

**Perth and Smiths Falls District Hospital
Board Quality Committee
Thursday June 8, 2023
via Zoom
7:30 a.m. – 9:00 a.m.**

Present: W. Hollis (Chair), M. Cohen, B. Smith, D. Hodgins, C. Maloney, G. Church, I. Boyle, R. Schooley, K. Kehoe, K. Weekes, A. Kuchinad, C. Dolgowicz, A. Thomlinson, and D. Thomson

Regrets: Dr. T. Morell, M. Quigg, and K. Clupp

Recorder: L. Henaghan

1. Call to Order

Dr. W. Hollis, Chair, called the meeting to order at 7:30a.m.

2. Remarks from the Chair

Dr. W. Hollis acknowledged that starting in September 2023, C. Dolgowicz will chair the committee.

3. Adoption of Agenda

MOVED by R. Schooley

SECONDED by G. Church

THAT the June 8, 2023 Board Quality Committee Agenda be approved as circulated.

CARRIED.

4. Approval of Minutes

The Committee reviewed the minute narrative and the following amendment was recommended:

- *5.1 (1) Resolution to Long Term Care: replace the verbiage from “Lanark Lodge” to “Perth Community Care”*
- *6.1 (4th bullet) the start of the sentence: replace the verbiage from “While it is perceived” to “While it may be perceived”*

MOVED by C. Maloney

SECONDED by I. Boyle

That the April 13, 2023 Board Quality Committee approved the minutes with changes noted above:

CARRIED.

5. Business Arising from the Minutes

5.1 TOR –Forwarded to Governance for approval

This can be removed from the agenda

5.2 Work Plan Update

This can be removed from the agenda

6. Education Presentation

6.1 Healthcare Problem Solving

B. Smith presented a hospital problem solving presentation, and discussion ensued regarding the models for identifying and resolving problems in less time while achieving measurable outcomes.

1. LEAN – continuous improvement and use of proven, problem solving methodologies: stemmed from the Toyota manufacturing.
2. Studer Group – coaching tools and leadership framework; empowers leaders to drive continued improvement

Huddle boards are now being used in Med/Surg Smiths Falls and Perth, the OBS unit, the Third Floor Perth, the ED Perth, and the ICU Perth. Huddles are running every day at the same time.

Overtime compensation for doctors will be considered for an educational presentation at the board

7. Closed Session

7.1 Quality of Care Review

MOVED by C. Dolgowicz

SECONDED by I. Boyle

THAT the PSFDH Board Quality Committee Meeting move into a closed session at 7:53am.

CARRIED.

The Quality of Care Review previously presented to the board was reviewed. No Action items were recommended based on this review.

MOVED by G. Church

SECONDED by I. Boyle

THAT the PSFDH Board Quality Committee moved out of closed session at 8:12am.

CARRIED.

8. Standing Items

8.1 Four Strategic Pillars Update

B. Smith indicated that the staff is still gathering data and working on scorecards; more information should be available at the next meeting in September.

8.2 Oversight Watch List

M. Cohen presented the Pharmacy report and stated that in order to assist the committee future reports will have robust data and benchmarks to give context to their review.

9. New Business

9.1 Pharmacy Program Report

B. Smith shared the pharmacy program report PowerPoint and discussion ensued regarding the medication incidents in 2022-23.

- Five Stage Medication Management Process and Errors in Medication Use Process
 1. Prescribing
 2. Transcribing
 3. Dispensing
 4. Administering
 5. Monitoring
- CPOE/BMV/eMAR
 1. Computerized Physician Order Entry (CPOE) removes pen and paper and physicians will have drop down menus to pick orders.
 2. Bedside Medication Verification (BMV) the nurse will barcode the medication, barcode the patient's armband and the system will confirm that this is the right patient, right dose, and the right time.
 3. Electronic Medication Administration Record (eMAR) computer generated medication record

B. Smith stated that the hospital has purchased its first automated medication packaging system. This packaging machine will take each and every pill, place it in a canister, and then run all of the pills with bar codes and the exact dose inside a unit dose box.

9.2 Falls Prevention Update

B. Smith has reported that after multiple Falls Prevention meetings, the members have identified the problem statement is that best practices and strategies to prevent falls at the hospital are not optimized to mitigate the risk, decrease injury, and prevent harm to patients and are not meeting the provincial target of five falls per 1,000 patient days.

- Overview
 - Validated tool was used to work through the problem
- Background and Current State
 - The Committee determined the problem
 - The problem was unpackaged further whereby the “background” and the “current state” was analyzed
 - The committee spend time discussing current state impacts and current assessments
 - Universal precautions are utilized on the Med/Surg units but lacking in ED, OR, and OBS
 - Most falls occur when patient attempting to use the bathroom on their own
 - High risk patients are not identified
 - Lack of education to patients and families
- Root Cause Analysis
 - The committee is currently reviewing opportunities
 - 23 root causes have been identified
- Samples of Opportunities
 - Assess patients in ED and apply Fall Risk wristbands to high risk patients
 - Post Falls Debrief tool
 - Communicate Falls Rates to staff
 - Remove clutter, make hand rails accessible
 - Hourly rounding on patients
 - Education to Patient/Families (risks in-hospital and home)
- Next Steps
 - Committee will review all opportunities using a tool to validate which opportunities are feasible
 - Finalize total number opportunities
 - Current Falls Policy will be reviewed and revised and educated to staff

9.3 Accreditation Update

- K. Weekes informed the committee that Accreditation Canada had requested more information, they have given the hospital another six months to provide more specifics, such as a narrative of what we are doing in the meantime while waiting for materials and installation, as well as pictures.

10. Other Business

Nil

11. Next Meeting date:

The next Board Quality meeting is scheduled for Thursday, September 14, 2023 at 7:30a.m. via Zoom.

12. Adjournment

MOVED by I. Boyle
SECONDED by C. Maloney

THAT the April 13, 2023 Board Quality Committee meeting adjourned at 8:56a.m.
CARRIED.