



Summary of the QHC Board of Directors Meeting February 4, 2014

The following is a synopsis of some of the topics that were discussed at the January 2014 QHC Board Meeting (rescheduled to February 4).

Consent Agenda Format

The QHC Board is trialing a consent agenda approach to its Board Meetings. The goal is to improve the functioning of the Board and Committee meetings by allowing more time for Directors to spend on discussions related to strategic and governance issues.

Items in the consent agenda will include: items included only for information; routine updates; reports for Board monitoring; decisions that are largely administrative or “house-keeping” in nature; and other items that do not require board action.

These consent items will be dealt with at the beginning of the meeting with a single Board motion and vote to approve all of the items in the consent agenda. If a Board Member wishes to discuss a particular item, they will ask for it to be removed from the consent agenda so that it can be a separate item for discussion after the remaining consent agenda items are approved.

New Board Member - Professional Staff Association

Dr. Alan Campbell will be joining the QHC Board in the ex-officio position as newly elected President of the Professional Staff Association. Dr. Campbell is a long serving and well respected member of the QHC professional staff. He has practiced urology in the Quinte area for the past 34 years, and continues to care for patients in the areas of urology as well as general surgical assist.

Once a PSA Vice-President is identified, they will also have the opportunity to join the Board.

QHC Scorecard Results – Q3 2013/14

The third quarter year-to-date corporate scorecard results are attached. Nine months into the fiscal year (April to December 2013), the targets set for medication reconciliation, alternate level of care patient days, ER wait times and employee engagement are all being achieved. QHC management remains cautiously optimistic that the balanced budget will also be achieved by year-end.

Alternate Level of Care Patients

QHC has experienced a 27% reduction in the percent of ALC patient days over the past year. ALC patients are those who no longer need acute medical care and are waiting in hospital for a long-term care placement or another level of care, such as rehabilitation. The overall rate of percent ALC patient days at QHC is now at 16.7%, the second lowest in the South East Local Health Integration Network region.

More work is required to continue to reduce barriers to discharge to long-term care, most commonly related to the need for specialized equipment and requirements for behavioural supports.

Moderate Surge

QHC continued to experience higher than usual volumes of medical inpatients at all its hospitals from October to November. There was also an increase in the number of patients requiring critical care in the BGH intensive care unit. Average monthly volumes increased by as much as 20% above normal in the inpatient medical unit and 45% in the intensive care unit at BGH. A surge plan was developed with five strategies to assist with more timely flow of patients and to support staff resources.

QHC Board and Advisory Council Positions

The Nominations & Communications Sub-Committee is looking for media assistance to promote the positions available on the volunteer QHC Board of Directors and Advisory Council. There will be four open positions on the QHC Board and five on the Advisory Council as of June. Applications are being accepted until February 17. More information is available on the QHC web site at www.qhc.on.ca.

November 2013 Financial Statements

Year-to-date results for the first eight months of the fiscal year (April to November 2013) are essentially at a break-even position. Although QHC currently shows a year-to-date deficit of \$274,000 as of November 2013, management had planned to be at a deficit of \$350,000 at this point in the fiscal year.

Despite continued pressures on inpatient bed capacity and staffing resources, QHC management is cautiously optimistic that QHC will end the year in a balanced financial position.

Planning for 2014/15

As previously announced, QHC management has identified a potential gap of at least \$5 million between revenue sources and expenditures for the 2014/15 fiscal year. This is primarily driven by the hospital funding formula and continued fiscal pressures throughout the province.

The organization started planning for this challenge in August 2013 and has already identified \$3 to \$4 million of potential clinical improvement and administrative efficiencies at QHC. Between now and the end of March, further strategies are required to ensure a balanced budget for the fiscal year that starts on April 1. That planning is currently underway.

Next Meeting

The next regular meeting of the QHC Board of Directors will be held on March 25 at QHC Belleville General Hospital.

