

**Perth and Smiths Falls District Hospital
Board Quality Committee
Thursday September 11, 2025
Perth Boardroom and via Teams
7:30a.m. – 9:00a.m.**

Present: I. Boyle (Chair), B. Smith, M. Cohen, R. Dyke, W. Hollis, K. Clupp, E. Farrell, D. Thomson, K. Kehoe, H. Mostamandi, L. Wahay, C. Langstaff and A. Pellerin

Regrets: J. Church and Dr. T. Morell

Recorder: L. Henaghan

1. Call to Order

I. Boyle, Chair, called the meeting to order at 7:29a.m.

2. Remarks from the Chair

I. Boyle welcomed committee members and provided a reminder regarding QRCA reviews

- As Board Quality members, our role is to evaluate the recommendations and understand their implications, rather than focusing on operational details - the clinical team has already completed a root cause analysis of each situation

3. Adoption of Agenda

MOVED by Consensus

THAT the September 11, 2025 Board Quality Committee Agenda were approved as circulated.

All in Favour

CARRIED.

4. Approval of Minutes

MOVED by Consensus

THAT the June 12, 2025 Board Quality Committee Minutes were approved as circulated.

All in Favour

CARRIED.

5. Business Arising from the Minutes

Nil

6. Education Presentation

6.1 Recruitment and Retention

B. Smith presented the Recruitment and Retention presentation and discussion ensued.

- Recruitment and retention are critical for high-quality patient care, operational stability, and financial health
- Post-COVID challenges include high overtime rates and reliance on agency staff
- Benefits of strong recruitment and retention: improved care continuity, better employee morale, reduced turnover costs, and enhanced organizational reputation.

Strategy:

- Marketing Initiatives: Student-led projects for videos and social media campaigns to promote hospital culture
- Student Engagement: Convert consolidation students into hires through huddles, meet-and-greets, and HR sessions
- Job Fairs: Increase participation, provide marketing materials, and promote relocation packages
- New Hire Support: In-person orientation, 30–60 day check-ins, onboarding surveys and HR follow-up
- Employee Referral Program: \$1,500 at hire and \$1,500 after one year for critical positions

- Relocation Assistance: Up to \$5,000 for hires outside the catchment area
- College Partnerships: Strengthen relationships through open houses and classroom presentations.

Questions and comments from the Board Quality members:

- How does Carleton's new nursing program align with this strategic plan?
 - Carleton is a new condensed nursing program that emphasizes early exposure to multidisciplinary teams such as diagnostic imaging, physiotherapy and more
 - The program is in its first year, and transportation for students remains a challenge, but still working to accommodate placements
 - Hospital offers trauma care with two helipads, strong education programs and comprehensive services
 - Rural experience is highlighted as valuable for nursing students
- Has there been any consideration of offering incentives for term positions to improve recruitment for one-year or 18-month roles? Additionally, has the possibility of consolidating multiple part-time term positions into full-time roles been explored?
 - Yes, signing bonuses have been considered, and term positions are not excluded.
 - For example, four full-time emergency department roles were temporary but have now been made permanent due to uncertainty around staff returning and retirement risks
 - Despite posting permanent positions, recruitment remains challenging because of strong competition from Ottawa and Kingston
 - Until nursing programs expand and produce more graduates, the talent pipeline remains limited and provincially we are still in a transition period
- Have there been any thoughts of a Mentorship program for staff?
 - Yes, the hospital does have a Clinical Scholar program along with the Professional Development group
 - Critical Care Education is supported through sponsorship from Kingston
- Do I have any say in the benefit package for recruiting young families? Is that something driven by the union, or is it standardized across all hospitals?
 - Pretty much all hospitals have the same benefits. About two years ago, PSFDH moved to collaborative benefits, which changed the hospital provider - the benefits themselves are excellent
- When hiring new staff, is there an expectation that they will work across both sites or remain at a single site?
 - The hospital encourages to be able to work both locations, but if a potential employee wants to only work at one site – the hospital still hires them.
 - There are union rules regarding rotation schedules – two separate master rotation schedules
 - Management invests in training newly hired staff, so they are prepared to work at both sites
- Would you say you generally have a good relationship with the unions?
 - Yes, the relationship is substantially better than it was three years ago
 - Back then, unions were barely coming to the table with us. Now, they meet regularly, and in HR we use grievance trackers as a litmus test to see if issues are being dialed back
 - HR monitors the timeliness of their responses and involve the unions in decisions to prevent any surprises

