



Summary of the QHC Board of Directors Meeting March 24, 2015

The following is a synopsis of some of the topics that were discussed at the March 24, 2015 QHC Board Meeting.

Note: Katherine Stansfield, VP & Chief Nursing Executive, is currently Acting CEO while Mary Clare Egberts is away from the office.

Inter-Professional Practice Model

Katherine Stansfield provided the Board with an overview of the Inter-Professional Practice Model that will be a significant change towards more team-based patient care across all of QHC's hospitals.

This means that Registered Nurses (RNs) will have a larger role in care planning; discharge planning; patient and family teaching and counseling. Registered Practical Nurses will care for appropriate patients within their level of training and expertise, which includes patients with more complex needs. More personal support workers (PSWs) will be available to help patients with their activities of daily living and mobility. Physicians, allied health professionals, and other team members are also included in meeting the patient and family's needs. This change will mean reduced numbers of RNs in the organization, but patients will receive more direct care hours through the added RPN and PSW support.

The model was brought to QHC's union partners through a staff planning process at the beginning of March. The Board will be asked to approve the change as part of the 2015/16 Operating Plan (budget) that will go to the Board for approval on April 28.

Physician Coverage and Recruitment

The Physician Human Resources plan was recently reviewed by QHC Physician Leaders through the Medical Advisory Committee. Several areas of recent success in physician recruitment were identified, including the TMH emergency department, paediatrics and diagnostic imaging. There also remain several key areas that have a significant shortage of physicians, including the TMH inpatient unit and BGH internal medicine. Recruitment strategies are actively underway in these areas.

New Advisory Council Members

The Nomination & Communications Sub-Committee is recommending the Board approve five new members to the Advisory Council of QHC: Wayne Wiggins, representing the Town of Bancroft; Paul Gallagher, representing the PECMH Foundation, and three new members at large: Stephen Brown; Angela Clarke; and John Saunders.

2015/16 Quality Improvement Plan

The Quality of Patient Care Committee is recommending that the Board approve the 2015/16 QHC Quality Improvement Plan that is annually submitted to Health Quality Ontario as part of the Excellent Care for All Legislation. Key improvement targets for QHC in 2015/16 include: Clostridium difficile infection rates; medication reconciliation on admission; and ER lengths-of-stay for admitted patients.

QHC Utilization Advisory Committee (QUAC)

A new committee of physician and administrative leaders at QHC is focused on the complex issue of medical resource utilization, including routine laboratory testing and diagnostic imaging. Their work is modeled on the successful “Choosing Wisely” campaign that began in the United States and has recently been launched in partnership with the Canadian Medical Association. The Choosing Wisely Canada website explains their goal is to “is a campaign to help physicians and patients engage in conversations about unnecessary tests, treatments and procedures.”

January 2015 Financial Results

Year-to-date results for the first ten months of the QHC fiscal year (April 2014 – January 2015) show a deficit of \$382,000 before building related items, compared to an expected deficit of \$212,000 at this point in the year; essentially a breakeven position. This difference is primarily driven by the higher than expected patient volumes during the flu season.

2015/16 Operating Plan Update

The \$12 million funding gap previously identified by QHC management is made up of a \$10 million gap between anticipated revenues and expenses in 2015/16 if QHC didn't make any changes, and a \$2 million assumption to improve QHC's working capital position. QHC has identified about \$6 million in efficiencies for 2015/16 and expects the remaining gap of about \$4 million will be covered by one-time Ministry of Health and Long-Term Care funding. The staff planning process is underway with the union on any proposed changes that would impact positions at the hospital.

The final quantification of the 2015/16 operating and capital plan will be presented at the April Board Meeting.

Community Engagement Update

QHC is working to finalize a community engagement process with the LHIN and its health care partners between April and September 2015. The purpose is to gather input in order to make the best possible long-term decisions for a sustainable health care system in this region. The Nominations & Communications Sub-Committee of the Board is recommending the attached community engagement strategy to the Board. However, this plan will be refined once the other community engagement partners have had the opportunity to provide their input.

Next Meeting

The next regular meeting of the QHC Board of Directors will be held on April 28 at QHC Belleville General Hospital.



QHC Board of Directors
Tuesday, March 24, 2015
5:15 – 7 p.m.

