



Summary of the QHC Board of Directors Meeting March 25, 2014

The following is a synopsis of some of the topics that were discussed at the March 2014 QHC Board Meeting.

Small and Rural Hospital Transformation Funding

QHC North Hastings Hospital has benefited from an additional \$490,000 in one-time funding during 2013/14 and \$510,000 for 2014/15 provided through the Ministry of Health & Long-Term Care's Small and Rural Hospital Transition Funding. This fund has allowed for a variety of initiatives focused on improving the patient experience and care transitions in North Hastings, such as expanding the Community Care Access Centre notification system for emergency room patients and trialing an automatic notification to the primary care physician when a patient presents in the emergency room.

QHC continues to work with the South East Local Health Integration Network to secure similar funding for QHC Prince Edward County Memorial Hospital.

2014/15 Senior Leadership Team Goals

In compliance with the Excellent Care for All legislation, the Board approved the following five goals be linked to Senior Leadership Team compensation for 2014/15:

- Percentage of patients who have received medication reconciliation on admission
- 90th percentile ER lengths of stay for admitted patients
- Percentage of eligible patients using clinical pathways for chronic obstructive pulmonary disease, chronic heart failure and pneumonia patients
- Percent positive staff engagement score as measured through staff surveys
- Total margin (balance budget) for the year

Targets for each of the goals will be set in June, once the 2013/14 year-end results are available for each of the performance indicators.

2014/15 Quality Improvement Plan

The Board approved the attached draft 2014/15 QHC Quality Improvement Plan. The Excellent Care for All legislation requires all hospitals to submit a Quality Improvement Plan to Health Quality Ontario each year. The attached document provides a description of each indicator and target.

January 2014 Financial Statements

Year-to-date results for the first 10 months of the fiscal year (April 2013 to January 2014) are essentially at a break-even position. Although QHC currently shows a slight year-to-date deficit of \$161,000 as of January 2014, management had planned to be at a deficit of \$159,000 at this point in the fiscal year.

Despite continued pressures on inpatient bed capacity and staffing resources, QHC management is now forecasting a break-even position at the fiscal year end on March 31, 2014.

2014/15 Operating Plan

Brad Harrington, Vice President & Chief Financial Officer and Katherine Stansfield, VP & Chief Nursing Officer presented the draft 2014/15 operating plan for Board approval. The next steps will be to continue to proceed through the staff planning process with our union partners and begin the more detailed implementation planning. Further information is provided in the attached news release and slides.

Behavioural Support Services Transition Unit

One component of the 2014/15 operating plan is a proposed Behavioural Support Services Transition Unit (BSSTU). QHC has been working with Providence Care in Kingston to develop the plan and with the South East Local Health Integration Network to secure additional funding to open this unit.

The BSSTU would be a regional resource opened in vacant space in the Sills Wing at QHC Belleville General Hospital. The unit is designed to provide better supports for primarily elderly patients who are experiencing behavioral challenges and cannot return to their private home or a long-term care home.

The unit would provide a calm and therapeutic environment where a team of health care professionals can work with the patient and family on early interventions, increased monitoring and a treatment plan. Patients would stay in the unit between 90 and 120 days with the goal of stabilizing their behavior so that they can return home, to a retirement home or long-term care home.

It is likely that, if approved and financed by the LHIN, QHC would operate this unit for 7-10 years, after which time this resource would transfer to a long-term care home in the region.

Next Meeting

The next regular meeting of the QHC Board of Directors will be held on May 27, 2014 at QHC Belleville General Hospital.



