remained respectful and discussions to date have been highly productive. It was also shared that many physicians have begun benchmarking best practices at other hospitals.

Mr. Blakely reiterated the importance of physician engagement and recognized Dr. Zoutman for leading the initiative.

6.3 Ebola Kudos

The QHC Board of Directors requested a formal motion be made to commend the staff, physicians and entire QHC team for the exemplary leadership which was demonstrated in regard to the patient who was under investigation for Ebola at QHC.

The board also recognized the Belleville Intelligencer for their work on the recent feature articles related to QHC's handling of the suspected Ebola case by Luke Hendry.

Motion: **The QHC Board of Directors would like to formally commend staff, physicians and the entire QHC team involved in the care of the patient who was under investigation for Ebola and for their exemplary leadership in the matter.**

Moved by: Mr. McGregor

Seconded by: Mr. Embregts

Carried

7.0 Ensure Financial & Organizational Viability: Audit and Finance Committee

7.1 September 2014 Financial Statements

Ms. Baker presented the year-to-date financial results for the six months ended September 30, 2014, which show a surplus of \$388K before building related items. This represents a \$14K positive variance.

The balance sheet shows the current ratio at September 31, 2014 is 0.74%. The total margin at September 30, 2014 is 0.4%.

QHC has received preliminary information from the SE LHIN in early October indicating the negative impact of the Health System Funding Reform (HSFR) for the current fiscal year is significantly greater than planned. The reduction in revenue could have a material impact on QHC's year-to-date and yearend financial position. QHC management is in discussions with the MOHLTC and SE LHIN in order to develop a plan to address the possible shortfall in revenue.

Motion: That the QHC Board of Directors' approve the September 2014 financial statements.

Moved by: Mr. Petrie

Seconded by: Mrs. Hoye

Carried

7.2 Operating & Capital Plan Development Update

It was noted that QHC will need to close a financial gap of at least \$12M for 2015/16. Potential solutions and options will be presented to the board as a first draft in January 2015.

The long-range 2020 Vision requested by the Board of Directors is currently being developed utilizing data from industry experts to help QHC become one of the most efficient community hospitals in Ontario. Ms. Baker indicated that five-year projections show that QHC can expect a \$30M gap by 2020 if no changes were made. The gap is created by revenue reductions, increased costs such as utilities and general inflation and the need to improve the working capital position.

Ms. Baker asked Mr. McAuley, Senior Director of Strategy and Governance to provide an overview to the board on the decision making framework which will be used for the long-range planning (2020 Vision). Board member Mr. Mascarenhas was recognized for his support in providing input into the framework. A board member noted that long-term planning will enable QHC to proactively manage and focus on efficiencies as opposed to approaching this on an annual basis.

The board discussed the increased need for health care services to be delivered in the community as a result of decreased hospital funding and discussed one of the successful initiatives (Prince Edward Family Health Team's Hospital@Home program). Some board members raised concerns that the global funding allocation does not account for acuity and demographics to support QHC.

The importance of not only achieving the benchmark for quality based procedure costs but surpassing benchmarks was emphasized as it relates to long-term planning and services which are expected to remain at QHC. The board discussed some of the potential opportunities which QHC has identified to date for efficiency.

Following an in-depth discussion, the direction of the board was to consider all possible alternatives making sure that consequences to patients, the community and to staff are

considered. QHC's job is to do the best job possible with the resources at hand, looking at every decision through the lens of quality patient care.

8.0 Ensure Board Effectiveness: Governance Committee

8.1 Board Goals

The board discussed some of the challenges associated with the current board goals given the financial challenges and the increased time commitment anticipated. There was also discussion on the need for continual collaboration with community partners at a governance level. It was noted that the SE LHIN will be scheduling a meeting in January 2015 with board governors to discuss board-to-board collaboration.

Motion: That the QHC Board of Directors' approve the proposed 2014/15 Board Goals.
Moved by: Mr. McGregor
Seconded by: Mr. Johnston
Carried

8.2 Support for Healthcare Tomorrow- Hospital Services (Sustainability)

The board expressed support for the Healthcare Tomorrow – Hospital Services motion.