In-Service Classroom, QHC Belleville General Hospital
AGENDA

OUR VISION: QHC WILL PROVIDE EXCEPTIONAL AND COMPASSIONATE CARE. WE WILL BE VALUED BY OUR COMMUNITIES AND INSPIRED BY THE PEOPLE WE SERVE.

Time	Item	Topic	Lead	Policy Reference	Policy Formulation	Decision-Making	Monitoring	Information/Education
5:15	3.0	Consent Agenda 3.1 Minutes from January 27, 2015 3.2 Report of the Chair 3.2.1 Director Report on Conference 3.3 Report of the Chief Nursing Officer 3.4 Policy Approval: Provide for Excellent Leadership & Management 3.5 Quality of Patient Care Terms of Reference & Work Plan 3.6 Hospital Services Accountability Agreement (HSAA) 3.7 Insurance Renewal 3.8 Banking Services 3.9 Approval of New Advisory Council Members* 3.10 Committee Updates 3.10.1 Quality of Patient Care 3.10.2 Audit & Finance 3.10.3 Human Resources 3.10.4 Nominations & Communications Sub-Committee	S. Blakely	V-A-8		X		X X X X X X X X
5:25	4.0	Report of the Chair 4.1 Patient Story	S. Blakely	V-A-8				X
5:35	5.0	Building Relationships 5.1 Report of the President & CEO 5.2 Balanced Scorecard	K. Stansfield	V-I-1 I-2			X	X
5:45	6.0	Ensure Program Quality and Effectiveness 6.1 The Inter-Professional Practice Model	J. Embregts	III-7			X	
6:05		6.2 2015/16 Quality Improvement Plan		III-3		X		
6:20		6.3 Report of the Chief of Staff & Medical Advisory Committee	D. Zoutman	By-law 8.04				X

Time	Item	Topic	Lead	Policy Reference	Policy Formulation	Decision-Making	Monitoring	Information/Education
		6.3.1 Medical Advisory Committee Recommendations Report						X
6:30 6:40	7.0	Ensure Financial & Organizational Viability <i>Audit and Finance Committee</i> 7.1 January 2015 Financial Statements 7.2 2015/16 Draft Operating & Capital Plan	K. Baker	IV-2 IV-2		X	X	
6:50	8.0	Ensure Board Effectiveness <i>Nominations & Communications Sub-Committee</i> 8.1 Community Engagement Update	K. Baker	VI-2			X	
7:00	9.0	Adjournment Next Meeting: • April 28, 2015 Board Meeting: QHC Belleville General Hospital	S. Blakely			X		
	10.0	In Camera Session 10.1 With President & CEO 10.2 Elected Directors	S. Blakely	V-B-8				

* Indicates Attachment

**Quinte Health Care
Board of Directors Meeting Minutes
January 27, 2015**

A meeting of the Board of Directors of Quinte Health Care was held on Tuesday, January 27, 2015 in the Belleville General Hospital In-service Classroom. Mr. Blakely chaired the meeting.

Present: Mr. Steve Blakely, Chair
Mrs. Tricia Anderson
Ms. Karen Baker
Mrs. Mary Clare Egberts
Dr. Dick Zoutman
Dr. Alan Campbell
Mrs. Katherine Stansfield
Mrs. Odila Hoyer
Mr. Patrick Johnston
Mr. Merrill Mascarenhas
Mr. Doug McGregor
Mrs. Darlene O'Farrell
Mr. John Petrie
Mr. Stuart Wright
Mr. David Mackinnon

Regrets: There were regrets from Mr. John Embregts.

Staff Present: Mr. Brad Harrington
Mr. Jeff Hohenkerk
Mr. Paul McAuley
Mrs. Susan Rowe
Mrs. Jennifer Broek, Recording Secretary

1.0 Call to Order

Mr. Blakely welcomed everyone and called the meeting to order.

1.1 Approval of Agenda

Motion: To approve the open session January 27, 2015 agenda.
Moved by: Mr. McGregor
Seconded by: Mrs. Hoyer
Carried

1.2 Declaration of Conflict of Interest

There were no declarations of conflict of interest.