Time	Item	Topic	Lead	Policy Reference	Policy Formulation	Decision-Making	Monitoring	Information/Education
3:05	6.0	Ensure Financial & Organizational Viability <i>Audit and Finance Committee</i> 6.1 November 2013 Financial Statements 6.2 2014-15 Operating and Capital Budget	K. Baker K. Baker	V-A-7 V-A-7		X	X	
3:20	7.0	Ensure Board Effectiveness <i>Governance Committee</i> 7.1 2014 Communications & Engagement Plan	S. Wright	V-A-7		X		
3:35	8.0	Adjournment Next meeting: March 25, 2014	S. Blakely			X		
	9.0	In Camera Session	S. Blakely	V-B-8				

**Quinte Health Care
Board of Directors Meeting Minutes
November 26, 2013**

A meeting of the Board of Directors of Quinte Health Care was held on Tuesday, November 26, 2013 at the Picton Town Hall. Mr. Blakely chaired the meeting.

Present:

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

Regrets: There were regrets from Mr. John Embregts.

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 4:35 p.m.

1.1 Approval of Agenda

Motion: To approve the open session November 26, 2013 agenda.
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

Motion: To go into closed session.
Moved by: Mr. Magarrell
Seconded by: Mr. McGregor
Carried

3.0 Board Minutes

3.1 Minutes from the last meeting of the Board on September 24, 2013.

Motion: To approve the minutes from the last meeting of the Board on September 24, 2013.
Moved by: Mr. Magarrell
Seconded by: Ms. Baker
Carried

4.0 Education Session

4.1 Health Care Funding

An education session was given on Health Care Funding by Brad Harrington, Vice President and Chief Financial Officer of QHC.

Dr. Zoutman joined the meeting at 5:44pm.

5.0 Report of the Chair

5.1 Report of the Chair

Mr. Blakely presented his report to the Board which included a patient story illustrating how QHC PECMH staff and physicians are living the values.

QHC was a finalist for a 2013 Award in Leading Governance Excellence for our Advisory Council model. The Women's College Hospital won the award; we were pleased to be a finalist along with two well respected Ontario hospitals.

Congratulations were offered to QHC PECMH and TMH for receiving provincial recognition for their high patient satisfaction scores from the National Research Corporation and Ontario Hospital Association. QHC Leadership has organized celebration events and Board members were asked to attend and show Board appreciation for these achievements.

Mr. Blakely provided an update on the committee meetings and events he attended since the last Board meeting. He noted one change to his written report as the November 11th event was cancelled. Mr. Blakely also provided the correspondence tracker of all incoming and outgoing communications with the Board for the period of September 20 to November 21, 2013.

5.2 Report on Director's Education Sessions

5.2.1 Financial Literacy Workshop

Mr. Pfeiffer attended the "Financial Literacy for Hospital Board Directors" workshop in Toronto on October 7. This workshop is recommended to those who are new to their role on an audit and finance committee.

5.2.2 Report on Leadership Certificate for Hospital Board and Committee Chairs

Mrs. Baker attended the Ontario Hospital Association "Conference Leadership Certificate for Hospital Board and Committee Chairs" on October 4 and 5. There was a focus on upcoming changes and what they mean for hospital boards members.

5.2.3 SELHIN Governance Excellence Workshop: Building Collaboration

Mrs. Anderson and Mrs. O'Farrell attended the SELHIN "Governance Excellence Workshop" on November 20. Mrs. Anderson noted that it was a good networking opportunity. During the session they were asked to ratify the proposed Governance Excellence Framework for the Board of the SELHIN. During the session, Mrs. Anderson and Mrs. O'Farrell indicated that they could not represent the QHC Board in approving the framework and could only offer their feedback. Mrs. Anderson suggested that fellow Board members give feedback to the Governance Committee. As identified in the Briefing Note, the framework and meeting materials are available on the LHIN website at:

<http://www.southeastlhin.on.ca/Page.aspx?id=9002>.

6.0 Building Relationships

6.1 Report of the President and CEO

Mrs. Egberts provided her report to the Board noting that Senior Leadership felt that some information being covered in the Report of the CEO would be better covered off in a Report of the Chief Nursing Officer. The Report of the Medical Advisory Committee has also been renamed the Report of the Chief of Staff for consistency and to better reflect the content.

Management was pleased to receive notice from Accreditation Canada that QHC was successful in maintaining its award of Accreditation with Commendation. Mrs. Egberts recognized Katherine Stansfield and Cathy O'Neill who helped with the final push to ensure all requirements were met. The Board applauded the QHC team for this accomplishment.

QHC continues to receive numerous positive comments from community members as a result of the change to an open visiting policy.