Motion: That the QHC Board of Directors' commits to full participation in the "Development of a Sustainable, Integrated Model of Hospital Care" project including:

- Commitment to the project principles outlined below;
- Guiding Principles:

By participating fully in the Sustainability project, QHC agrees to work with our partners in a manner that is guided by the following principles:

- We share the purpose of ensuring options developed best meet the needs of patients now and into the future;
- We will consult with health system stakeholders, recognizing the role the hospital plays in an integrated system of patient care;
- We will consult and collaborate with our partner Hospitals, the CCAC, Queen's, and other stakeholders that work in the system to inform processes;
- We will engage with patients and residents to inform processes;
- We will engage with Francophone and Indigenous communities to inform processes;
- Options will be developed based on evidence and leading practice models and will need to align with provincial strategy, initiatives and hospital provincial mandates;
- Each member of SECHEF (All hospitals, South East CCAC, Queen's University School of Medicine and South East LHIN) have an equal opportunity to develop options and approve decisions;
- Together we will set realistic timelines and commit resources required to meet them;
- Commitment to open and honest communication with its partner hospitals regarding any decisions the hospital may

make related to specific project proposals and the associated rationale for such decisions; and,

- **Commitment to provide appropriate and sufficient in-kind resources to support the completion of the project in a timely manner.**

Moved by: Mr. McGregor
Seconded by: Mrs. O'Farrell
Carried

9.0 Adjournment

Motion: To adjourn at 6:35 p.m.
Moved by: Mr. McGregor
Carried

10.0 In Camera Session

10.1 With Senior Leadership Team

Next Meeting: January 27, 2015 at QHC Belleville General Hospital.

Action Items:

- Board committee chairs were asked to determine which board committee will have oversight of the Professional Staff Human Resources Plan. The revised policy will be presented to the board in January 2015 in order to approve the Quality of Patient Care terms of reference and work plan.
Responsible: P. McAuley **Due Date:** January 27, 2015

Steve Blakely, Chair
Board of Directors

Mary Clare Egberts
President and CEO and Board Secretary

To:	QHC Board of Directors
From:	Steve Blakely, QHC Board Chairman
Topic:	Report of the Chair
Date of Meeting:	January 27, 2015
For:	Information

Events and Meetings Attended

November 26, 2014 – attended Prince Edward County Memorial Hospital Foundation Board meeting.

November 26, 2014 – attended meeting with the SE LHIN, Paul Huras, Donna Segal, Mrs. Anderson and Mrs. Egberts.

November 26, 2014 – attended meeting with Mrs. Anderson, Mrs. Rowe, Mrs. Egberts and Mr. McAuley.

January 6, 2015 – attended meeting with Belleville Mayor Christopher and Mrs. Egberts.

January 6, 2015 – attended meeting with Quinte West Mayor Harrison and Mrs. Egberts.

January 6, 2015 – participated in phone meeting with Bancroft Mayor Jenkins and Mrs. Egberts.

January 6, 2015 – attended meeting with Picton Mayor Quaiff and Mrs. Egberts.

January 7, 2015 – attended meeting with Brighton Mayor Walas and Mrs. Egberts.

January 7, 2015 – participated in phone meeting with Warden of Hastings County, Mr. Phillips with Mrs. Egberts

January 7, 2015 – attended meeting with Picton Counsellors Mr. Hull and Mr. Roberts with Mrs. Egberts.

January 8, 2015 – attended meeting with Belleville General Hospital Foundation Mr. Doyle, Mr. Knudsen and Mr. Brown with Mrs. Egberts.

January 8, 2015 – completed COS Midyear Assessment with Dr. Zoutman.

January 8, 2015 – attended meeting with Mrs. Egberts.

January 13, 2015 – attended QHC Board Audit and Finance Committee meeting.

January 13, 2015 – attended Special Board Audit and Finance Committee meeting.

January 13, 2015 - attended QHC Board Quality of Patient Care Committee meeting.

January 13, 2015 – attended QHC Board Nominations and Communications Sub-Committee meeting.

January 14, 2015 – attended Trenton Memorial Hospital Foundation Board meeting with Mrs. Egberts.

January 16, 2015 – attended meeting with Dr. Zoutman and Mrs. Egberts.

January 16, 2015 – attended meeting with Mrs. Egberts, Mrs. Rowe and Mr. McAuley.