2.0 Closed Session

2.1 Motion to go into closed session

Motion: Motion to go into closed session.
Moved by: Mrs. Baker

Seconded by: Mr. McGregor
Carried

Mr. Blakely welcomed everyone from the community and the media. He noted that members of the public who wish to address or raise questions to the board must make a request in writing in advance of the meeting. Mr. Blakely informed the board that a deputation request was submitted by Mr. Leo Finnegan.

3.0 Deputation

Chairman of the Prince Edward County Hospital Foundation, Leo Finnegan, addressed the QHC Board of Directors by way of deputation. Mr. Finnegan raised concern surrounding the potential impact on the county of Prince Edward should services be decreased or removed from QHC PECMH, specifically the impact to future physician recruitment. Mr. Finnegan noted his enthusiasm to work with QHC in the development of a new hospital in Prince Edward County and leading community fundraising efforts.

On behalf of the board, Mr. Blakely thanked Mr. Finnegan for his statement.

4.0 Consent Agenda

Approval of the following items was included within the consent agenda:

- 4.1 Minutes from November 25, 2014
- 4.4 Medical Advisory Committee Recommendations Report
- 4.6 Policy Approval - Audit and Finance: IV-4 Approval and Signing Authority
- 4.7 Multi-Sector Service Accountability Agreement (M-SAA)
- 4.9 Approval of New Advisory Council Members

Motion: To approve all agenda items within the consent agenda on
January 27, 2015.

Moved by: Mrs. O'Farrell

Seconded by: Mrs. Hoye

Carried

5.0 Report of the Chair

Mr. Blakely recognized board member, Patrick Johnston, for his appointment as a member of the Order of Canada.

Mr. Blakely also noted that Doug McGregor would be taking a 2-3 month medical leave from the board and extended best wishes.

5.1 Patient Story

Mr. Blakely invited Mrs. Stansfield, Vice President and Chief Nursing Officer, to share a patient story with the board. The story illustrated the innovative use of technology to permit a father to take part in the birth of his child while stationed overseas using a Face Time application. This was the first request of its nature for QHC. The successful experience has encouraged QHC to consider how the innovative opportunity could be incorporated into the maternal child program.

5.2 Physician Recruitment Meeting at QHC NHH

Mrs. O'Farrell reported that she recently attended a physician recruitment meeting at QHC NHH. Mrs. O'Farrell was asked to thank the QHC decision support team for executing a data sharing agreement with the Rural Hastings Health Link.

6.0 Building Relationships

6.1 Report of the President & CEO

Mrs. Egberts presented the balanced scorecard for Q2 of 2014/15. The medication reconciliation on admission target was met in Q2, thus improving the year-to-date indicator. The ED lengths-of-stay is not expected to achieve the year-end target in light of the high occupancy rates of inpatient units, increased acuity, ALC and surge in the organization. A board member asked about whether QHC believes the flu season has concluded. It was noted that the surge in flu activity has decreased however a second spike could occur.

Pathway utilization continues to improve based on significant improvement in documentation practices for nursing/clinicians. Mrs. Egberts indicated that the Q2 employee engagement results were below target and that it is unlikely QHC will meet the goal for year-end based on the amount of uncertainty in the organization.

It was also noted that QHC is cautiously optimistic that a balanced position will be achieved for the 2014/15 year-end.

Mrs. Egberts indicated that the senior leadership team continues to host various staff, community and physician engagement sessions to educate on the impacts of the funding gap. There will be an additional Advisory Council meeting held on February 11, 2015 at 4:30 p.m. to continue to educate Advisory Council members and answer their questions on health system funding reform and the impact to QHC finances over the next five years.

An update on the Health Care Tomorrow initiative was given by Mrs. Egberts. The senior leadership team as well as many directors and physicians will be representing QHC on working groups. Mrs. Egberts reminded board members that there is a board to board session being planned by the SE LHIN and KPMG in February with the exact date to be confirmed.

7.0 Ensure Program Quality and Effectiveness:

7.1 Report of the Chief of Staff & Medical Advisory Committee (MAC)

Dr. Zoutman provided an update to the board and acknowledged the passing of the late doctor, Bruce Cronk. Dr. Cronk was well known for his contribution in cardiology at BGH. Dr. Zoutman expressed condolences on behalf of the corporation's physicians, staff and leadership team.

The MAC invited KPMG to their December meeting to discuss the purpose and scope of the Health Care Tomorrow initiative as it relates to patient care. The board expressed pleasure for the high level of physician participation on the various working groups. It was noted that physicians were pleased that the initiative will be evidence-based.