6.1.1 Balanced Scorecard

Q2 2013/14 Scorecard

Mrs. Egberts provided the QHC Q2 Scorecard Results, noting that QHC is tracking well above target in most areas. The strategic enabler goal (balanced budget) is showing yellow. Although Management is cautiously optimistic that QHC can finish the year with a balanced budget, the final quarter tends to be challenging due to higher volumes and other factors.

7.0 Ensure Program Quality and Effectiveness

Quality of Patient Care Committee

7.1 Surgical and CT Scan Wait Times

Mr. McGregor noted CT wait times continue to trend upward although QHC remains under the provincial target of 28 days. The main contributing factor is the CT referral rate has increased by 10% when compared to the previous year.

The surgical wait times for cataract and joint replacement procedures are also growing due primarily to increased demand for service, fuelled by an aging demographic. Current cataract wait time at QHC is 167 days and the provincial average is 155 days. There could be an opportunity for the redistribution of volumes within the SELHIN in December and QHC is well positioned to receive additional cases.

The Board discussed the communications gap to help our public understand wait times. It was suggested that the LHIN should assist with this education.

7.2 Measuring Patient Satisfaction

Mr. McGregor provided a summary of the Patient Satisfaction Report from Q2 which is generated from patient surveys. Overall response was positive and there has been an increase in the number of complaints and compliments.

7.3 Committee Update

Mr. McGregor gave a Quality of Patient Care committee update from the meeting held on November 19 2013.

Medical Advisory Committee (MAC)

7.4 Report of the Chief of Staff

Dr. Zoutman provided his report to the Board and shared a story from a QHC physician regarding a challenging group of cases during one of her first shifts at QHC. The story exemplified the spirit in which the QHC physicians and staff worked as a team to save lives.

Dr. Terence Sakamoto has been nominated by the Division of Ophthalmology and the Medical Advisory Committee as the Head of the Division of Ophthalmology effective January 1, 2014. He will be replacing Dr. Krishnan Rao who has served in this role since 2012.

Dr. Zoutman thanked Dr. Robert Bates as he is retiring at the end of this year. He is past Chief of Family Medicine, Chief of Staff, and Medical Director of Medicine and Critical Care. He has chaired the MAC, the Pharmacy and Therapeutics Committee and the Standard Order Set Committee to name a few.

QHC is working with Corpez Sanchez International to examine the complex discharge processes for internal medicine patients, with the goal of more efficient and patient-centered transfers back to the community.

Dr. Zoutman informed the Board that the influenza vaccination rate for QHC staff and physicians is at about 45%, despite an extensive internal campaign. Dr. Zoutman believes all healthcare workers have a professional obligation of get the influenza vaccine. Some Ontario hospitals require their health care professionals to wear a mask at all times in the hospital if they do not get the flu shot and there is an outbreak in the community.

Dr. Zoutman invited the Board and community to attend a series of upcoming public lectures. The first event is the "Critical Care- When Care is Critical" on December 4 at Loyalist College Alumni Hall from 7- 9 pm.

The Physician Manager Institute (PMI) course "Leading Change and Innovation" was held for physician, clinical and administrative leaders on November 22-23, the second in a series of similar leadership courses at QHC.

7.4.1 Recommendations Report

Dr. Zoutman requested approval of the following recommendation:

Motion: That the QHC Board of Directors appoint Dr. Terence Sakamoto as Division Head of Ophthalmology as recommended by the Medical Advisory Committee on November 12, 2013.

Moved by: Mr. MacKinnon

Seconded by: Mrs. O'Farrell

Carried

7.5 Report of the Chief Nursing Officer

Mrs. Stansfield provided her report to the board noting that QHC has been experiencing higher than usual inpatient volumes since the beginning of November. QHC has been managing these patients using its regular moderate surge protocols and to-date have not needed to cancel any surgeries.

There has been an extensive campaign throughout November to encourage staff and physicians to get their flu shot. QHC has not yet had an increase in staff sick time but the flu season is approaching.

The Stroke program at QHC BGH experienced a spike in their current volumes, with October being a record month of 27 patients coming in through the "Code Stroke" protocol either through EMS, 'walk-ins' or as inpatients.

The SELHIN has been leading a process to redesign the mental health system in the region and create more seamless and streamlined access to care for patients. The next step will be a meeting with Board Chairs and Executive Directors on November 25 to review and provide feedback on three potential models. Tricia Anderson and Mary Clare Egberts will attend the November 25 session.

