



Summary of the QHC Board of Directors Meeting January 26, 2016

The following is a synopsis of some of the topics that discussed at the January 2016 QHC Board Meeting.

Deputation by OurTMH:

Mike Cowan from OurTMH lead a brief presentation to the QHC Board of Directors. The delegation was requested to present the board with copies of letters supporting TMH and to extend an invitation to the group's first anniversary celebration. The citizens advocacy group *OurTMH* is represented, along with QHC and other health care partners on the Trenton Memorial Hospital Implementation Task Force. Initiated by the South East Local Health Integration Network (SE LHIN), the task force was created to address the recommendations of the Brighton/Quinte West Health Services Advisory Committee Report. The report was endorsed by the QHC Board of Directors at the November 24th meeting. The task force met for the first time on January 14th. The final report expected by May 1, 2016.

Emergency Wait Times Initiatives:

The Quality of Patient Care Committee brought forward seven recommendations to the board to help reduce wait times in the emergency rooms. QHC continues to experience high occupancy within our in-patient units, putting increased pressure on the emergency rooms, particularly at BGH. The recommendations build on successes including the use of physician assistants and rapid admission nurses.

Some positive actions taken to improve wait times include: setting up teams focused on improving processes such as consultant, x-ray and lab turnaround times, standardizing processes, conducting real time patient experience surveys, and ensuring patients are taken to the most appropriate QHC Emergency Department. A *Physician at Triage* trial, coined by staff as "Doc in the Box", started January 2nd to try to reduce the number of patients that leave without being seen at BGH emergency room.

BSTU Working on Increasing Referrals:

The Audit and Resource Committee report included the need for increased patient referrals to the BSTU. The number of patients in the BSTU (Behavioural Support Transition Unit) is low. The average length of stay has been 55 days compared to the expected 90 days. We continue to experience referral issues and are working with the SE LHIN to address. [Click here for more information.](#)

Chief of Staff "the shadow":

In collaboration with the QHC physician team, Dr. Zoutman has identified that by standardizing some physician practices in evaluating patients, improvements can be made in patient flow. In his report to the board, Chief of Staff Dr. Dick Zoutman outlined his efforts to better understand the issues of patient flow at the frontline. This included shadowing three family physicians and a pediatrician on rounds, spending two days with a family physician and two days shadowing emergency nurses to see first-hand the special challenges they face and to support planning for emergency room process improvements.

2016/17 Operating Plan:

The Audit and Resource Committee recommended the board adopt the 2016/17 Operating and Capital Plan. The board approved the plan. The details of draft operating plan was presented and approved at the last board meeting on November 24, 2015. No significant change to the plan has been made since then. We have had an extremely productive staff planning process to date with the unions in order to reduce the impact on individual people.

Seeking Board Members:

The Nominations Ad Hoc Committee is seeking to fill five positions for the 2016/17 board of directors. More information and an application form is available at www.qhc.on.ca or by contacting Julia Minek at 613-969-7400 ext. 2400 or jminek@qhc.on.ca. The application deadline is February 26, 2016.



QHC Board of Directors
Tuesday, January 26, 2016
5:00 – 7:00 p.m.
Education Centre, 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	Topic	Lead	Policy Reference	Decision-Making	Monitoring	Information/Education
5:00	Deputation Deputation	M. Cowan	V-B-8			X
5:10	Consent Agenda Minutes Board Minutes from November 24, 2015 Reports Report of the Chair* Collaborative Governance Committee Update Report of the Chief Nursing Officer Committee Updates Quality of Patient Audit & Resources Nominations Ad-hoc	T. Anderson	By-law 3.2 V-A-8	X		X X X X X X
5:20	Report of the Chair Patient Story	T. Anderson	V-A-8			X
5:30	Building Relationships Report of the President & CEO Balanced Scorecard	M.C Egberts	VI-1 I-2			X X
5:40	Ensure Program Quality and Effectiveness <i>Quality of Patient Care Committee</i> Critical Events Update BGH Emergency Department Patient Flow Report of the Chief of Staff & Medical Advisory Committee Medical Advisory Committee	O. Hoyer D. Zoutman	III-3 By-law 8.04		X X	X