January 22, 2015 – attended meeting with Mr. Rinaldi and Mrs. Egberts.

January 22, 2015 – attended Prince Edward County Memorial Hospital Foundation Board meeting with Mrs. Egberts.

January 23, 2015 – attended meeting with Mr. Smith and Mrs. Egberts.

January 27, 2015 – to attend QHC Board of Director's meeting.

January 28, 2015 – to attend Hospital/CCAC Chairs Forum in Kingston.

Events and Meetings Attended by the Vice Chair on behalf of the Board

November 26, 2014 - attended Addictions and Mental Health (AMH) Redesign LHIN meeting on behalf of QHC in Belleville.

December 3, 2014 - attended LHIN AMH Redesign meeting via teleconference.

December 10, 2014 - attended LHIN AMH Redesign meeting in Belleville.

December 11, 2014 – Teleconference with Mr. Blakely, Ms. Baker, Mrs. Egberts and Mr. McAuley to review Board process for January meetings.

December 11, 2014 – Teleconference with Mr. McAuley regarding Health Care Tomorrow

News

Order of Canada Appointments

His Excellency the Right Honourable David Johnston, Governor General of Canada, announced on December 26, 2014 ninety five new appointments to the Order of Canada. We were very pleased to hear that QHC Board Member Patrick Johnston was appointed as a member of the Order of Canada. Patrick was recognized for his life-long dedication to charitable and philanthropic organizations in Canada. His 40-year-career has been spent working for range of organizations, including leadership positions with the Canadian Centre for Philanthropy and the National Anti-Poverty Organization. In addition, he has volunteered with numerous not-for-profit Boards. Congratulations to Patrick for this well-deserved recognition.

Board of Director Vacancies

The Nominations & Communications Sub-Committee has begun the process of seeking applications for the QHC Board of Directors. In the past, we have found that most qualified applicants come from direct solicitation by existing Board or Advisory Council members. I would therefore request that you reach out to your individual contacts within the community and personally ask people to consider applying for a position on the QHC Board. The deadline for applications is February 27.

Respectfully submitted,
Steve Blakely, Chair

To:	QHC Board of Directors
From:	Dr. Dick Zoutman, Chief of Staff
Topic:	Medical Staff Leadership Changes at QHC
Date of Meeting:	January 27, 2015
For:	Information

There have been several changes in the leadership of the Medical Staff at QHC in the new year of 2015. One Department Chief and seven Division Heads have changed as of January 1. These changes are all part of the normal expected changes in our leadership cycle with the exception that several have occurred together on the same date.

We are fortunate that our medical leadership is very committed and engaged in supporting the mission of QHC.

Dr. Sean Pritchett has been recommended as Chief of the Department of Medicine and Critical Care. He will be replacing Dr. Gary Berezny. Additionally Dr. Pritchett will be assuming the role of Head for the Division of Gastroenterology.

Dr. Roger Leong will be taking on the role of Division Head for Critical Care replacing Dr. Maria Theodorou.

Dr. Leandra Grieve-Eglin will be taking over from Dr. Maria Theodorou as Division Head of Internal Medicine.

Dr. Andrew Davies will be assuming the role of Division Head of Ophthalmology for QHC, replacing Dr. Terry Sakamoto.

Dr. Steve Griffin has assumed the role of Division Head of Emergency Medicine at North Hastings Hospital taking over from Dr. Carolyn Brown.

Dr. Michael Kawam will be assuming the role of Head of the Division of Orthopaedic Surgery from Dr. David Birchard.

Finally, Dr. Terry Ratkowski will be the new Head of the Division of Dental Surgery at QHC replacing Dr. Ken Lawless who recently retired from practice.

Respectfully submitted,



Dick Zoutman, MD, FRCPC
Chief of Staff

To:	QHC Board of Directors
From:	Katherine Stansfield, Vice President & Chief Nursing Officer
Topic:	Report of the Chief Nursing Officer
Date of Meeting:	January 27, 2015
For:	Information

Influenza Surge

In anticipation of the influenza activity predicted for the holiday season by Public Health Ontario, Quinte Health Care developed a robust influenza plan in early December to ensure adequate staffing and patient care capacity. However, the volume of patient Emergency Department (ED) visits and inpatient admissions, coupled with staff illness, exceeded the planned influenza surge capacity of the organization, particularly in the week following New Years. As a result, an Incident Management System (IMS) was initiated on January 5, 2015 to coordinate a response to these pressures. IMS is a standard approach to emergency management and guides how QHC coordinates emergent situations that impact staff and patients.

