

**Perth and Smiths Falls District Hospital
Board Quality Committee
Thursday, September 15th, 2022
Via Zoom
7:30 a.m. – 9:00 a.m.**

Present: L. Drynan (Chair), K. Clupp, D. Thomson, Dr. A. Kuchinad, G. Church, K. Weekes, M. Cohen,
K. Kehoe and A. Thomlinson
Regrets: Dr. W. Hollis and M. Quigg
In Attendance: C. Rustan, Recording Secretary

1. Call to Order – L. Drynan

L. Drynan, Chair, called the meeting to order at 7:33 a.m.

2. Adoption of Agenda – L. Drynan

MOVED by G. Church

SECONDED by K. Clupp

That the September 15th, 2022 Board Quality Committee Agenda be approved as circulated.
CARRIED.

3. Approval of Minutes – L. Drynan

MOVED by K. Clupp

SECONDED by G.Church

That the June 9th, 2022 Board Quality Committee minutes be approved as circulated.
CARRIED.

4. Closed Session Items

There were no closed session items.

5. Education Presentation

The education session has been deferred to the November 10th meeting.

6. Business Arising from Minutes

6.1 Board Quality Committee Workplan – 2021-2022

L. Drynan included the completed 2021-2022 workplan in the package.

There were some deferrals and missed meetings throughout the year, but the committee was able to complete the necessary tasks.

Discussion ensued regarding X's that are not colour coded on the workplan.

L. Drynan will update the workplan with the appropriate colours.

Once updated C. Rustan will upload the workplan to the portal.

6.2 Review of Patient Story – M. Cohen

J. Lord filled out the NRC survey as per Dr. W. Hollis request from the last meeting.

The purpose of getting J. Lord to fill out the survey was to help highlight the areas that need improvement.

The committee agreed to bring this back once the new VP Patient Care has been recruited. The new VP will have to address this issue as J. Lord's experience is not an isolated incident.

K. Weekes connected with EMS and received an overview of their program. Their program has been shared with the Managers and Charge Nurses to ensure that they are providing the correct information to the patients.

M. Cohen met with A. Greenberg yesterday and addressed the ever-growing ALC numbers. M. Cohen is hopeful that PSFDH may be able to access some one-time funding to secure additional resources to help with the planning that CAC would normally do. Discussion ensued regarding Bill 7 and it is still unknown if the radius will be from the hospital or the patient's home.

Discussion ensued regarding whether to invest directly into LTC facilities.

G. Church suggested that he, M. Cohen and K. Weekes have a conversation regarding all of the challenges that are contributing to our ALC numbers.

Dr. Kuchinad, K. Weekes and D. Thomson agreed that the hospital needs a Social Worker as it is a completely different job outside of PT flow. M. Cohen and K. Weekes are submitting a proposal early next week for one-time funding to help with the process.

M. Cohen will add "Social Worker" to the discussion in regards to strategic planning as PSFDH needs a clear debt financing strategy for all of the projects that are planned. K. Clupp felt that the debt is manageable but his main concern is how will these projects be staffed if staffing is already difficult. G. Church suggested that we try to find partners in our communities to help create spaces and to help find staffing for those spaces.

Moved by K. Clupp

Seconded by G. Church

That the Board Quality committee proposes a hospital directive to investigate the feasibility of creating a solution for a Long-Term Care facility either through partnership or through its' own management with partners and to begin collecting valuable information immediately.

Discussion ensued regarding off book financing and not using hospital credit.

7. Standing Items – M. Cohen

7.1 Strategic Operational Plan – M. Cohen

M. Cohen stated that by the end of November, PSFDH will have a validated plan to show how we will progress through the future as well it will outline our commitment in the short term in regards to moving forward and how we will make that progress.

7.2 Performance Metrics

i. Patient Satisfaction Surveys – OBS

M. Cohen reviewed the OBS survey results.

Discussion ensued regarding trying to recruit a third obstetrician.

K. Clupp inquired about the 8 negative comments and if PSFDH follows up with the patient.

C. Rustan explained that the surveys are anonymous so we are unable to follow up with the patients and often the negative comments are in relation to uncomfortable beds and the food. Unfortunately, the beds are birthing beds and not designed for comfort.

ii. Incident Reports

M. Cohen advised that we will be changing the way we report this data.

The data will be displayed in a way to provide more context. I.e. X number of med incidents per 1000 patient stay days. As well, a benchmark will be included and this data will be apart of the strat plan.

Going forward M. Cohen will highlight the benchmark, target and any critical incident that caused harm or could have potentially caused harm to the patient.

The same discussion ensued regarding Falls.

7.3 Patient and Family Advisory Council (PFAC) Update – D. Thomson

PFAC met June 16th and PFAC provided their feedback in regards to the hospital ED closure. PFAC is scheduled to meet this afternoon and their focus is improving communication.

PFAC has been requesting positive/negative stories, as the council cannot provide input to improve positive stories, so the negative stories would be beneficial to have PFAC make improvements.

Discussion ensued regarding the use of lawn signs. K. Clupp requested that signage along the highway be incorporated into the contingency plan to ensure that proper communication is made when any department of the hospital is required to close.

Dr. Pierce and Dr. Morell have worked with the physicians to get their perspectives on the ED closure. D. Thomson suggested including PFAC and the unions to get their perspectives as well. Dr. Kuchinad felt that the ED nurses and EMS staff should also be consulted, as there seems to be a disconnect.

An external candidate is reviewing our HR practices to ensure that everything that could have been done was done. There will be a preliminary report by the end of September. This report will then be shared with PFAC and MAC.

M. Cohen will reach out to other individuals to collect their perspectives.

M. Cohen is working on scheduling an AD HOC Medical Planning Meeting to share the report with staff and Physicians.

8. New Business

8.1 Board Quality Committee Workplan 2022/2023*

Deferred to the next meeting

9. Other Business

9.1 COVID-19 Update

K. Weekes shared that the Assessment Centre closed in July, however swabs are still being completed on pre-op patients 24-48 hours prior to their surgery. Staff who are patient facing continue to wear N95 masks and goggles. Since the last Board Quality meeting there have been 68 positive patients and only two of those patients were unvaccinated.

9.2 CIHI Update

M. Cohen it will be at least another quarter before we receive data, as we just finished our contract with CIHI on April 1st, 2022.

9.3 HR Union Matters (Corporate Scorecard)

M. Cohen reviewed the grievance summary that will be brought forward to next week's Governance Committee meeting. The committee agreed to table this item until Governance reviews the data and outlines what types of metrics, they would like established. G. Church suggested looking at trends and directions vs. specific issues.

9.4 HIS Update

M. Cohen advised that the main focus is trying to figure out the additional staff that will be required when our go live date arrives. Another major issue is the backlogs with respect to equipment, it is expected to take roughly 9-10 months for orders to even get to the dock. As a result, M. Cohen has asked that PSFDH be moved to phase three as phase one is just not feasible at this time. K. Kehoe is expected to receive a report this afternoon from the device assessment that was done a month ago.

10. Next Meeting date:

The next Board Quality meeting is scheduled for Thursday, November 10th, 2022 at 7:30am via Zoom.

11. Adjournment - L. Drynan

MOVED by A. Thomlinson

SECONDED by K. Clupp

THAT the September 15th, 2022 Board Quality Committee meeting adjourned at 8:51a.m.

CARRIED.