Time	Topic	Lead	Policy Reference	Decision-Making	Monitoring	Information/Education
	Recommendations Report (December & January)*			X		
6:20	Ensure Financial & Organizational Viability <i>Audit & Resources Committee</i> November 2015 Financial Statements 2016/17 Operating & Capital Plan	K. Baker	IV-1 IV-2	X X		
6:45	Adjournment Next Meeting: March 22, 2016 Board Meeting (PECMH)	T. Anderson		X		

**Quinte Health Care
Board of Directors Meeting Minutes
November 24, 2015**

A meeting of the Board of Directors of Quinte Health Care was held on Tuesday, November 24, 2015 in the Belleville General Hospital Education Centre. Mrs. Anderson chaired the meeting.

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

Regrets: Ms. Karen Tiller

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

1.0 Call to Order

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

1.1 Approval of Agenda

Motion: To approve the open session agenda of November 24, 2015.
Moved by: Ms. Baker
Seconded by: Mr. Wright
Carried

1.2 Declaration of Conflict of Interest

There were no declarations of conflict of interest.

2.0 Closed Session

2.1 Motion to go into closed session

Motion: Motion to go into the closed session.
Moved by: Mr. McGregor
Seconded by: Mrs. Hoyer
Carried

3.0 Consent Agenda

Mrs. Anderson reviewed the consent agenda items.

3.2 Board Work Plan and Committee Terms of Reference

A board member requested confirmation that February committee meetings would take place as there are no items scheduled within the board work plan. Mr. McAuley indicated that the meetings will be confirmed by committee chairs and could be used for education as needed.

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

- 3.1 Board Minutes from September 29, 2015
- 3.2 Board Work Plan and Committee Terms of Reference
- 3.3 Approval of New Advisory Council Members
- 3.4 2015/16 CEO & COS Competencies & Learning Plans
- 3.5 2015/16 Performance Management Process for CEO & COS
- 3.6 2015/16 Board Committee Membership
- 3.7 Ensure Program Quality & Effectiveness Policies
 - III-1 Quality Improvement and Safety
 - III-5 Respect for Diversity

Motion: To approve all items within the consent agenda of November 24, 2015.

Moved by: Mrs. Hoye

Seconded by: Mr. Johnston

Carried

4.0 Report of the Chair

4.1 Patient Story

Mrs. Anderson invited Taralynn Richmond, Patient Experience Specialist to share a patient story with the board. The story identified concerns which were expressed by a family member of a patient who had been left to wait for pick-up upon being discharged.

QHC formed a working group to review the concerns and subsequently changed practices to improve the patient and family member experience. It was noted that the family member was kept up-to-date on the improvement initiatives undertaken by QHC's patient experience specialist. The board thanked Ms. Richmond for sharing the patient story and recognized her for the professional manner patient concerns and compliments are addressed.

4.2 Recognition of Patrick Johnston to the Order of Canada

Mrs. Anderson acknowledged board member Patrick Johnston, for being inducted to the Order of Canada on November 18th. Mr. Johnston remarked on the great honour and noted that it was a humbling experience given the elaborate award ceremony.

5.0 Building Relationships

5.1 Report of the President & CEO

Mrs. Egberts advised the board of the recent community engagement activities undertaken. Board members were encouraged to take an active role in communicating the long-term clinical service distribution and 2016/17 operating plan to local organizations, clubs or individuals by expressing interest to the board chair or CEO.

A board member expressed concern that communicating the increased number of in-patient beds at QHC Trenton Memorial Hospital (TMH) should be reiterated to the public.

OHA Award

QHC has once again achieved a Quality Healthcare Workplace Award from the Ontario Hospital Association (OHA) and Ministry of Health and Long-Term Care. Mrs. Egberts noted that QHC received the silver level and remarked on the achievement given the amount of organizational change taking place at QHC. Mrs. Egberts thanked everyone who has contributed to making QHC an exceptional workplace.