Since the initial pharmacy shortages identified in 2012 the stock of most drugs has been relatively stable. QHC was notified in August 2013 that there were a limited number of certain injectables, notably fentanyl and hydromorphone. Action has been taken to preserve QHC's stock levels. The hospital has a good supply (30 days or more) of most of the drugs being tracked.

8.0 Ensure Financial & Organizational Viability

Audit and Finance Committee

8.1 September 2013 Financial Statements

Year-to-date results for the first six months of the 13/14 fiscal year show a deficit of \$117K before building related items. This is a \$390K positive variance to budgeted deficit of \$507K. A number of factors have contributed to these positive results.

MOHLTC funding has been positively impacted by the extension of the mitigation period for the impact of the HBAM funding model. Based on fiscal 2012/13 HBAM funding allocations, QHC planned for a \$2.3M reduction in HBAM related to funding for fiscal 2013/14. The actual impact was \$655K.

QHC has had significant surge in patient volumes in the last three weeks. The Board discussed the potential impact of surge on year end financials, but it is largely unpredictable at this point.

Motion: That the Board approves the September 2013 Financial Statements.
Moved by: Mrs. Anderson
Seconded by: Mr. McGregor
Carried

8.2 MSAA (Multi Sectorial Service Accountability Agreement)

A review of the financial summary of the CAPS submission was completed during the Audit and Finance committee meeting.

Motion: After making inquiries of QHC management, the Audit and Finance Committee recommends to the QHC Board of Directors to attest to the LHIN that QHC is meeting all obligations under the service accountability agreement (the “M-SAA”) for the period April 1, 2013 to September 30, 2013.

Moved by: Mr. Petrie
Seconded by: Mr. Pfeiffer

Motion: The Audit and Finance Committee recommends to the QHC Board of Directors that the 2014/15 Community Accountability Planning Submission (CAPS) for Multi-Sector Service Accountability Agreement (MSAA) between QHC’s other vote programs; Crisis Intervention Centre (CIC) and Assertive Community Treatment Team (ACTT) and the SELHIN.

Moved by: Mr. Magarrell
Seconded by: Mrs. O’Farrell

8.3 Committee Update

Ms. Baker gave an Audit and Finance committee update from meeting held on November 19, 2013. Employee deductions have been filed on time and the committee approved the banking agreement with RBC to be extended for one more year asking Senior Leadership to undergo the RFP process in the New Year.

9.0 Provide for Excellent Leadership & Management

Human Resources Committee

9.1 Committee Update

Mrs. O’Farrell provided a Human Resources committee update from the October 1, 2013 meeting. It was noted that the 2013-14 Performance Goals for the CEO, COS and Senior Leadership were reviewed. The HR Strategic Plan quarterly indicators were reviewed and discussed. An overview was provided of how the new employee engagement survey was employed to establish an engagement baseline of 55.9% and the basis for setting a 5% improvement target.

10.0 Ensure Board Effectiveness

10.1 Board Goals

Mr. Pfeiffer reviewed Board goals in which there were no significant changes.

Motion: That the Board approves the 2013/14 Board Goals as identified below.

Moved by: Ms. Baker

Seconded by: Mr. McGregor

Carried

10.2 Committee Update

Mr. Pfeiffer gave a Governance committee update from the meeting held on November 19, 2013. It was noted that the Governance committee will need to review the terms of reference and work plans for all committees during the January 7 2014 meeting.

11.0 Ensure Board Effectiveness

Nominations & Communications Sub-Committee

11.1 Approval of Advisory Council Member

Mr. McGregor recommended that the Board approve the proposed new Advisory Council Member.

Motion: That the Nominations and Communications Sub-Committee recommend for approval by the Board the following Municipal Advisory Council Member:

Municipality of Brighton
Kim Pederson

Moved by: Mr. McGregor

Seconded by: Mrs. O'Farrell

Carried

11.2 Committee Update

Mr. McGregor gave a Nominations and Communications sub-committee (NCSC) update from the meeting held on November 27, 2013. Recruitment of new Advisory Council members will begin in early 2014.

12.0 Adjournment

Motion: To adjourn at 7:13 p.m.

Moved by: Mr. Petrie

Carried

Action Items:

- i. Request the LHIN to assist with explanation of wait times to public (S. Blakely)

Steve Blakely, Chair
Board of Directors

Mary Clare Egberts
President and CEO and Board Secretary

**Report of the Board Chair
February 4, 2014**

Events and Meetings Attended

November 26, 2013 – attended the Board of Directors Meeting.