Dr. Zoutman solicited physician representation for the three board committees which have professional staff vacancies. The MAC committee received expressions of interest and will submit the recommended physician representatives to the governance committee on April 14, 2015 for consideration of the board.

The board discussed physician recruitment challenges, specifically that of internal medicine. Physician recruitment is a large part of Chief of Staff's role and he intends to work toward establishing an environment which is desirable for attracting new physicians.

The board thanked Dr. Zoutman and Dr. Campbell for their leadership in engaging the professional staff team.

8.0 Ensure Financial & Organizational Viability: Audit and Finance Committee

8.1 November 2014 Financial Statements

Ms. Baker presented the year-to-date financial results for the eight months ended November 30, 2014, which show a deficit of \$191K before building related items. This represents a \$439K negative variance compared to a budgeted year-to-date surplus of \$284K.

The balance sheet shows the current ratio at November 30, 2014 is 0.75%. This metric has been positively impacted by the receipt of funds for the Behavioural Support Transition Unit (BSTU). The total margin at November 30, 2014 is -0.15%. The board discussed the 0% annual funding increase for the BSTU, which will be covered by receiving a full-year of funding for the BSTU in 14/15 and only operating the unit for a few months of the first fiscal year. This year-one surplus will be redirected to future expenditures for the BSTU.

It was noted that QHC is still awaiting the official 2014/15 funding letter from the SE LHIN and MOHLTC. The senior leadership team has informed both the SE LHIN and MOHLTC of the potential shortfall which could occur in the current fiscal year, subject to the funding letter.

The board discussed the possibility that QHC may need to start to use a line of credit now that the advance flow of BGH redevelopment capital funding has stopped. It was indicated that management are working to avoid using the line of credit for the 2014/15 fiscal year and that it may be unavoidable in the future.

Motion: That the QHC Board of Directors' approve the November 2014 financial statements.

Moved by: Ms. Baker

Seconded by: Mr. McGregor

Carried

8.2 2015/16 Operating & Capital Plan and 2020 Plan Development Update

2015/16 Operating & Capital Plan

Ms. Baker informed the board that internal planning process at QHC has identified \$7M in potential efficiencies for 2015/16. It was noted that further detail would not be provided until the draft proposals have gone through the union staff planning process.

Ms. Baker indicated that there remains a \$3 to \$5M gap for 2015/16. The senior leadership team is currently identifying strategies to close the gap. The expected timeline for the Board to approve the 2015/16 operating plan is April 2015.

The remaining capital prioritization committee meetings have been deferred until the major operating plan assumptions are finalized for 2015/16.

2020 Plan Development Update

Senior leadership has been developing a five-year plan for QHC at the request of the board to address the expected \$30M gap by 2020. Mr. Blakely recognized the significant time and effort to date on the plan and thanked board members, the senior leadership team, physicians and staff for their support.

9.0 Adjournment

Motion: To adjourn at 6:47 p.m.
Moved by: Mrs. O'Farrell
Carried

10.0 In Camera Session

10.1 With President & CEO

10.2 With Elected Directors

Next Meeting: March 24, 2015 at QHC Belleville General Hospital.

Action Items:

- i. Send the SE LHIN a request to clarify the following statement as it relates to the M-SAA submission: QHC remains committed to quality mental health services for our community and will work to ensure continuity and accountability of care in the addictions and mental health redesign implementation.
Responsible: B. Harrington **Due Date:** March 24, 2015
- ii. Board committee chairs were asked to determine which board committee will have oversight of the Professional Staff Human Resources Plan. The revised policy will be presented to the board in January 2015 in order to approve the Quality of Patient Care terms of reference and work plan.
Responsible: P. McAuley **Due Date:** March 24, 2015

Steve Blakely, Chair
Board of Directors

Mary Clare Egberts
President and CEO and Board Secretary

To:	QHC Board of Directors
From:	Steve Blakely, QHC Board Chairman
Topic:	Report of the Chair
Date of Meeting:	March 24, 2015
For:	Information

Events and Meetings Attended

January 26, 2015 - attended meeting with Senior Leadership.

January 29, 2015 – attended meeting with Mrs. Anderson and Mrs. Egberts.