**QHC Board of Directors
Tuesday, March 25, 2014
4:45 – 7:00 p.m.**

**Trenton Boardroom, Trenton Memorial 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
4:45	3.0	Consent Agenda 3.1 Minutes from February 4, 2014 3.2 Report of the Chair 3.3 Report of the President & CEO 3.4 Report of the Chief Nursing Officer 3.5 Report of the Chief of Staff & Medical Advisory Committee 3.5.1 Recommendations Report 3.6 Multi Sectorial Accountability Agreement (MSAA) 3.7 Hospital Service Accountability Amending Agreement (HSAA) 3.8 Human Resources Terms of Reference and Work Plan 3.9 Approval of New Advisory Council Members 3.10 Committee Updates 3.10.1 Quality of Patient Care 3.10.2 Audit & Finance 3.10.3 Human Resources 3.10.4 Governance 3.10.5 Nominations & Communications Sub-Committee	S. Blakely	V-A-8 V-I-1 By-law 8.04 IV-1 IV-1 V-A-7 V-B-1.1		X		X X X X X X X X X
4:55	4.0	Report of the Chair 4.1 Patient Story 4.2 Report of the Chair	S. Blakely	V-A-8				X
5:05	5.0	Building Relationships 5.1 Report of the President & CEO	M.C. Egberts	V-I-1				X
5:15	6.0	Ensure Program Quality and Effectiveness 6.1 Report of the Chief of Staff	D. Zoutman	By-law 8.04				X

Time	Item	Topic	Lead	Policy Reference	Policy Formulation	Decision-Making	Monitoring	Information/Education
5:25	7.0	Provide for Excellent Leadership & Management <i>Human Resources Committee</i> 7.1 2014/15 SLT Goals Linked to Compensation 7.2 CEO & COS Job Descriptions	D. O'Farrell	II-4 II-3, II-8		X X		
5:40	8.0	Ensure Program Quality & Effectiveness <i>Quality of Patient Care Committee</i> 8.1 2014/15 Quality Improvement Plan	J. Embregts	III-1		X		
5:55	9.0	Ensure Financial & Organizational Viability <i>Audit and Finance Committee</i> 9.1 January 2014 Financial Statements & Yearend Forecast 9.2 New Insurance Provider 9.3 2014/15 Operating and Capital Budget	K. Baker	IV-2 IV-1 IV-2 IV-2		X X X X		
6:40	10.0	Ensure Board Effectiveness <i>Governance Committee</i> 10.1 Governance Policies	N. Pfeiffer	V-B-14		X		
6:50	11.0	Adjournment Next meeting: May 27, 2014 at QHC Belleville General Hospital	S. Blakely			X		
	12.0	In Camera Session 12.1 With President & CEO 12.2 Elected Directors	S. Blakely	V-B-8				

**Quinte Health Care
Board of Directors Meeting Minutes
February 4, 2014**

A meeting of the Board of Directors of Quinte Health Care was held on Tuesday, February 4, 2014 at the Belleville General In-service Class and Conference room. Mr. Blakely chaired the meeting.

Note: The Board meeting was originally scheduled for January 28, 2014 and was rescheduled due to weather conditions.

Present:

Mr. Steve Blakely
Ms. Karen Baker
Mrs. Mary Clare Egberts
Mr. David MacKinnon
Mr. Doug McGregor
Mrs. Darlene O'Farrell
Mr. John Petrie
Mrs. Katherine Stansfield
Mr. Stuart Wright
Mr. Merrill Mascarenhas
Mr. John Embregts
Dr. Dick Zoutman

Regrets: There were regrets from Mr. Gary Magarrell, Mr. Nick Pfeiffer and Mrs. Tricia Anderson.

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

1.0 Call to Order

Mr. Blakely welcomed everyone and called the meeting to order at 1:08 p.m.

1.1 Approval of Agenda

Motion: To approve the open session February 4, 2014 agenda with the addition of item 5.2 Streptococcal A Outbreak.

Moved by: Mr. Petrie

Seconded by: Ms. Baker

Carried

1.2 Declaration of Conflict of Interest

There were no conflicts of interest declared for the open session.

2.0 Closed Session

2.1 Motion to go into closed session

Motion: Motion to go into Closed Session.
Moved by: Ms. O'Farrell
Seconded by: Mr. McGregor
Carried

3.0 Consent Agenda

Mr. McAuley provided a description of consent agendas and examples of items which can be included on a consent agenda. The intent of a consent agenda is to allow a Board to focus on discussion surrounding two or three key items. It was noted that all consent items are approved in one motion and are not discussed. If a Board member would like to discuss any item they must ask that it be removed from the consent agenda. The Board agreed that clarifications questions can be tabled upfront rather than removing items from the consent agenda.