Minister Hoskins Speech

Board members were provided with access to Minister Hoskins' speech delivered at the OHA Health Achieve conference in November. The board discussed the possibility that the Ministry may consider changes to the relationship between the CCACs and LHINs and signals that he will be considering changes in areas such as primary care, home and community care, and public health.

5.1.1 Community Engagement Results from 2016/17 Operating Plan

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

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

A board member asked whether the summary of feedback indicated the need for the board to delay or change the current process. It was noted that although QHC is unable to satisfy all members of the community, the need to reduce cost structure must be addressed. Mrs. Rowe indicated that for the most part, community members who provided feedback are accepting of maintaining core services at each hospital and are willing to travel for surgeries given the infrequent nature.

The board discussed the challenge surrounding transportation solutions for community members who must travel for hospital services and the increased level of concern from the recent engagement feedback. The board discussed the possibility for asking the local municipalities for help. Best practices utilized in other rural communities to improve transportation access were discussed. It was suggested the Brighton/Quinte West Steering Committee could evaluate best practices used by other rural communities with multi-site hospitals.

A recommendation to increase communication related to QHC's management structure was made as QHC is leaner than 75% of Ontario community based hospitals. An average manager at QHC has 57 direct reports compared to the average of 24 at the median for similar sized hospitals.

The board questioned whether there is evidence that resources have been established in the community sector to support the patient volumes. Dr. Zoutman indicated that he was recently advised that the SE Community Care Access Centre (CCAC) has a wait list for non-critical services. Mrs. Egberts indicated that there has been pilot projects funded (i.e. Health Links) which are currently being tested. Concern was expressed that the successful pilot projects may not be able to scale-up quickly enough to meet patient volume demand.

The board chair expressed pleasure for the continued level of interaction and support from the Minister of Health and Long-Term Care (MOH LTC) and encouraged the board, staff, physicians and members of the community to rally support for the future long-term plan for QHC.

6.0 Ensure Program Quality and Effectiveness

6.1 Report of the Chief of Staff & Medical Advisory Committee (MAC)

Quality Improvement

Dr. Zoutman provided an update on the quality improvement initiatives and events held in October and November. It was noted that a special meeting of the MAC was held on October 1st to review the clinical implications and proposed changes within the draft 2016/17 operating plan. Given the medical staff's feedback, a recommendation was made to maintain the bronchoscopy clinic within budget.

The QHC Utilization Advisory Committee (QUAC) completed the initial analysis of laboratory testing for major diagnosis groups at QHC. Dr. Zoutman indicated that in the analysis, an estimated 47,000 tests that could be reduced with improved quality of care. The QUAC team is amending order sets and processes to avoid repetition of lab tests. Dr. Zoutman noted that the QUAC team will begin an analysis of in-patient bed utilization and patient flow opportunities.

Dr. Zoutman informed the board that the presentation given by Michael Stewart, Director of the Clinical Support Branch at the MOHLTC drew a large group of staff and physicians on November 12th. The presentation illustrated the financial impact that accurate clinical documentation can have on health systems funding reform to physicians and staff at QHC.

Education and Leadership Development at QHC

Dr. Zoutman informed the board that QHC is hosting the Canadian Medical Association Physician Leadership Institute course "Engaging Others" on November 28th & 29th, 2015 in the BGH Education Centre.

Medical and Professional Staff Recognition Event

The board was reminded of the invitation to attend a recognition event on November 26, 2015 to acknowledge new, present and past members of the medical and professional staff at QHC taking place at the Belleville Club.

6.1.1 Medical Advisory Committee Recommendations Report

Dr. Zoutman presented the recommendation from the MAC. Dr. Josh Colby was recognized for his past leadership and contribution as the Division Head of Emergency Medicine and PECMH.

The board discussed the significant level of physician involvement in various working groups at Quinte Health Care.

Motion: That the QHC Board of Directors appoint Dr. Kim Haigh as Division Head of Emergency Medicine, PECMH Division as recommended by the Medical Advisory Committee on November 17, 2015.

Moved by: Mrs. O'Farrell

Seconded by: Mr. MacKinnon

Carried

6.2 Ensure Program Quality and Effectiveness & Ensure Financial and Organizational Viability: Quality of Patient Care and Audit and Resources Committees

6.2.1 2016/17 Draft Operating Plan

Mrs. Egberts, President & CEO provided the board with an overview of the impact that the Health Systems Funding Reform is having on QHC.