November 27 – attended the Nominations and Communications Sub-Committee Meeting.

November 27 – attended the Advisory Council Meeting.

December 12 – attended meeting with Board Member and Sandy Latchford.

December 19 – attended meeting with Belleville Quinte West Community Health Centre (BQWCHC) with Mrs. Anderson and Mrs. Rowe.

January 7, 2014 – attended the Governance Committee Meeting.

January 7 – attended the Human Resources Committee Meeting.

January 9 - attended a pre-planning meeting with Mrs. Anderson, Mrs. Egberts, Mrs. Rowe and Mr. McAuley.

January 14 – attended Board Committee Chairs Meeting.

January 14 – attended meeting with Mrs. Egberts and Dr. Zoutman.

January 15 – participated in webinar on ‘Moving on Mental Health Update’.

January 21 – attended meeting with PSA President, Mrs. Egberts, Dr. Zoutman and Mr. McAuley.

January 21 – attended Audit & Resources Meeting.

January 21 – attended Quality of Patient Care Meeting.

January 22 – attended pre-planning meeting with Mrs. Egberts and Mr. McAuley.

Professional Staff Association (PSA) Executive

I am pleased to inform you that the PSA has identified some of their executive members for this year. Dr. Allan Campbell has graciously accepted the position of President and Dr. David O’Brien will remain as Treasurer. They are working with the Professional Staff with Dr. Zoutman’s support to identify the other executive members. As President, Dr. Campbell will be joining the Board of Directors in an ex-officio capacity. When a Vice-President is identified, they will also have the opportunity to join the Board. Dr. Campbell has also agreed to join the Quality of Patient Care Committee and to help identify PSA representatives for the Audit and Finance and Human Resources Committees.

Addictions and Mental Health Redesign

Reminder of Board to Board Engagement Session on Addiction and Mental Health Redesign scheduled on Monday, February 10, 2014 in Kingston. This provides an opportunity to network with Board colleagues in other organizations, as well as giving Quinte Health Care input to this important topic. Please RSVP with Jennifer Broek if you plan to attend.

Respectfully submitted,
Steve Blakely, Chair

Report of the CEO
January 2014

Q3 2013/14 Scorecard

I have attached the results of the QHC Corporate Scorecard for year-to-date Q3. As of the end of December, both the medication reconciliation and ALC goals continue to show very positive results. The ER wait times have increased since last quarter due to the recent patient surge, but are still well within target. Note the Q3 ER wait times number will not be confirmed until it has been validated by the MOHLTC in early February. The employee engagement score is also now above target. While the strategic enabler target is currently yellow, we remain cautiously optimistic that we will finish the year in a balanced position.

OHA New President

Marcia Visser, Ontario Hospital Association (OHA) Board Chair, announced that Anthony Dale has been appointed to the positions of President and CEO and Secretary of the OHA effective December 19, 2013. Anthony has worked with the OHA and its members since 2004, previously serving as the association's Vice President, Policy and Public Affairs before being appointed Interim President and CEO in June 2013. In the ten years that Anthony's been with the OHA, he has played an important leadership role in influencing policy direction and building partnerships that have helped improve the transparency, accountability, quality and value of Ontario's health system.

QHC Balanced Scorecard – Q3 2013/14

3.4a

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 on Admission	Reduce ED length of stay for admitted patients	Reduce alternate level of care patient days	Improve Employee Engagement Score	Balance budget before building amortization
Target	Medication Reconciliation on Admission $\geq 50.8\%$	90 th percentile length of stay ≤ 20 hours	ALC patient days $\leq 15.1\%$	Employee Engagement Score $\geq 58.7\%$	Margin ≥ 0
Q3 ytd 2013/14 Performance	58.3% 	17.6 hrs 	13.1% 	62.3% 	tbd
Q2 ytd 2013/14 Performance	57.9% 	16.1 hrs 	13.0% 	55.9% 	-0.16% 
Q1 2013/14 Performance	53.3% 	15.7 hrs 	13.0% 	55.9% 	-1.45% 

**Report of the Chief Nursing Officer
February 4, 2014**

Ice Storm

Quinte Health Care (QHC) experienced several challenges during the ice storm December 21-22, 2013 affecting all of our hospitals. On December 21, the Intensive Care Unit (ICU) reached 20% overcapacity with all but 1 ventilator in use, meeting the criteria for a moderate critical care surge and triggering a SELHIN response. Several patients were transferred to Kingston General Hospital, where there was ICU capacity. All but life and limb surgery was cancelled, resulting in the rescheduling of surgical cases, primarily orthopedic, over the following days. This created a challenge in the OR over the holidays particularly for the orthopedic surgeons, anesthetists and nursing staff as they managed those cases that were postponed as well as the influx of patients requiring surgery due to the ongoing icy conditions.