3.2 Minutes from November 26, 2013

The Board requested that the minutes from November 26, 2013 be revised to reflect that in section 8.2 MSAA (Multi Sectorial Service Accountability Agreement) both motions were "Carried".

Motion: To approve all agenda items within the Consent Agenda on February 4 2014.
Moved by: Ms. Baker
Seconded by: Mr. Embregts
Carried

4.0 Report of the Chair

4.1 Patient Story

Mr. Blakely shared a patient story in the form of a video from the ["At the Cutting Edge"](#) presentation given at Loyalist College and led by Dr. Zoutman. The story demonstrates one of QHC's corporate values: "We All Help Provide Care".

5.0 Ensure Program & Quality Effectiveness

Quality of Patient Care Committee

5.1 Quality & Risk Assessment 2014-15 Operations Plan

Mr. Embregts summarized the Quality & Risk Assessment for the 2014-15 Operating Plan. QHC is planning for the 2014-15 budget and for improved quality of patient care simultaneously ensuring QHC is in a positive financial position and able to adapt to new health care funding formulas. The main focus will be following our strategic plan, implementing standardization of care and continuing to optimize operational efficiencies.

The Board had discussion on the level of difficulty ahead with meeting financial commitments and ensuring quality of patient care. The Board had further discussion and agreed that the promise must be kept of following QHC's strategic plan, which includes balanced consideration for all four hospitals.

There was further discussion on the impact of extreme seasonal surge and inclement weather this year on clinical work, including the lessons learned. Management recognized that there has been a significant surge at all sites, but most significantly in Belleville with more people being admitted to the ICU. Management indicated that there is a need to change models of care, creating flexibility to absorb seasonal increments. QHC staff, physicians, and volunteers were recognized for their extraordinary effort in maintaining excellent quality of care throughout the prolonged surge activity.

5.2 Streptococcal A Outbreak (QHC Belleville General Hospital- Quinte 7)

Dr. Zoutman informed the Board that as of February 3, 2014 QHC had been investigating a possible outbreak of group A streptococcal infections on Quinte 7 at QHC BGH. A number of patients have recently tested positive. QHC is working with Health Unit and are confident it will be brought under control with increased cleaning and additional infection prevention control measures in place.

The Board requested an update on QHC's flu shot uptake. 51% of QHC staff and physicians obtained and or provided documentation of having received their flu shot. Management reiterated that the risk of the flu virus continues to be evident until the spring.

6.0 Ensure Finance Committee

Year-to-date results for the first eight months of the 13/14 fiscal year yielded a break-even position for QHC. This is a \$274K positive variance to budgeted deficit of \$350K.

Although QHC shows a positive variance year-to-date, the increased labour from surge activity and loss of preferred accommodation revenue has greatly impacted finances. Management continues to work toward meeting a break even position.

The Board had discussion on the lack of funding indication from Ministry and recognized the level of difficulty QHC is experiencing with budget planning assumptions for 2014-15.

6.1 November 2013 Financial Statements

Motion: To approve the November 2013 financial statements.
Moved by: Mr. McGregor
Seconded by: Mr. Embregts
Carried

6.2 2014-15 Operating and Capital Budget

Ms. Baker informed the Board that the 2014-15 Operating and Capital Budget will be available for the March 25, 2014 Board meeting as it is currently in the development process.

The Board had further discussion surrounding the need for more funding information from the provincial government, particularly on quality based procedures, and the challenges resulting for QHC management in budget planning. The Board also noted that getting the hospitals run-rate in line must be a priority, instead of relying on assumptions from one-time savings opportunities. It was agreed that QHC continue to use our strategic plan as a guide in decision making and ensure we are meeting promises to the communities and hospitals we serve.