Brad Harrington, Vice President and CFO, highlighted the proposed clinical service changes within the 2016/17 QHC operating plan. Kim Stephens-Woods, Interim Vice President and Chief Nursing Executive, outlined the quality impacts and risk analysis of the significant changes contained within the plan.

A discussion on the risk levels occurred. A board member suggested that proposed changes related to ED could be a high risk. There was subsequent discussion surrounding each member of the interprofessional care team working to the top of their scope of practice. Mrs. Stephens-Woods noted that it is common for clinical professionals in the ED to work to the top of scope and that nearly half of the province operates in similar staffing complements as being proposed at QHC.

The board had a robust discussion regarding the need to carefully monitor and measure the proposed changes and interprofessional care model implementation. Mrs. Stephens-Woods indicated that QHC will continue to closely monitor key indicators and noted that implementing the interprofessional model at QHC has been planned at a pace to ensure that best practices learned from other hospital site visits and the first unit implementation at QHC are utilized in future roll outs on other units. Mrs. Stephens-Woods highlighted the importance of education and learning opportunities as another significant factor for successful implementation.

The board discussed the possible challenges that clinical staff turnover and changing roles could have on the implementation of the operating plan and the importance of adapting quickly to ensure quality of care is maintained. In response to being asked if the operating plan could be implemented without compromising significant risk to patient care, both the Chief of Staff and Chief Nursing Officer confirmed support for the proposed plan. It was noted that the plan must be implemented thoughtfully and cautiously with the entire interprofessional care team working at the top scope of their practice.

A board member asked management if QHC would be willing to share costs of security and maintenance at the North Hastings Hospital with the Bancroft Family Health Team and Dialysis Clinic. Mr. Harrington indicated that QHC would be pleased to work with the community partners to discuss the potential of sharing the costs.

The board discussed the importance of managing surge capacity at QHC. It was noted that the QHC Utilization Advisory Committee (QUAC) is in the early stages of analyzing in-patient bed utilization and patient flow. Mrs. Egberts informed the board that management of surge activity is one of the Senior Leadership Team's top priorities.

The board acknowledged QHC's managers, directors, senior leadership team and professional staff for their significant analysis and effort in developing the draft operating plan.

Mr. Johnston recognized fellow board members for their significant involvement in the development of the plan and suggested that their tough questions and significant input has positively impacted the outcome.

The board chair reiterated the importance of measuring the implementation of the plan and encouraged board members to continue asking difficult questions.

Motion: **After reviewing the quality and risk implications and mitigation strategies, the Quality of Patient Care Committee recommends that the Board of Directors' endorse in principal the proposed changes outlined in the draft 2016/17 operating plan.**

The Audit and Resources Committee recommends that the Board of Directors' endorse in principal the proposed changes outlined in the draft 2016/17 operating plan. This endorsement enables management to undertake the staff planning process and prepare the final draft of the 2016/17 Operating Budget for Board approval in January 2016.

Moved by: Mrs. Hoye
Seconded by: Ms. Baker
Carried

6.3 September 2015 Financial Statements

Ms. Baker presented the year-to-date financial results for the four months ended September 30, 2015, which show a surplus of \$301K versus a negative variance of \$20K to budget.

QHC has yet to receive the official funding letter for fiscal 2015/16, MOHLTC revenue (Global and One-Time) continues to be recognized based on the preliminary funding information that was previously provided by the SE LHIN. Ongoing discussions with the LHIN have been positive with respect to the need for interim support.

The balance sheet shows the current ratio at September 30, 2015 is 0.76. It was noted that cash flow will continue to be monitored closely as cash resources are no longer inflated by advance flow of capital funding. The total margin at September 30, 2015 is -0.31%.

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

Moved by: Ms. Baker
Seconded by: Mrs. O'Farrell
Carried

7.0 Ensure Board Effectiveness: Governance, Communications and Strategy Committee

7.1 Board Goals

As per policy V-B-7, the board is responsible for their goals on an annual basis. Mr. Johnston presented the proposal goals on behalf of the Governance, Communications and Strategy Committee to the board.

