

**Perth and Smiths Falls District Hospital
Board Quality Committee
Thursday, February 9, 2023
via Zoom
7:30 a.m. – 9:00 a.m.**

Present: W. Hollis-Chair, M. Cohen, B. Smith, D. Hodgins, M. Quigg, K. Clupp,
G. Church, K. Weekes, I. Boyle, D. Thomson, R. Schooley, and C. Rustan

Regrets: K. Kehoe, C. Maloney, A. Thomlinson, and A. Kuchinad, Dr. T. Morrell

Recorder: L. Henaghan

1. Call to Order

Dr. W. Hollis, Chair, called the meeting to order at 7:31 a.m.

2. Remarks from the Chair

Dr. W. Hollis – Welcomed our newest members and thanked the members for the opportunity to chair the committee.

3. Adoption of Agenda – Dr. W. Hollis

MOVED by G. Church

SECONDED by M. Quigg

*THAT the February 9, 2023 Board Quality Committee Agenda be approved with the addition of:
5.2 Minute Clarifications*

CARRIED.

4. Approval of Minutes – Dr. W. Hollis

MOVED by M Quigg

SECONDED by G. Church

That the September 15, 2022 Board Quality Committee minutes be approved as circulated
December 8, 2022 Education Session will be approved at the next meeting*

CARRIED.

5. Business Arising from the Minutes

5.1 Corporate Scorecard

5.2 9.3- HR metrics from Governance review

- Governance had no feedback or directions for this committee- Once the 2023 HR written report is received by the committee, as per the Annual Calendar, there will be an opportunity to add pertinent metrics to the committees watch list

5.3 Minute Clarifications from September 15, 2022

- **6.2 “The new VP will have to address the issue regarding the NRC survey...”**
 - B. Smith states that we are transitioning to CIHI product – we will be receiving the first wave of results from CIHI and these will be presented to the committee as part of the proposed work plan calendar.

W. Hollis feels B. Smith is looking after this and no follow up is needed at this time

- **6.2 “Board Quality Committee proposes a hospital directive to investigate the feasibility of creating a solution for a LTC facility...”**
 - M. Cohen stated that the pre-capital submission was approved at the last board meeting. He is scheduled to meet with the Town of Smiths Falls and a local developer to discuss purchasing Willowdale property. An internal proposal was developed for potential funding not just for the purchase but for renovations. This proposal will be brought back to the

committee for review.

D. Thomson – How many beds are you hoping to open? M. Cohen: Proposal for a 32 bed out of 64 bed facility for the ALC Transitional and the other 32 beds could be used for affordable housing

R. Schooley – Perth Community Care water and drainage proposal still has not been resolved; how can we get this resolved and should we involve the Mayor of Perth, Tay Valley Township, and John Jordan?

That the Board Quality further supports the Directive from the September 2022 minutes to have the Chair of the Board and CEO contact the relevant parties to re-iterate the importance of a timely provision of long term care beds, as their absence is directly affecting the quality of care the Hospital is able to provide.

Additional ALC strategies will be forthcoming as the executive team formulates the priorities of our 4 strategic pillars.

*All in favor
CARRIED.*

The response from community partners will remain on the agenda under business arising on the March 2023 agenda

6. Education Presentation-B. Smith

6.1 Review annual calendar-Shared screen with proposed calendar and agenda template.

- Closed Sessions – It is expected that these will be primarily Quality of Care Reviews and that in an organization of this size the committee can reasonably expect two-five of these per year.
- Standing Agenda Items:
 - Review strategic scorecards to eventually shorten them to focus on the quality indicators and assess those targets.
 - Watch metrics will be developed from the quality of care reviews, education sessions and/or department reports.
- New Business:
 - Topics will be populated from the Board Quality Annual Calendar
 - examples include;
 1. Departmental projects
 - a. Flow of patients from ER to inpatient units and then discharge
 - b. Falls Prevention – reduce falls and with no injuries
 - c. Efficiencies in our OR – first case starts
 2. Reports
 - a. PFAC
 - b. Accreditation Canada
 - c. Pharmacy Program
 - d. Patient Satisfaction
 - e. Human Resources
 - f. Infection Control
 - g. Lab Programs
 - h. 2024/2025 Strategic Plan

B. Smith will provide and updated calendar at the next meeting

7. Closed Session

7.1 Quality of Care Review

B. Smith confirmed there was no quality of care reviews for this meeting.

8. Standing Items – B. Smith

8.1 Strategic - 4 Strategic Pillars-Metric Update/Scorecard - displayed the presentation

The Four Strategic Pillars-Metric Performance Scorecards are:

1. Provide an excellent experience for the persons we serve every time
2. Meet the changing needs of our community
3. Support and empower our people
4. Ensure our future sustainability

An update on the developing quality priorities in each of the four pillars was presented. The committee can expect that each pillar will have process and outcome measures. The committee highly recommended including “watch” metrics as a standing item on the agenda. Examples discussed included hospital mortality rate, hand hygiene, OR first case starts, HSAA, and QIP metrics.