7.0 Ensure Board Effectiveness

7.1 2014 Communications & Engagement Plan

Mr. Wright highlighted the 2014 Communications & Engagement Plan which was discussed at the September board retreat and endorsed by both the Nominations and Governance committees. The Board recognized the Director of Communications, Susan Rowe for her outstanding work on the plan.

The Board expressed unanimous support for the shift in direction focusing much more effort on internal communications with staff, physicians and volunteers.

Motion: **That the Board endorse the 2014 Communications and Engagement Plan.**

Moved by: Ms. Baker

Seconded by: Mr. Petrie

Carried

8.0 Additional Update- QHC's Participation in a Blood Shortage Simulation Exercise

Mrs. Egberts provided a real time update that QHC is participating in a lack of blood simulation exercise (based on the premise of an upcoming storm). The simulation was part of a provincial wide exercise taking place across all Ontario Hospitals. This is a good example of some of the opportunities we partake in to improve our Emergency Preparedness.

9.0 Adjournment

Motion: **To adjourn at 3:23pm.**

Moved by: Mr. Embregts

Carried

10.0 In Camera Session

10.1 With President & CEO

10.2 Elected Directors

Next Meeting: **March 25, 2014**

Action Items:

- i. There were no action items for the February 4, 2014 open Board Meeting.

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:	March 25, 2014
For:	Information

Events and Meetings Attended

January 30, 2014 – attended the SELHIN Hospital/CCAC Chairs' Forum in Kingston.

February 6 – attended meeting with Mrs. Egberts and COS.

February 10 – attended the Addictions & Mental Health Board to Board session in Kingston.

February 24 – attended meeting with Mrs. Egberts, Mrs. Anderson and Mr. McAuley.

February 26 – attending meeting with Mrs. Egberts.

March 4 – attended meeting with Mrs. Egberts

March 17 – attended meeting with Mrs. Egberts, Mrs. Anderson and remaining members of SLT.

The Governance Centre of Excellence

The Governance Centre of Excellence (GCE), an initiative of the Ontario Hospital Association, will be having their first-ever Spring Governance Showcase on April 11, 2014 in Toronto, Ontario. The Spring Showcase will feature some of the success stories and outstanding accomplishments shared through the submissions received for the GCE's inaugural Awards in Leading Governance Excellence. Tricia Anderson, along with Advisory Council member, Susan Smith, will be participating as speakers at this showcase event. The presentation will be a high level overview of the governance initiatives outlined in the governance award submission entitled, "Advisory Council of Quinte Health Care: A Structured Approach to Ongoing Community Engagement".

Respectfully submitted,
Steve Blakely, Chair

To:	QHC Board of Directors
From:	Mary Clare Egberts, President & CEO
Topic:	Report of the President & CEO
Date of Meeting:	March 25, 2014
For:	Information

New QHC BGH Operating Rooms

On March 19 we were thrilled to be able to celebrate another milestone in the QHC BGH redevelopment with a grand opening event of the new operating rooms and perioperative area. This space will provide numerous benefits to our patients, physicians and staff, including a better patient experience, more comfortable waiting areas for families, advanced infection control measures, more efficient workflow and larger state-of-the-art ORs.

The final portions of the seven year QHC BGH redevelopment project will be the Day Surgery space and Cardiopulmonary, which will be completed in May/June.

HealthLinks

The two HealthLinks in our region – Hastings and Quinte – continue to move ahead with identifying and implementing strategies to better serve patients with chronic and complex conditions. A few examples of new initiatives in our area related to HealthLinks include:

- A new chronic heart failure (CHF) clinic opened in Hastings that is modeled after the successful CHF clinic run by the Prince Edward Family Health Team (PEFHT);
- The Hospital@Home program recently launched by the PEFHT; and
- Examining ways to create better IT links and methods for sharing patient information between providers.

We were also pleased to have the opportunity through provincial HealthLinks funding to send two of our Directors and one Manager to a leadership education course offered through Rotman School of Business. The education program was offered to leaders from across the province who are active on HealthLinks working groups.