February 3, 2015 – attended meeting with Dr. Zoutman and Mrs. Egberts.

February 11, 2015 – attended phone meeting with the Board of Directors and SLT.

February 25, 2015 – attended QHC Special Audit and Finance Meeting.

February 27, 2015 – attended Trenton Leaders Task Force arranged by Lou Rinaldi with Mrs. Egberts and Dr. Zoutman.

February 27, 2015 – attended news conference with Lou Rinaldi, Mayor Harrison and Mrs. Egberts.

March 9, 2015 – attended meeting with Mrs. Rowe and Mrs. Egberts.

March 9, 2015 – attended meeting with Mrs. Segal, Chair of SELHIN, Mr. Huras and Mrs. Egberts.

March 10, 2015 – attended QHC Board Human Resources Committee meeting.

March 10, 2015 – attended QHC Board Audit and Finance Committee meeting.

March 10, 2015 – attended QHC Board Quality of Patient Care Committee meeting.

March 10, 2015 – attended QHC Nomination and Communications Sub-Committee meeting.

March 11, 2015 – attended Trenton Memorial Hospital Foundation Board meeting with Mrs. Stansfield and Mrs. Egberts.

March 17, 2015 – attended meeting with representatives from Our TMH with Mrs. Anderson and Dr. Zoutman

March 24, 2015 – to attend the QHC Board of Directors meeting.

Events and Meetings Attended by the Vice Chair on behalf of the Board

January 28, 2015 – attended LHIN Addictions and Mental Health Redesign video conference with Dr. MacPherson.

February 11, 2015 – attended Advisory Council meeting with Mrs. Hoyer, Mr. Petrie, and Mr. Wright.

February 12, 2015 – attended LHIN Health Care Tomorrow Board Chairs' Working Group.

March 28, 2015 – will attend Quinte Health Links Collaborative Governance Day with Mrs. O'Farrell.

News

The Belleville General Hospital Foundation (BGHF) invites you to attend the dedication of the City of Belleville Wing ceremony on Wednesday, April 8, 2015. Please RSVP to Stacey Bibby at 613-969-7400, extension 2008 or sbibby@ghc.on.ca.

The BGHF Swing Fore Cancer will be held on Thursday, June 4, 2015 at the Black Bear Ridge Club. Lunch and dinner will be provided by Dem Bones Smoke Shack & Sports Bar. Online registration is now available at www.bghf.ca.

The Trenton Memorial Hospital Foundation (TMHF), the Prince Edward County Memorial Hospital Foundation and the Canadian Cancer Society are proud to present The Grapes of Wrath Stomp and Romp Survival Race, a five kilometer obstacle run at Hillier Creek Estates Winery on Saturday, September 12, 2015. Online registration is now available at <http://tmhfoundation.com/grapes-of-wrath/>

Respectfully submitted,

Steve Blakely, Chair

To:	QHC Board of Directors
From:	Katherine Stansfield, Vice President & Chief Nursing Officer
Topic:	Report of the Chief Nursing Officer
Date of Meeting:	March 24, 2015
For:	Information

Advance Practice Roles

As part of the new Inter-professional Practice Model, clinical roles to enhance the utilization of best practice, evidence and clinical leadership are paramount. In nursing, these roles are referred to as “Advance Practice” roles, and are recognized as Nurse Practitioner (NP) and Clinical Nurse Specialist (CNS) roles. While more emphasis has been given to the NP roles recently, CNS roles have been in place in Canada since the 1980’s and have been shown to improve quality of care. Both of these roles require a Master’s level of preparation, together with at least 5 years’ clinical experience in a specialty. NPs are autonomous practitioners who are regulated to provide full scope of care to a designated patient population. CNS practice is also regulated and specialty based but is focused on increasing uptake of clinical research, providing advanced clinical assessments and care planning, and evaluating the outcomes of care.

At QHC, advanced practice roles are limited. There are several NP roles in place, most notably in the Emergency Department (ED). These NPs provide clinical care to lower acuity patients, typically cared for in the rapid assessment and treatment zone in QHC Trenton Memorial Hospital ED. There are opportunities available in the Seniors’ Link clinic which is under development and in the Behavioral Support Transition Unit (BSTU). Clinical Nurse Specialist positions do not currently exist in QHC although in the past there has been 1 such position in the Stroke Prevention Clinic, and other postings for Pre-admission Clinic and BSTU, Unfortunately we have not been successful in recruiting to these positions.