Prince Edward County Memorial Hospital (PECMH) had a temporary power outage but was able to run on generator power with only minor challenges. The North Hastings Hospital Emergency entrance was temporarily compromised by a snowplow collision with the building, requiring structural assessment to assure staff and patient safety. Trenton Emergency Hospital had an influx of Emergency patients and all were challenged with patient transportation, both non-urgent and the Emergency Medical Services, due to the treacherous road conditions.

A full debrief of the ice storm was held to focus on lessons learned and improvements that could be made.

Many staff and physicians made heroic efforts to come to work during this period, and many worked long hours or came in to work even though not scheduled to maintain care for their patients and to keep services functioning at all the hospitals. Our thanks are extended to all of our staff and physicians for their dedication to ensuring our care is there for all who need it, regardless of the circumstances.

Update to QHC Moderate Surge

We continued to experience higher than usual inpatient volumes for medical patients in all our hospitals from October - November, with accompanying increased volume of patients in the BGH intensive care unit. For example, average monthly volumes increased by as much as 20% in the BGH inpatient medical units, which receive referrals from all QHC hospitals for patients requiring specialized care. Occupancy in the Intensive Care Unit increased by 45% from August to November, with a marked increase in the number of patients requiring ventilation assistance. Units already working at 90% capacity and above are challenged to meet this influx of patients and there has been an increase in staff sick time over this period.

A surge plan was developed with 5 strategies to assist with more timely flow of patients and to support staff resources. An Incident Management Model was put in place to monitor the plan and remove barriers as needed. By mid-December the volume of patients returned to normal but has increased again in January, although to a lesser degree. ER volumes continue to be at baseline throughout this time period.

Although a flu season is anticipated annually in the fall/winter this surge has not been attributed to influenza. As part of the 14/15 operational plan, a seasonal bed/staffing model is being developed for the inpatient medical units at BGH and PECMH to manage this anticipated increase in volume.

Influenza Planning

QHC initiated an Incident Management Model to ensure the flu planning contingencies were in place and to monitor ongoing cases of influenza with the support of Hastings Prince Edward Health Unit.

Although there have been isolated cases reported in the ED and the ICU, there has been no spike in cases as experienced in the western provinces. Added flu clinics were in place in early January for staff, volunteers and physicians with some added uptake but overall the vaccination rate did not increase substantially, peaking at 49.87% for staff and 49.4% for physicians.

SELHIN Alternate Level of Care

The Ministry of Health and Longterm Care (MOHLTC) regularly provides a summary of each LHIN's level of Alternate Level of Care (ALC) patients. The October 2013 data was released in November. ALC patients are those who have completed their acute medical care plan but are not able to return to their original destination and are waiting in acute care or post-acute care (Complex Continuing Care or Rehabilitation) for their eventual discharge destination.

In October 2013, the SELHIN's % ALC patient days rate was 16.9%, an increase of 0.2% from the previous year. Quinte Health Care (QHC) had an overall reduction of 27% in their ALC rate over the past year, with an overall rate of 16.9%, the second lowest in the SELHIN. More work is required specifically to reduce barriers to discharge to longterm care (the highest reason for ALC waits), most commonly due to need for specialized equipment and behavioral requirements.

The reduction in % ALC days at QHC has been a priority in 2012-13 and 2013-14 supporting the strategic direction "providing effective care transitions". Currently, we continue to be below this year's target of 15.1% despite the pressures in the system described in this report. The steady decline in ALC has been attributed to a focused strategy including CCAC and QHC patient flow coordinators, physicians and staff. Meeting with families to discuss alternatives to longterm care and ongoing education with physicians and staff to ensure approaches such as Home First are consistently discussed with patients and families have contributed to the success to date. However we are concerned that ALC rates may rise as a secondary result of the increased volume and acuity of patients in the past months.