SELHIN Education Materials

The SELHIN is launching an education campaign designed to educate local residents on the role of the SELHIN and the health care system locally. I have attached their new information brochure that is being sent to 150,000 homes in the region and made available through health service providers. The brochure highlights the SELHIN's achievements since inception and provides some information on how patients access care.

Education OHA Committee

I have accepted a request by the OHA to join a new Education Advisory Committee that will guide the OHA on its educational programs. As a Committee member I will help the OHA to identify education priorities and to better understand preferences for education delivery models.

Green Health Care Award Submission

We recently submitted an award application for Energy and Environmental Stewardship Award from the Canadian College of Health Leaders. We are very proud of QHC's 28 year history of making incremental, sustainable improvements to reduce our energy and water use, reduce waste, and increase our recycling and composting. As a result of a variety of different environmental stewardship initiatives between 1986 and 2011, QHC achieved a reduction in overall energy use by 38.5%. Other initiatives have increased recycling by 247% since 1994. QHC now diverts 54% of its waste from landfills annually.

Regardless of whether QHC is successful in this particular award, this application process is another opportunity to celebrate our accomplishments with our staff and community.

3SO award

Congratulations to 3SO for being named the "top Canadian" health care supply chain organization, for the second year in a row by the Global Healthcare Exchange (GHX). For this award, GHX looked at all hospitals and shared services currently connected to the GHX electronic trading exchange and identified top performers on a number of key metrics, such as purchasing and invoice volume, exception rates, exchange utilization and trading partner connections. GHX then identified 3SO as the top Canadian organization that scored highest across all of these categories during the 2013 calendar year.

To:	QHC Board of Directors
From:	Katherine Stansfield, Vice President & Chief Nursing Officer
Topic:	Report of the Chief Nursing Officer
Date of Meeting:	March 25, 2014
For:	Information

Trillium Gift of Life Program

Trillium Gift of Life Program (TGLP) is Ontario's agency responsible for organ and tissue donation and transplantation, mandated through the Trillium Gift of Life Network Act proclaimed in 2002. Since that time, there has been a notable increase in successful organ and tissue donations and transplants; however there remain over 1500 people on the wait list for transplantation. To that end, the TGHLP, the Transplant Wait Time Program and the Auditor General have determined the need to increase the number of hospitals who are accountable for supporting organ donation in this network.

QHC received notice in January 2014 from the TGLP of the intent to expand the application of the Notice and Consent provisions of the Act to include QHC. Currently, QHC BGH plays an active role in organ donation and has facilitated several donor transfers. Typically this involves patients who have deceased in the ICU but are on life support, whose next of kin acts on their expressed wishes to donate organs or tissue. A surgical team from the transplant unit then arrives in QHC BGH to manage the donation process, with support from our OR staff.

Expansion of the program to include QHC TMH, PECMH and NHH will primarily involve individuals who are appropriate for tissue donation. This will require development of policies and procedures for identification of potential donors for organ and tissue transplant at all 4 hospitals. Sponsorship from senior leadership, a physician and an operational lead are required in order to assure compliance with policy, educational and operational obligations. We will be hosting an all-day site visit in April with follow up education and planning sessions to ensure compliance with all standards related to the identification, reporting and management of potential donors.

QHC is pleased to support expansion of the network to include all our hospitals, and increase the number of successful transplants in Ontario. However we also recognize that this initiative will require necessary resources to plan, implement and monitor over time to ensure donor best practices are maintained.

Ministry of Health and Long-Term Care Life and Limb (MOHLTC) Policy Implementation

As reported in January, in December 2013 the Ministry approved a policy that ensures appropriate, timely care of any patient requiring life or limb support. The MOHLTC developed this Life or Limb Policy in response to recommendations from the Office of the Chief Coroner for a provincial "no refusal" policy when critical injuries or conditions of life or limb are involved. The objective of the policy is to enable the development of standardized procedures for all health care providers within and across LHINS to ensure that patients with life or limb threatening conditions receive timely and appropriate care.

The policy has now been implemented with weekly reporting structures in place to the Chief of Staff and Chief Nursing Officer of each hospital. There has been >90% compliance within the SELHIN and QHC for all life and limb calls over the past month; with appropriate follow up and analysis of cases not meeting target. Ongoing compliance is monitored by the operational and physician leads of the Critical Care Steering Committee.

