

**Perth and Smiths Falls District Hospital  
Board Quality Committee  
Thursday, April 13, 2023  
via Zoom  
7:30 a.m. – 9:00 a.m.**

**Present:** W. Hollis (Chair), M. Cohen, B. Smith, D. Hodgins, K. Clupp, 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 and M. Quigg

**Recorder:** L. Henaghan

---

**1. Call to Order**

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

**2. Remarks from the Chair**

Dr. W. Hollis – Welcomed our members.

**3. Adoption of Agenda – Dr. W. Hollis**

*MOVED by I. Boyle*

*SECONDED by K. Clupp*

*THAT the April 13, 2023 Board Quality Committee Agenda be approved as circulated.*

CARRIED.

**4. Approval of Minutes – Dr. W. Hollis**

*MOVED by G. Church*

*SECONDED by R. Schooley*

*That the February 9, 2023 Board Quality Committee be approved as circulated.*

*That the March 24, 2023 Board Quality Committee be approved as circulated.*

CARRIED.

**5. Business Arising from the Minutes**

**5.1 Resolution to Long Term Care**

1. Working with Lanark Lodge to address ALC numbers

- M. Cohen reported at the previous Board meeting that we did reach out to the Town of Perth in March and confirmed that the water and sewer issues have been resolved.

2. The Willowdale project was also discussed at the committee meeting; a proposal was submitted, but it does not appear that we will hear anything before September.

**5.2 TOR – Upload to Portal Revisions**

The Board Quality Committee reviewed the Terms of Reference the following amendment was approved

- Current Scientific Knowledge was removed from the Terms of Reference.

*MOVED by K. Clupp*

*SECONDED by G. Church*

*THAT the Board Quality Committee approved the amended Terms of Reference with the changes noted above and will be forwarded to the governance committee for endorsement to the board:*

CARRIED.

### 5.3 Review Annual Calendar

B. Smith shared and discussion ensued regarding the annual calendar 2023-24.

- Our goal is to have an education session at each meeting, for today our education session is QCIPA. If the group has any suggestions for an education session, please submit them to B. Smith or W. Hollis.
- We will discuss the quality care reviews in the closed session. There will be one discussed today, and there are others that are in the queue to share the outcomes of the reviews.
- Three projects, including the ED flow of patients throughout our organization, the falls prevention team, and OR efficiencies, are the focus of our new business.
- Throughout the year, we will receive report updates. A Patient Family Advisory Committee (PFAC) member will provide a report update today.
  - June 2023 Pharmacy Program Written Report
  - September 2023 Infection Control Written Report
  - November 2023 Patient Satisfaction Scores
  - January 2024 Lab Program Written Report
  - March 2024 Accreditation Canada Update
- G. Church observed that the committee will meet six times this year; was this conscious decision? W. Hollis clarified that is was and that we will meet frequently but respectfully wanted to give B. Smith more time with the Quality Care Reviews and prepare the quality metrics reports. Our meeting frequency will increase to ten times a year as per calendar.

### 5.4 Work Plan Update

W. Hollis raised some questions regarding the work plan items and they were brought forward for discussion.

- Item E) Annual review of the professional staff appointment process; should this be more Board level or stay at this committee? B. Smith believes this can remain on the work plan, and we can incorporate it into new business.
- Item J) Quarterly ERM reports; has not been an Enterprise Risk Management (ERM) report for a while. W. Hollis inquired about how this fits within our calendar and our work plan. M. Cohen will bring forward the ERM reports at the May Board meeting. W. Hollis will update the ERM reporting as required, rather than quarterly.
- The second category, Item C) Review patient safety plan; M. Cohen has confirmed this is an accreditation requirement and that it should be kept to on the work plan for November 2023.
- Discussion ensued regarding the tracker or score card for all of our metrics some of those targets are industry standards for e.i. five falls per 1,000 patient days is a standard so we will be targeting those. W. Hollis advised that we'll maintain that is a working document and will add updates and we will continue to keep everyone updated on all the changes and revisions.

## 6. Education Presentation

### 6.1 Quality of Care Information Protection (QCIPA) Act, 2016

- QCIPA allows health care providers to engage confidential quality improvement discussions in order to improve patient safety while still guaranteeing that patients and their authorized representatives have access to the information regarding a critical incident. QCIPA goals are to offer a safe forum for health professionals to communicate openly about quality improvement, including the potential

causes of any critical incidents, without fear of being held accountable.