7. Closed Session

7.1 Quality of Care Review

Moved into Closed Session

MOVED by Consensus

*THAT the PSFDH Board Quality Committee Meeting move into a closed session at 8:07am.
CARRIED.*

Moved out of Closed Session

MOVED by Consensus

*THAT the PSFDH Board Quality Committee moved out of closed session at 8:33am.
CARRIED.*

8. Standing Items

8.1 Review Quality Strategic Scorecard

B. Smiths presented the 2025-2026 Quality Objective Update presentation and discussion ensued.

Excellent Experience:

- Structured Patient Rounding
 - Implement standard work for structured patient rounding
 - On target - scripts and log sheets created policy work underway
- Whiteboards
 - Deploy patient whiteboards to MS 3rd Floor
 - On target - V1 designed, awaiting prototype trial and staff feedback.
- Wound Care Strategy
 - Create Wound Care Champion Team
 - On target, champions trained through NSWOCC, competency training for RPNs starting.

Ensure Our Future Sustainability:

- First Case Starts
 - Achieve target for first case starts on time, comparable to provincial average
 - Current Performance: 71% (Q1 & Q2)
 - OR First Case Start team implementing 10+ countermeasures; improvements observed

Ongoing Focus:

- Preparing for Accreditation Canada site visit in May 2026
- Reviewing Patient-Centered Care Standards with PFAC
- Monitoring key watch metrics: Falls rate and ALC

9. New Business

9.1 Trillium Gift of Life

B. Smith presented the Trillium Gift of Life presentation

- After the presentation was uploaded to the portal, the hospital was informed that Trillium identified an error in their reports
 - The corrected numbers are as follows: PSFDH's reporting rate is actually 95%, which is closest to the provincial target for Q1. When combining Q1 and part of Q2, the rate is 92%

9.2 PFAC Written Report

I. Boyle highlighted the significant involvement of PFAC members in hospital initiatives, ranging from signage improvements to participation on key committees

- The importance of hearing the voice and experiences of patients and families was emphasized
- Appreciation was expressed to D. Thomson for her comprehensive report and to all PFAC members for their ongoing contributions

D. Thomson noted that most initiatives undertaken by PFAC originate from member suggestions

- The committee is always open to exploring new areas for improvement and welcomes ideas from others
- Members are encouraged to share opportunities or concerns, as some projects arise from patient stories
- The members enjoy working on new and different challenges

10. Other Business

10.1 DI Written Report

B. Smith shared a quick summary of the DI report:

MRI services - extra shifts and extended operating hours have been added

- The unit now runs 16 hours a day, allowing additional 70–85 scans weekly

- Regarding wait time - there is no wait for P1 and P2 (our most urgent cases), matches the provincial average
- P3 cases, the provincial average is 27 days, while PSFDH are at 5 days
- P4 cases, the provincial average is 98 days, and PSFDH are at 77 days

CT volumes have grown significantly over the past five years

- Daily scans increased from 20 to 35–40, and annual volumes rose from just over 9,000 in 2022 to approximately 11,000 in 2024/25
- While the program has improved efficiency, funding remains challenging

Capital investment: purchasing an X-ray machine for Smiths Falls and a fluoroscopy machine for Perth, which will also serve as a second X-ray unit

- This was made possible thanks to an anonymous donor

Patient satisfaction: exploring the implementation of PocketHealth - a callback system to reduce no-shows and cancellations by improving appointment notifications regionally

- Currently assessing the costs to determine feasibility

Challenges in DI: including increased radiologist workload due to MRI reporting volumes, which is creating a backlog, and ongoing system integration issues with Novari

Questions from the Board Quality members

- Will patients be able to use PocketHealth to book appointments online, such as scheduling screening mammograms?
 - No, the Patient Portal is where the patients will be able to book appointments online
 - Pocket Health is only to see the upcoming appointments
- Many physicians are booking ultrasounds outside the hospital. Have there been any improvements in this area?
 - From a wait-time perspective, the elective general ultrasound wait list has improved significantly - it is now down to two months from six months' wait
- Why are there discussions about implementing PocketHealth?
 - The plan was to close down PocketHealth once Novari was fully functional, but Novari isn't working as expected
 - As a result, not only is the hospital continuing to use PocketHealth, but exploring additional features
 - These key customer-focused software initiatives haven't materialized, but continue to work on solutions

11. Next Meeting date:

The next Board Quality meeting is scheduled for Thursday, January 8, 2026 at 7:30a.m. Perth Boardroom and via Teams.

12. Adjournment

MOVED by Consensus

THAT the November 13, 2025 Board Quality Committee meeting adjourned at 8:58a.m.sum
CARRIED.