Resource Matching and Referral

Resource Matching and Referral (RMR) is a new process, led by the South East Community Care Access Centre (SECCAC), initiated by the MOHLTC and supported by the SELHIN. Essentially this initiative changes the patient transition process between health care sectors to standardize and manage admission criteria and wait times.

At QHC RMR has only been applied to the Acute Care to Home and Hospital to Long-Term Care pathways as of yet. The Acute to Rehabilitation/Complex Continuing Care pathway is being piloted in the SELHIN between Kingston General Hospital and St Mary's on the Lake Hospital; therefore we do not have any sense yet of impact on our Rehabilitation and Complex Continuing Care units or on workload for therapists. Although RM&R changes and standardizes the referral process (i.e. how the referral is made and what information is on the referral), QHC will still have the ability to "accept or decline" the referrals received via SECCAC, just as Long-Term Care facilities currently accept/decline applications received via SECCAC.

Clinical Pathways Poster Presentation

Three members of the Clinical Pathway Design and Implementation team – Debbie Mora, Director, Professional Practice Department; Luanne Melburn, Clinical Educator, and Shelley Kay, Process Improvement Coach – were accepted for a poster presentation at the First Annual St. Michael's Inter-professional Transitions in Care Conference hosted by St Michael's Hospital, Toronto, and the Professional Practice Network of Ontario on January 15, 2014. The focus was building inter-professional care across the care continuum.

The symposium consisted of over 150 clinicians, researchers, educators and quality improvement leaders coming together to discuss their ideas. Illustrative posters provided in-depth summaries of several transition models and interactive sessions proved to be engaging for the audiences.

QHC's poster presentation highlighted the importance of an inter-professional care model for acute care but also emphasized that the transition from hospital to primary care can be enhanced by the two building upon each other's work, especially for the patient education and tools for chronic disease management.

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:	March 25, 2014
For:	Information

Since my last report in January, the Medical Advisory Committee (MAC) has met twice, in February and in March.

Professional Staff Leadership

Dr. Steve Griffin has stepped down as Head, Division of Emergency Medicine at QHC NHH. Steve has done a wonderful job in this leadership position and we wish him all the best. Dr. Carolyn Brown has agreed to serve as Interim Head until a permanent Head can be formally appointed in the near future.

Dr. Jack McGugan has been nominated to assume the role of Head, Division of Anesthesia at QHC BGH. Jack is a past Chief of Anesthesia at QHC with many years of experience in various leadership roles. We are grateful to Dr. Mitch Brown for his contribution in this role over the past year.

Dr. Cathy Goetz has agreed to be the Interim Chief of Laboratory Medicine at QHC. Dr. Greg Twemlow is stepping down from the role as Chief of Laboratory Medicine after serving in this capacity for over 15 years. The MAC has acknowledged Dr. Twemlow's long service in this important leadership position and his many contributions to QHC.

Quality of Care and Process Improvement

At the February MAC meeting Dr. Julie Bryson, Chief of the Department of Family Medicine provided a very good spotlight report on the status of the Department of Family Medicine and important improvement initiatives the department is undertaking under her leadership.

By way of update, the new alternate payment plan for the Department of Paediatrics is going into effect April 1. This important funding change will be very important in the future support and development of the Department of Paediatrics at QHC.

Communication and Engagement

We are planning to begin a new learning program for our medical staff on "Quality By Design". This program will introduce physicians to the fundamental principles of quality improvement science.

Our next PMI course is planned for May 31-June 1, 2014 on disruptive behaviours and their management.