- Quality of care functions include performing evaluations of critical care occurrences or quality of care incidents in order to analyze, examine, or evaluate the provision of health care with the goal of improving or maintaining the quality of health care. Some of the outcomes will be presented to the Medical Quality Assurance (MQA) and the Board Quality.
- Quality care evaluations are initiated through a variety of channels, including incident reports, management reports, patient or family requests, the coroner report, a staff member, or a physician, and cases identified in our communities. Incidents with systematic problems that require resolution are subjected to quality of care reviews. Dr. P. Cunniffe (MQA, Chair), B. Smith (VP Patient Care, and K. Weekes (Chief Nursing Officer) serves as a clearinghouse for quality issues to be reviewed and the best way to examine and managed these circumstances.
- While it is perceived that involving QCIPA is a mechanism for the hospital to “hide” information. M. Cohen stated to the members of the Board Quality that is not done to “hide” anything. Its purpose is to allow people to speak honestly and openly about what they believe happened. However, if a lack of competency or negligent behaviour was the issue, it is not concealed, regardless of what they may or may not have said.
- K. Clupp inquired about the logistics of determining whether or not there is a problem. As indicated by B. Smith, if a nurse or physician did something clearly outside of their scope of practice, it would be pulled offline and followed a different course of action. Before any meetings, we announce that QCIPA is being invoked and provide a bit of explanation so that everyone understands that this is a safe environment to go through the root cause analysis, which will subsequently be taken to MQA for monitoring and tracking the completion of quality recommendations.

## 7. Closed Session

### 7.1 Quality of Care Review

*MOVED by C. Church*  
*SECONDED by R. Schooley*

*THAT the PSFDH Board Quality Committee Meeting move into a closed session at 8:15am.*  
*CARRIED.*

*MOVED by G. Church*  
*SECONDED by R. Schooley*

*THAT the PSFDH Board Quality Committee moved out of closed session at 8:31am.*  
*CARRIED.*

## 8. Standing Items

### 8.1 Four Strategic Pillars Update

- B. Smith shared the scorecard outline with the four strategic pillars and discussion ensued.
  - Excellent Experience
  - Changing Needs of our Community
  - Support and Empower our People
  - Ensure our Future Sustainability

### 8.2 Oversight Watch List

Nil

## 9. New Business

### 9.1 ED Flow Update

- B. Smith shared the Flow Project Update PowerPoint and discussion ensued regarding the update and overview of the ED flow project
  - The members consist of the unit manager, ED physician, hospitalist, family medicine, nurses, flow, and CNE and validated tool is use to work through the problem(s).
  - By using the root cause analysis approach; several issues started to emerge such as:
    - 5 opportunities that pointed at equipment
    - 17 opportunities to improve on processes and procedure
    - 4 opportunities that were patient related issues
    - 4 opportunities that were provider and staff issues
  - We were able to use another tool to validate which ones had a higher likelihood of assisting in the improvement of the problem and which ones were simple or difficult to do. B. Smith is in the process of allocating MRP's to each of the 13 feasible opportunities.
- The scorecard will be used to track the completion of each situation until the desired outcome metrics are reached.

### 9.2 Patient Family Advisory Committee (PFAC) Update

D. Thomson is the PFAC Chair; PFAC has assisted us with various aspects of the hospital, such as benches by the ED entrances and the front door entrances for families to utilize while waiting. PFAC was also able to help us recognize that the handrails were not accessible due to clutter in the hallways. These are some of the great work that they done to contribute to our hospital and community. D. Thomson reported that the PFAC has been working on the ALC pamphlet and it is almost complete. PFAC is in the process of recruiting members; so far, finding volunteers has been difficult, and a conversation arose with recommendations on how to advertise.

## 10. Other Business

Nil

## 11. Next Meeting date:

The next Board Quality meeting is scheduled for Thursday, June 8, 2023 at 7:30a.m. via Zoom.

## 12. Adjournment – Dr. W. Hollis

*MOVED by K. Clupp*  
*SECONDED by C. Dolgowicz*

*THAT the April 13, 2023 Board Quality Committee meeting adjourned at 8:58a.m.*  
*CARRIED.*