The IMS team designated 10 patient beds from the surgical services area (4 current and 6 additional beds) to support the admission volumes at QHC BGH and 4 additional beds at QHC TMH. Although volumes were also higher at QHC NHH and PECMH they were managed and monitored daily within the current surge strategy. The volume of ED visits and inpatient admissions decreased after January 12 and the hospitals reverted to standard operations. During this period, 2 surgeries were cancelled and have since been re-scheduled.

Appreciation was extended to all staff and physicians for working through the extra capacity challenges, as well as management for putting together the contingency plan to manage patient care. The effect of this influenza surge was felt throughout the province, with severe capacity challenges reported in many hospitals.

To:	QHC Board of Directors
From:	Mary Clare Egberts, President & CEO
Topic:	Report of the President & CEO – Discussion
Date of Meeting:	January 27, 2015
For:	Information

Balanced Scorecard

The Balanced Scorecard results for Q2 2014/15 are attached. Halfway through the fiscal year, we are showing yellow for quality and safety of care and care transitions; red for patient experience and exceptional workplace; and green for the strategic enabler.

- The percentage of patients having medication reconciliation on admission met the target in Q2, and is therefore showing improvement for the year-to-date indicator. The team continues to work on a more efficient IT solution for this process, but in the meantime has successfully utilized pharmacy students to assist with the more manual tracking process.
- ED lengths-of-stay for admitted patients continued to increase in the second quarter, driven primarily by a surge across the organization decreasing availability to inpatient beds, increased acuity, and increased ALC.
- Pathway utilization has risen from 47% in Q1 to 68% in Q2. This upward trend has been assisted by a significant change in documentation practices for nursing/clinicians and utilization of admission order sets, which triggers the use of clinical pathways.
- The employee engagement results for Q2 were well below target at 52%. Although we know the Q3 survey results showed significant improvement (59%), it is still highly unlikely we will meet this goal at year-end with one survey remaining and given the amount of change being announced in the organization.

Note that at the end of Q1, concerns were identified with the data source for the Clinical Pathway Adoption indicator, including inefficient data entry. The data source has now been revised and performance restated retroactive to Q1 to provide more reliable reporting. Using the original data source in September 2014 performance was reported at 67.8%. This is now restated at 46.8% for Q1.

Ongoing Relationship-Building and Communications Activities

Since our last Board Meeting, we have continued significant communications efforts and ongoing education regarding Health System Funding Reform and the impact to QHC for 2015/16 and longer-term. We have hosted various staff, union and physician meetings and increased our written communications and visibility throughout the organization. Externally, Steve and I met with all the local Mayors in early January and with the Foundation Boards. We also continue to keep our two MPPs updated throughout this process.

Thank you for everyone who attended the Advisory Council Meeting in December. We are planning a follow-up education session with the Advisory Council on February 11 from 4:30 to 6:30 p.m. at BGH, specifically to provide them with an opportunity to better understand the five-year financial picture and ask questions. As always, you are welcome to join the session to hear their questions and concerns directly.

Health Care Tomorrow

This SECHEF initiative continues to ramp up and the numerous working groups have now been populated. QHC SLT Members or Directors are either leading or have representation on every team, which include the Project Management Office, Communications, HR, Diagnostics and Therapies, Imaging, Lab, Pharmacy, Support Services, Clinical Services, Finance and Human Resources. As you would expect, this will start to take up a significant portion of management's time as this initiative continues through the planning phases.

The SE LHIN and KPMG are planning the next board-to-board session in February (exact date TBC). One of the topics of discussion will be a decision-making framework.

I have attached the current three key messages regarding Health Care Tomorrow for your reference.