Respectfully submitted,



Dick Zoutman, MD, FRCPC
Chief of Staff

To:	QHC Board of Directors
From:	Dr. Dick Zoutman, Chief of Staff
Topic:	Recommendations Report
Date of Meeting:	March 25, 2014
For:	Decision
Motions:	<i>That the QHC Board of Directors appoint Dr. Jack McGugan as Division Head of Anaesthesiology at QHC BGH, Dr. Carolyn Brown as interim Division Head of Emergency Medicine at QHC NHH and Dr. Cathy Goetz as interim Department Chief of Laboratory Medicine as recommended by the Medical Advisory Committee on March 11, 2014.</i>

Recommendation for Division Head of Anaesthesiology at QHC BGH

Dr. Sandy Williams advised the members that Dr. Jack McGugan had been nominated by the membership of the Division of Anaesthesiology at QHC BGH as Division Head. This appointment is effective January 15, 2014. Dr. Jack McGugan replaces Dr. Mitch Brown, who has contributed in this role over the past year.

It was moved by Dr. Sandy Williams and seconded by Dr. Sean McIlreath that the MAC recommends to the Board of Directors that Dr. Jack McGugan be appointed as Division Head of Anaesthesiology at QHC BGH effective January 15, 2014.

Recommendation for Division Head of Emergency Medicine at QHC NHH

Dr. Chris Hayman advised the members that Dr. Carolyn Brown had been nominated by the membership of the Division of Emergency Medicine at QHC NHH as interim Division Head. This appointment is effective February 14, 2014. Dr. Carolyn Brown replaces Dr. Steve Griffin who has done a wonderful job in this leadership position.

It was moved by Dr. Chris Hayman and seconded by Dr. Colin MacPherson that the MAC recommends to the Board of Directors that Dr. Carolyn Brown be appointed as interim Division Head of Emergency Medicine at QHC NHH effective February 14, 2014.

Recommendation for Department Chief of Laboratory Medicine

Dr. Greg Twemlow advised the members that Dr. Cathy Goetz has been nominated by the membership of the Department of Laboratory Medicine as interim Department Chief. This appointment is effective April 1, 2014. Dr. Cathy Goetz replaces Dr. Greg Twemlow, who is stepping down from the role after serving in this capacity for 15 years. The MAC has acknowledged Dr. Twemlow's long service in this important leadership position and his many contributions to QHC.

It was moved by Dr. Greg Twemlow and seconded by Dr. de la Roche that the MAC recommends to the Board of Directors that Dr. Cathy Goetz be appointed as the interim Department Chief of Laboratory Medicine effective April 1, 2014.

To:	QHC Board of Directors
From:	Steve Blakely, QHC Board Chairman- Discussion
Topic:	Report of the Chair - Discussion
Date of Meeting:	March 25, 2014
For:	Information

LHIN Addictions and Mental Health Redesign

As was reported in the CEO's February update to the board, at their meeting on February 24, the LHIN Board endorsed option 2 for more detailed planning. Option 2 involved creation of a Regional Board with local centres responsible for care delivery. Following this update, Senior Leadership did receive update information from the Addictions and Mental Health Redesign team that identified the formal motion that was approved by the LHIN Board:

"The South East LHIN Board, recognizing the value, ownership and pride that local agencies have in their organizations and following the review of the extensive community engagement, directed South East LHIN staff to continue planning and engaging with the community to explore the implications of the preferred option (Option 2). Further decisions on the planning processes will be brought back to the board on March 31 2014."

In addition to this information, Senior Leadership has received requests that each organization provide the name of 3 individuals to assist in the planning process – specifically an Executive position, a Governor and a Front-line member of staff. Unfortunately, at this time no similar request or communication has been received by the Board Chair. The request was received in a slide deck from the planning group that was to be reviewed at a webinar that was cancelled.

In order to inform the Board of the potential request for Governance involvement, Senior Leadership has extracted the attached slides from the deck that was shared. If you are interested in the complete slide deck, please contact Jenn Broek.

As noted in the slides, the request for the Governance rep could be to be involved on implementation teams that meet weekly. As we do not yet know what the schedule could be like or the actual time commitment, we do not feel that it is fair to request a governance representative from the board at this time. Once Senior Leadership has a better understanding of the request and commitments, we will solicit a governance representative through e-mail.