The board approved the recommended goals with the additional reference maintaining Quality of Patient Care added to the 5th goal.

Motion: That the Governance, Communications and Strategy Committee endorse the following 2015/16 Board Goals for presentation to the QHC Board of Directors:

1. Demonstrate support for and progress towards the Brighton/Quinte West Health Services Advisory Committee vision of creating a Health Centre Model;
2. Creation of a more robust recruitment process for the Board of Directors to ensure vacancies are filled and future recruitment plans are in place;
3. Develop opportunities to collaborate and partner with other health care Boards in our region including participation in governance activities related to Health Care Tomorrow – Hospital Services initiatives;
4. Take an active role as ambassadors in community communications in order to expand public understanding of QHC and health sector reform;
5. Provide appropriate direction, advice and governance to QHC senior leadership and staff that will support them in implementing efficiencies and restructuring initiatives that will improve QHC's ongoing financial status and maintain quality of patient care.

Moved by: Mr. Johnston
Seconded by: Mr. McGregor
Carried

7.2 Support for Brighton/Quinte West Health Services Advisory Committee Report

The board expressed unanimous support for endorsing the vision for health care in Quinte West as described in the Brighton/Quinte West Health Services Advisory Committee report.

A board member asked about whether thought had been given to who would potentially represent QHC on the future Steering Committee and it was noted that this would be decided at a future date.

Motion: That the Governance, Communications and Strategy Committee recommend that the QHC Board endorse the vision for Health Care in Quinte West as articulated in the Brighton/Quinte West Health Services Advisory Committee (BQWHSAC) report and undertakes the following activities to move towards the vision:

- QHC Board meet with Boards from the Community Health Centre (CHC) and Family Health Team (FHT) and prepare a joint submission to the SE LHIN and MPP Rinaldi requesting they form a steering committee as recommended by the BQWHSAC, and asking that the CHC, FHT and QHC have representation on the committee;
- QHC Board asks the Chief of Staff to meet with the mayors of Brighton and Quinte West to determine a process to develop a region wide physician recruitment and retention strategy.

Moved by: Mr. Johnston
Seconded by: Mr. Wright
Carried

7.3 Filling 2015/16 Board Vacancy

Merril Mascarenhas has recently resigned from the QHC Board due to time constraints. The Governance, Communications and Strategy Committee is recommending that Lynda Mungall be appointed to the QHC Board to fill this mid-term vacancy, until June 2016. Mr. Johnston confirmed that successful reference checks were completed and asked that the board approve her appointment subject to receiving a positive criminal records check.

Motion: **The Governance, Communications and Strategy Committee recommends that Lynda Mungall be appointed to the QHC Board with her term to end in 2016 and that she be appointed to the Audit and Resources and Governance, Communications and Strategy Committees pending successful reference checks and criminal record verification.**

Moved by: Mr. Johnston
Seconded by: Mr. MacKinnon
Carried

8.0 Adjournment

Motion: **To adjourn at 7:40 p.m.**
Moved by: Mrs. Hoye
Carried

Next Meeting: **January 26, 2016 at Belleville General Hospital in the Education Centre**

Action Items:

- i. There were no action items for the meeting of November 24, 2015.

Tricia Anderson, Chair
Board of Directors

Mary Clare Egberts
President and CEO and Board Secretary

To:	QHC Board of Directors
From:	Tricia Anderson, QHC Board Chair
Topic:	Report of the Chair
Date of Meeting:	January 26, 2016
For:	Information

Events and Meetings Attended

December 3, 2015 – Attended LHIN Chairs' meeting by phone with Mr. Johnson.

December 4, 2015 – Attended meeting with Mr. McGregor and Mrs. Egberts.

December 4, 2015 – Attended meeting with Mr. McGregor, Mrs. Hoye, Dr. Zoutman and Mrs. Egberts.

December 4, 2015 – Attended meeting with Belleville General Hospital Emergency Department Physicians, Mr. McGregor, Mrs. Hoye, Dr. Zoutman, Mr. Hohenkerk, Mrs. Stephens-Woods and Mrs. Egberts.