QHC Balanced Scorecard – Q2 2014/15

Direction	Enhance the Quality and Safety of Care	Create an Exceptional Patient Experience	Provide Effective Care Transitions	Be an Exceptional Workplace	Improve Strategic Enablers
Goal	Medication Reconciliation	ED Length-of-Stay	Clinical Pathways	Employee Engagement	Financial Health
Target	% of patients receiving medication reconciliation on admission $\geq 62\%$	90 th percentile length of stay for admitted patients ≤ 17.5 hours	% of eligible patients using pathways for COPD, CHF, stroke and pneumonia $\geq 75\%$	% positive employee engagement score $\geq 64\%$	Total margin ≥ 0
Q2 2014/15 Performance	60.0% ytd 	25.0 ytd 	67.7% Q2* 	51.7% 	.4% ytd** 
Q1 2014/15 Performance	55.7% 	24.7 	46.8% 	 	-1.78% 

* Pathway adoption is reported quarterly as the target is for Q4 as opposed to year to date

** Margin: preliminary information indicates that the new funding model may have a negative material impact on year-end margin

To:	QHC Board of Directors
From:	Dr. Dick Zoutman, Chief of Staff
Topic:	Report of the Chief of Staff & Medical Advisory Committee
Date of Meeting:	January 27, 2015
For:	Discussion

Physician Engagement in SE LHIN “Health Care Tomorrow” Project

As the SE LHIN embarks upon the Health Care Tomorrow (HCT) project we invited the leads of this large project from KPMG to join us at the December MAC to discuss the purpose and scope of HCT. A spirited discussion ensued. Some of the key points raised by our MAC were:

- quantify the number of patients who are in long-term care facilities in our LHIN that do not need to be there,
- confirm who takes responsibility for the health promotion aspects required for our population,
- monitor the impact of the project to have paramedics go into the homes of the frail elderly to prevent them needing to come to the emergency department,
- improve the way hospitals and emergency departments handover care to primary care physicians,
- increase hospital-based specialized ambulatory clinics for specialty services,
- remove chronic road blocks to accessing health care services such as gridlock issues,
- implement a system-wide electronic medical record system,
- standardize order sets and clinical care maps across the SE LHIN,
- stop "chasing" metrics that in fact have little impact on improving quality of care,
- get the elderly and frail cared for and back home from hospital as quickly as possible,
- use telemedicine more effectively,
- have appropriate metrics to ensure that we are not damaging the quality of care if we are embarking upon significant cost-cutting,
- ensure smaller community hospitals play a valuable role in delivering higher quality care
- consider the fundamental question of “what is it that we are trying to achieve” with the Health Care Tomorrow project, as well as “how will we know when we have achieved it?”

QHC staff and physicians are heavily represented on the 14 working groups that constitute the Health Care Tomorrow activities underway until the spring.

Continued Physician Engagement in QHC’s Fiscal Challenges

The level of physician engagement in participating in the conversation about QHC’s fiscal challenges is unprecedented. On January 19 a large group of our medical leaders met with program operational leaders, senior leadership, community members and other stakeholders to critically examine the options under consideration to address QHC’s fiscal challenges.

Quality of Care and Process Improvement

At the January MAC meeting a motion was passed supporting the establishment of a QHC Utilization Committee. This committee will critically evaluate how QHC deploys its precious and limited resources against the best evidence. Its goal will be to remove waste and optimize the use of hospital facilities, treatments, diagnostics and other processes. This new standing committee will report regularly to the MAC.

The MAC reviewed the recent progress in the QHC Oncology Clinic to improve its wait times and overall patient flow. This report of significant improvement was very well received and acknowledged as a very important improvement in our quality of care.

Physician Involvement in QHC Governance

Several of the QHC Board committees are seeking physician membership. A call went out from my office to all members of the medical staff with gratifying response and expressions of interest in serving on these important committees. The MAC therefore is pleased to recommend the following:

Dr. Milly Casey-Campbell (Emergency Medicine) for Human Resources Committee

Dr. Bob Webster (Family Medicine) for Quality of Care Committee

Dr. Emma Robinson (Diagnostic Imaging) for Audit and Finance Committee.

This recommendation will be taken to the Governance Committee of the Board.

Yet further evidence of our physicians' engagement and commitment to the mission and work of QHC!

Respectfully submitted,

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

Dick Zoutman, MD, FRCPC
Chief of Staff