Respectfully submitted,
Steve Blakely, Chair

To:	QHC Board of Directors
From:	Mary Clare Egberts, President & CEO- Discussion
Topic:	Report of the President & CEO
Date of Meeting:	March 25, 2014
For:	Information

Small and Rural Hospital Transformation Funding

QHC North Hastings Hospital (NHH) has benefited from an additional \$490,000 in one-time funding this fiscal year that was provided through the MOHTLC's Small and Rural Hospital Transition Funding. This has allowed for a variety of initiatives focussed on improving the patient experience and care transitions, including:

- Expanding the CCAC notification system for ED patients and piloting a notification link to the primary care physician when a patient presents in the ED;
- Improving the patient experience through a series of staff and physician driven process improvement initiatives; and
- Increasing the scanning of patient reports and improving health records processes.

We received notice in late-February that QHC NHH will receive another \$510,000 in one-time funding to be spent during 2014/15. This will go towards:

- An IT refresh and other initiatives, including an electronic discharge summary and a cardiology ECG patient identification system;
- An Integrated Community Assessment and Referral Team (iCART);
- Enhanced after-hours X-Ray Technician coverage; and
- Additional security coverage to boost staff and patient safety.

To date, this funding has unfortunately only been available to QHC North Hastings Hospital. The eligibility criteria for the Transformation Fund requires hospitals to be both:

- Small – fewer than 2,700 acute inpatient/day surgery annual weighted cases; and
- Rural – in a community with a population of less than 30,000 and located more than a 30-minute drive from a community with a population of more than 30,000.

Using this definition, QHC PECMH is small and in a community with a population of less than 30,000. However, the Ministry had determined that it was less than 30-minutes from Belleville, using the geographic centre of Prince Edward County as the reference point. We did not agree with this decision and have been advocating with the SELHIN that Picton should be used as the reference point, which would mean QHC PECMH would be eligible for this one-time funding. The SELHIN has agreed to send a joint letter, signed by both Paul Huras and myself, asking the Ministry to reconsider how the definition has been applied in Prince Edward County.

To:	QHC Board of Directors
From:	Dr. Dick Zoutman, Chief of Staff- Discussion
Topic:	Report of the Chief of Staff & Medical Advisory Committee
Date of Meeting:	March 25, 2014
For:	Information

Physician and Professional Staff Engagement

The level of engagement of the QHC physicians and staff is exceptional! Well over 20 improvement projects have involved our physicians and professional staff with great success. A few notable examples are:

1. Laboratory utilization: all laboratory tests were closely examined to ensure effective utilization for optimal patient care. Physician involvement was critical to the success of this initiative.
2. Drug utilization: almost all of the medical departments collaborated with pharmacy in carefully evaluating the optimal use of many different drugs and pharmaceuticals throughout QHC. The meetings were intense, high energy and enjoyable. Therapeutics were rationalized and streamlined to ensure optimal utilization of drugs throughout QHC. This process is ongoing.
3. Medication reconciliation: this critical function is very time consuming. QHC staff and physicians have worked with an Ontario company to design and implement a novel software solution that will greatly speed up and improve the process for medication reconciliation that will allow us to reach our goal on this important patient safety metric.
4. Pathways Resulting in Inter-professional Standard Work and Metrics (PRISM): standard order sets and care pathways have been developed and are now being rolled out for chronic obstructive pulmonary disease, congestive heart failure, pneumonia, and stroke care. This year long complex project was a true inter-professional collaborative!

There is a North America wide “Choosing Wisely” campaign that collates all of the best practices in key areas of medicine based upon the latest information. Hundreds of best practice recommendations are described that improve care and resource utilization. We are carefully reviewing this for new opportunities as part of a “Choosing Wisely at QHC” initiative. Check out: www.choosingwisely.org

Physician Human Resources

Physician human resources is always an important challenge. At Trenton Memorial Hospital we are in need of more physicians to support the in-patient unit and the emergency department. We are proactively working with the physicians in the community, the Brighton Quinte West Family Health Team, the City of Quinte West and with Queen’s University to develop a medical human resources plan.

Respectfully submitted,



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Chief of Staff