December 6, 2015 – Phone meeting with Mrs. Egberts.

December 8, 2015 – Phone meeting with Mrs. Egberts.

December 8, 2015 – Attended meeting with Mr. McGregor and Dr. Zoutman.

December 8, 2015 – Attended Advisory Council meeting.

December 15, 2015 – Phone meeting with Mrs. Egberts.

December 15, 2015 – Attended orientation session with Mrs. Mungall, Mr. McGregor, Mr. Harrington, Mr. McAuley and Mrs. Egberts.

December 15, 2015 – Attended meeting with Mr. McGregor and Mrs. Egberts.

December 22, 2015 – Attended MAC meeting with Mr. McGregor and the Senior Leadership Team.

January 6, 2016 – Phone meeting with Mrs. Egberts.

January 12, 2016 – Phone meeting with Mrs. Egberts.

January 12, 2016 – Phone meeting with Mr. McGregor, Dr. Zoutman and Mrs. Egberts.

January 12, 2016 – Attended QHC Board Nominations Ad-Hoc Committee meeting by phone.

January 12, 2016 – Attended QHC Board Audit & Resources Committee meeting by phone.

January 12, 2016 – Attended QHC Board Quality Committee meeting by phone.

January 18, 2016 - Phone meeting with Mr. McGregor.

January 19, 2016 - Phone meeting with Mrs. Egberts.

January 26, 2016 - Phone meeting with Mrs. Egberts.

January 26, 2016 – To attend QHC Board of Director's meeting.

Health Care Tomorrow

I have attached a Health Care Tomorrow Project Dashboard for your information. Please view the five page attachment to view the working groups' status reports.

Foundation News

Fifth Annual Pond Hockey Classic Tournament

The fifth annual Pond Hockey Classic Tournament will take place at the Batawa Community Centre in support of the Trenton Memorial Hospital Foundation (TMHF). It will take place on January 30 and 31, 2016, with the Puck Drop dinner being held on Friday, January 29. For more information, visit www.hockeyfortroops.com or contact Laura-Lee Hogan at extension 5867.

Milford Winter Carnival

Prince Edward County Councillor Steve Ferguson and editor of the South Marysburgh Mirror will be hosting a pancake breakfast on January 30, 2016 as part of the Milford Winter Carnival. All proceeds will go to the Prince Edward County Memorial Hospital Foundation. The cost is \$7 per adult and \$3 per child.

7 Night Western Caribbean Cruise

Carlson Wagonlit Travel has partnered with the Belleville General Hospital Foundation (BGHF) for an annual fundraiser seven nights Western Caribbean Cruise with two nights pre-cruise in Hollywood Beach, Florida from February 25 to March 5, 2016. A portion of the proceeds will go back to the BGHF to help make great care possible. Please contact Carlson Wagonlit Travel at 613-961-1186 or 1-866-297-4155 for more information.

Respectfully submitted,

Tricia Anderson, Chair

To:	QHC Board of Directors
From:	Kim Stephens-Woods, Interim Vice President & Chief Nursing Officer
Topic:	Report of the Chief Nursing Officer
Date of Meeting:	January 26, 2016
For:	Information

Interprofessional Care Team

The Interprofessional Care Team (IPCT) roll out continues across QHC. The professional practice team, managers and other IPCT team supports are maintaining a high level of vigilance throughout this roll out. Changes to roles, scope of practice remain key areas of focus to ensure continued success of the new model of care.

The IPCT steering group has been identifying opportunities for continued support for the units to allow for continued knowledge transfer for roles, processes and integration of the team work model. We continue to be well positioned for the continual roll out to those units that are not yet live with the model.

Patient Flow and Capacity Challenges

Concerns related to the movement of patients through our emergency departments have been identified by many stakeholders. Working in partnership with the emergency and medical programs many process changes have been identified and implemented for trial in the months of December and January. Ongoing reporting and monitoring of these changes will continue as this is a focus for the Senior Leadership Team.