MOHLTC Life and Limb Policy

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.

Guiding principles of the policy include:

- The Life or Limb Policy is in effect when a patient is life or limb threatened and therapeutic options exist, which are needed within 4 hours
- A patient's life or limb threatening condition is a priority and the identification of beds is a secondary consideration
- No patient with a life or limb threatening condition will be refused care
- LHIN geographic boundaries will not limit a patient's access to appropriate care in another LHIN
- Repatriation within a best effort window of 48 hours once a patient is deemed medically stable and suitable for transfer is key to ensuring ongoing access for patients with life or limb threatening conditions (applies to both transfers within Ontario, and out-of-country (OOC) transfers).

QHC clinical and administrative leaders will be determining next steps to enact this policy as a priority. Current practices and policies in QHC and the SELHIN are already in place to support this policy, including repatriation within 24 hours.

To: Board of Directors
From: Dr. Dick Zoutman, Chief of Staff
Re: Report of the Chief of Staff and Medical Advisory Committee

Date of Meeting: February 4, 2014

For: Information

Since my last report in November, the MAC has met twice, in December and in January.

Professional Staff Leadership

Dr. E. Alexander (Sandy) Williams has been nominated by the MAC as the New Chief of the Department of Anesthesiology. Dr. Williams brings many years of experience at QHC to this important role, and has served previously as the Chief. I extend my thanks to Dr. Scott Morrison who has provided excellent leadership to the Department over the past year.

Quality of Care and Process Improvement

At the January MAC Dr. Chris Hayman, Chief of the Department of Emergency Medicine, provided an excellent Spotlight Report on the status of the Department of Emergency Medicine and important quality improvements they are undertaking under his leadership.

I am pleased to inform the Board that we have received a letter from the Minister of Health and Long Term Care that our application for an Alternate Payment Plan (APP) for the Department of Paediatrics has been approved. This new agreement will be very important in providing stability to the Department and in attracting new Paediatricians to QHC.

Despite a very busy period in October to December throughout the hospital the number of compliments received by the hospital continues to climb. These letters and other messages are very important to us.

The Ministry of Health and Long Term Care has released a new "Life and Limb" policy that was reviewed by the MAC with Dr. John Muscedere, Critical Care Lead for the South East LHIN. The Medical Departments and Clinical Programs will be working together to assure QHC is able to provide the life and limb saving care for those cases that fall within our scope of services and to work with the SELHIN and Critical to ensure efficient transfer of care where that is required.

Our Physicians and Professional staff have been highly engaged in evaluating and improving those patient care practices that impact quality including efficiency and effectiveness. Some notable examples are:

1. PRISM: Pathways Resulting in Inter-professional Standard Work and Metrics. A completed standard orders set and clinical care pathway for the treatment of chronic obstructive lung disease (COPD) have been developed and trialed with very good success in terms of reducing days of care, getting patients home sooner and not seeing increased re-admissions. Our next task is to spread this success throughout the 4 hospitals.
2. Documentation of co-morbidities by physicians resulting in improved capture of diagnoses that impact on our weighted cases
3. High level of medical record completion that also favorably impacts capturing resources for the care provided

4. Selected key metrics on physician level performance have been requested by the MAC and our physicians to allow them to monitor their performance on key quality items such as length of stay etc.

The Credentials Portal has been a huge success and we have completed the Professional Staff credentialing for 2013 all on line. It has been quite a smooth process. Congratulations to Miranda Germani who has managed this so very well!

Communication and Engagement

Our first "At The Cutting Edge" event entitled: "Critical Care-When Care is Critical" featured our amazing team of professionals from our Intensive Care Unit. They did a spectacular series of presentations on the care that is provided in our ICU.

Additionally, we have posted the second in our series of "At The Cutting Edge" pod casts featuring Dinie Engels, QHC Pharmacist and Dr. Bob Bates speaking about drug utilization.

The Physician Manager Institute course on "Leading Change and Innovation" was very successful and well attended by a large inter-professional QHC team. I took away the phrase: "Connections before Content" as it relates to working through change. Our next PMI course is planned for May 31-June 1, 2014 on disruptive behaviours and their management.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Zoutman", written over a horizontal line. The signature is stylized and cursive.

Dick Zoutman, MD, FRCPC
Chief of Staff