- i. Falls Prevention (Operational Level) was used an illustration as how an operational metric could feed back through MQA into our strategic priorities and 4 pillar scorecard
 1. Universal interventions are implanted for all patients
 - a. Steps to take prior to falls and after the falls
 - b. Reduce the number of falls with injury falls by 25% per unit and reduce number of overall falls by 1.79 per 1,000 patient days
 - c. Goal - Target 5 falls per 1000 patient days
 2. Patients at risk are identified with a wristband
 3. Visual cueing to indicate high and moderate fall risk
 4. Appropriate handling and transfer techniques are implanted to prevent injury
 5. Post-fall debrief and root cause analysis reporting with recommendations to this committee from the MQA
 6. Near misses will be reported in RL6 and discuss in huddles
- ii. HSAA Indicators – Deferred

W. Hollis will update the watch list with HSAA indicators when they are available

8.2 Oversight – Watch List (currently from Terms of Reference and Committee/Board Preference) – B. Smith

- i. Emergency Preparedness – Deferred

This will be added to the Board Quality Annual Calendar under New Business

9. New Business

9.1 Education Session - Quality of Care Review and MQA – B. Smith displayed presentation

M. Cohen would like to make it a standard to implement the structure and objective processes regarding Quality of Care Review.

- Critical events or incidents - unintended event that occurs when health services are provided that result in injury, wrong dose, major break down in communications, or delay of treatments
- There should only be two to five incidents per year for the board to review
- RL6 will be filled out by the those that are involved in the event i.e. front line nurse/staff this will then go to the managers from each of those units and anything critical will go to either B. Smith or K. Weekes as well as Dr. P. Cunniffe (Chair of the Medical Quality Committee)
- Quality Root Cause Analysis is for critical incidents for patients that can contribute to a negative outcome
 - Investigation
 - Select an analysis that fits that problem
 - Involve the team members
 - Coordinate a meeting for discussion the root causes
 - Need to follow through – implement recommended actions & monitor and assess the effectiveness
 - MQA (medical quality advisory) – responsibility for implementation, oversight, testing as appropriate, timelines, and strategies

- This is not a blame but a systems review
- Closed the loop or session – Once MQA finalizes and satisfied with the resolution and implementing follow through then the Board Quality will be updated what was learned internally and externally

10. Other Business

10.1 Review of Terms of Reference

i. Meeting frequency

- The committee expressed it is desired to meet monthly due to the high level of importance of quality of care. Due to time requirements for the executive team and staff to prepare the supporting documents and measures for the proposed Annual Calendar it was agreed to keep the every other month for the next 8-12 months

W. Hollis and B. Smith will format goal 6 sessions for the next year and possibly extend it to 10 per year

ii. Membership

- Non physician – Non nurse employee - K. Kehoe and B. Smith

M. Cohen and B. Smith will review and present at next meeting

- Chief of Staff – Dr. Morell

L. Henaghan will extend invite to Dr. Morell

iii. Reference to Executive Committee

L. Henaghan will update from “Executive” to Governance Committee

iv. Terminology

- QIP – Quality Improvement Plan was postponed for a period during the pandemic but is again expected to be mandatory and the ministry is redesigning to reflect with HSAA.

B. Smith will review and bring updates to the committee under business arising

v. Terms items 3 and 4- B. Smith and W. Hollis will present a revised TOR at next meeting under business arising

- #3 “Scientific evidence...” – review the term and refer back to the board for revision
- #4 W. Hollis will change the wording to reflect the tools that we are using

vi. Professional Staff Process – next meeting would like to review and/or change the wording

10.2 Work Plan Reporting

i. How to proceed – update this on the portal

W. Hollis will bring back updated version at the next meeting

W. Hollis recommends putting B. Smith’s flow chart from today’s education session on the front page of the committee portal access

11. Next Meeting date:

The next Board Quality meeting is scheduled for Thursday, March 9, 2023 at 7:30a.m. via Zoom.

C. Dolgowicz will be rejoining the committee after March 31, 2023 – Welcome back!

12. Adjournment – Dr. W. Hollis

MOVED by M. Quigg
SECONDED by G. Church

THAT the February 9, 2023 Board Quality Committee meeting adjourned at 8:57a.m.
CARRIED.