Holiday Planning Follow up

Over the holiday period we were fortunate to see lower levels of medical and surgical bed occupancy at the BGH site and stable volumes coming through the emergency departments. There was no emergence of flu like symptoms in our patients or staff. This facilitated good movement across all programs. Clinics and other outpatient services were available for our patients throughout the holiday period with the exception of the statutory days. The pre-planning by the team was commendable.

Loss of Utilities at BGH

On January 15 we experienced a sudden, but limited loss of utilities – known internally as a “Code Grey” – effecting portions of the Quinte 7 Maternity and Quinte 6 Inpatient Surgical units. The electrical outlets in some patient rooms stopped working, affecting the ability to use lights and medical equipment. We implemented an Incident Management Structure to deal with the situation, which lasted about 10 hours before a replacement cable could be shipped to Belleville and installed. Since only some rooms were affected, we were able to move patients and continue to provide service with relatively minor interruption and inconvenience.

We have expressed our appreciation to the teams who assisted with resolving the issue and supporting safe patient care throughout the disruption, particularly the Maintenance, Housekeeping, Quinte 6 and Quinte 7 teams.

To:	QHC Board of Directors
From:	Mary Clare Egberts, President & CEO
Topic:	Report of the President & CEO – Discussion
Date of Meeting:	January 26, 2016
For:	Information

Balanced Scorecard

The balanced scorecard results for the second quarter of 2015/16 are attached. We have not been able to meet our targets for ER length-of-stay. As previously reported to the Board, QHC has been experiencing high occupancy within our in-patient units since last June, which puts increased pressure on the emergency rooms, particularly at BGH. At the January Quality Committee, we discussed a number of improvement initiatives we have undertaken to put renewed focus on ER wait times and patient flow through the organization. This is being overseen by an ER Steering Committee.

The number of ALC patients waiting for long-term care at a QHC hospital steadily increased between March and June of 2015 and we have subsequently been challenged to meet our target for percent of ALC patient days.

Our performance for expected costs per weighted case is moving closer to the annual target. For employee and physician engagement, the improvement initiatives are now being tracked and will be reported to the Board in Q3.

Trenton Memorial Hospital Implementation Task Force

The SE LHIN has now formed the “TMH Implementation Task Force” with representatives from QHC (Brad Harrington), the Community Health Centre, CCAC, Family Health Team, Mental Health Services, Victorian Order of Nurses and community representatives (from TMHF and OurTMH). The group is chaired by Marsha Stephen, Executive Director of the CHC, and will meet regularly over the next four months in order to “address the seven recommendations stemming from the Rainbird Report including the range of hospital and community services that can be co-located as a community hub to best meet the health care needs of the population, taking appropriate constraints into consideration.”

Their final report is expected to be delivered to the LHIN by May 1, 2016.

New Provincial Parking Rules

On January 18, the MOHLTC announced new rules for parking fees at hospitals that will apply to BGH and TMH.

- Hospitals must offer patients and visitors the option of purchasing 5, 10 or 30 day parking passes with at least a 50% discount from the annual rate. These passes must be valid for use at any point within a one-year window and provide in-and-out privileges.
- Daily parking rates are frozen for three years, after which time they can increase at a rate aligned with inflation.

While QHC has had 10-use and 30-day parking passes available at much less than 50% of the daily rate, we will need to make some adjustments to our parking pass options to meet this Ministry directive. We have until October 1 to implement the required changes.

OHA Pre-Budget Release Advocacy

The Ontario Hospital Association has begun their usual advocacy work to raise awareness of the fiscal challenges within Ontario hospitals in advance of the Ontario budget. The attached document outlines the OHA's priorities and messages that will be included in their submission to the Standing Committee on Finance and Economic Affairs.

QHC Demonstrating its Industry Leadership

We were proud to host a "Lean Learning Community" education event at BGH in mid-January. QHC is a member of this group of improvement/lean experts within Ontario hospitals that meets quarterly to share best practices. Dr. Dick Zoutman and Viviane Meehan, QHC Improvement Coordinator, both spoke at the day-long session and the representatives from the other hospitals attended our huddles to see the QHC improvement process in action.

We also recently had the opportunity to showcase QHC's Accreditation success. Due to our extremely high Accreditation score, QHC was asked by the Advisory Board International to conduct a webinar with European health service providers on how to achieve and sustain Accreditation success. This presentation was created and delivered by Taralynn Richmond and Viviane Meehan to six Belgium hospital and participants from other European countries.

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 26, 2016
For:	Information

Since my last report in November, the Medical Advisory Committee (MAC) has met in December and in January.

Quality Improvement

Flow of patient care in the Emergency Department (ED) is a high priority for us at this time. It has been identified that by standardizing some of the key physician practices relating to patient evaluation and assessment timing, we can realize significant gains in patient flow and access to the emergency department resources. A series of meetings were held by the emergency program staff with different medical departments to identify leading opportunities for improvement. The top 3 opportunities were reviewed at the MAC in December. They were: consultant physician rounding schedules in the ED, in-patient ward rounding timing and response time of consultants to see cases in the ED. The department chiefs took these top opportunities to their departmental members for discussion and review and they were further deliberated at the January MAC meeting with a strong consensus achieved that these are important areas to focus on and standardize within each department. This is an important accomplishment reflecting a highly collaborative and process improvement oriented Medical Advisory Committee.

Supporting our thinking about patient flow in the ED and on in-patient units, the QHC Utilization Advisory Committee (QUAC) meeting in November reviewed our available data on patient flow and made important recommendations to SLT about where the leading opportunities for improvement exists in this complex topic.

I have become “The Shadow” these past few months. After shadowing 3 different family physicians and a pediatrician on rounds earlier in the fall I spent 2 further days with a family physician testing out rounding improvement methods. These proved quite successful with approximately a 35% time savings in rounding time and good work flow. Further work is under way to see if these changes are sustainable.

I recently spent two days shadowing ED staff nurses at BGH to see first-hand the special challenges they face and to support our planning for ED process improvements.

Medical Leadership Design at QHC

It has become apparent that our current medical leadership structure would be well served by a thorough internal review with a view to create a new structure aimed at strengthening strategic leadership that is focused on the needs of QHC as a whole. In particular, we are striving to design a leadership model that supports achieving our strategic imperatives. We are also seeking to achieve tighter integration of operational management with medical leadership with less diffuse communications and accountabilities, and a strong cadence of accountability that is bidirectional. We also want to create medical leadership roles that are desirable for our physicians, not overwhelming and are well supported.

A special workshop meeting is being planned for late February for our physicians to contemplate and deliberate on this important matter.

Medical and Professional Staff Leadership Role Changes:

I am pleased that Dr. Christopher Perkes has assumed the Chief of Department of Anesthesiology role, and that Dr. Daniel Steinitz, Dr. Kevin Lachapelle, and Dr. Sylvain Duchaine have assumed the roles of Division Heads for Orthopedic Surgery, Ophthalmology, and Anaesthesiology - TMH respectively.

Physician Recognition

The Medical Advisory Committee has recommended that the Board recognize Dr. Rob Devins in the Department of Emergency Medicine for his excellence in introducing bed side ultrasound imaging to QHC Department of Emergency Medicine as well as many other emergency departments. Dr. Devins' accomplishments in this regard are viewed by his colleagues as meritorious. Board Chair Tricia Anderson will be sending Dr. Devins a letter of recognition.

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

To:	QHC Board of Directors
From:	Medical Advisory Committee
Topic:	Medical Advisory Committee Recommendations Report
Date of Meeting:	January 26, 2016
For:	Decision
Motion:	<i>That the QHC Board of Directors' appoint Dr. Chris Perkes as Department Chief of Anaesthesiology as recommended by the Medical Advisory Committee on December 22, 2015.</i>

Dr. Chris Perkes has been nominated by the membership of his Department. Dr. Perkes' appointment is effective January 1, 2016.

It was moved by Dr. Sandy Williams and seconded by Dr. John Coady that the MAC recommends to the Board of Directors that Dr. Chris Perkes be appointed as Department Chief of Anaesthesiology effective January 1, 2016 as recommended by the Medical Advisory Committee on December 22, 2015.