The challenge for QHC in recruiting and retaining these positions is:

- competition with larger academic centres and community care
- an increased demand for NPs in particular
- compensation model that is not fully developed or understood.

The difficulty in attracting individuals to these positions decreases our ability to build robust clinical expertise to continually drive innovative practice. As well, these roles will be important to continually evaluate the appropriate level of provider to support sustainability in future.

A continued effort to connect with the Queen’s University School of Health Science to reach individuals in graduate programs will be sustained, as well as ongoing conversations with advanced practitioners in the community to determine key issues in recruitment.

To:	QHC Board of Directors
From:	Mary Clare Egberts, President & CEO
Topic:	Report of the President & CEO – Discussion
Date of Meeting:	March 24, 2015
For:	Information

Balanced Scorecard

The Balanced Scorecard results for Q3 2014/15 are attached. Year-to-date (to December 2014), we are showing green for quality and safety of care; red for patient experience; and yellow for transitions in care, exceptional workplace, and the strategic enabler.

- The percentage of patients having medication reconciliation on admission is now meeting the target. The metric also continues to show improvement in every month since October, reaching a new monthly high of 79% in January 2015.
- ER lengths-of-stay for admitted patients have been marginally decreasing each month since October 2014. However, our lengths-of-stay continue to be much longer than the target and we will not meet our corporate goal at year-end.
- Pathway utilization has risen from 47% in Q1 to 72% in Q3 and continues to climb each month. We are in good shape to meet this target at year-end.
- Employee engagement is also trending in the right direction, with the Q2 survey results at 60%. However, it is highly unlikely we will meet this goal at year-end with one survey remaining and given the amount of change being announced in the organization.

Health Care Tomorrow Update

As you know, the Health Care Tomorrow initiative is focused on three areas at the south east region hospitals:

- Clinical Services
- Diagnostic and Therapeutic Services
- Business Functions

Within each of these areas, subgroups continue to explore opportunities to share services, look at partnerships and/or to redesign services. Representatives from each of the South East Hospitals and CCAC are participating in these working groups to explore options to improve quality and access for patients, and to reduce costs and maximize efficiency for the healthcare system. The Regional Patient Advisory Council is helping to ensure that the patient voice is reflected in the discussions.

The participating organizations have agreed that within the Business Functions area (i.e. human resources, finance, information systems, etc.), there is potential for early opportunities to develop a shared service model and/or expand existing collaborations. While no proposals or plans have been created at this time, we are committed to considering all aspects of hospital operations.

OHA Board – Call for Nominations

In case any QHC Board members are interested in this opportunity, I wanted you to know that the Ontario Hospital Association is seeking applications for its Board of Directors. They are specifically looking for current hospital board members with human resource strategy expertise, financial expertise, experience in healthcare delivery in northern Ontario, and/or experience in community care.

Please let Jenn Broek know if you would like to receive a copy of the application form. Note that the application deadline is April 1.

Code Orange Response

On February 25, a Code Orange (mass casualty reception) was called at BGH due to a serious motor vehicle accident on the 401. The response by staff and physicians right across the organization was superb. Within minutes, a large team had assembled in the ER while teams in the operating room and intensive care unit also prepared to take patients as required. Other inpatient units assisted by taking any admitted patients currently in the ER to allow the team to focus on the new influx of patients.

Less than one week later, another serious motor vehicle accident resulted in a Code Orange for TMH, with three trauma patients arriving in quick succession on an already busy evening in that emergency department. Staff and physicians once again jumped into action to care for these patients and provide support to the emergency team. These were both textbook Code Orange responses that once again showed the professionalism, skill and teamwork of the QHC staff, physicians and managers.

Accreditation Preparation

While the Board Committees have been reviewing your applicable Accreditation standards, preparations are also ramping up across our departments and units to ensure that QHC is compliant with the 18 standards and over 2,100 Accreditation criteria. I recently had the opportunity to be a mock surveyor as part of the mock surveys that have taken place in all clinical areas over the past two months. Staff were pleased with the opportunity to showcase the gold-standard care they deliver on a daily basis.

The four Accreditation surveyors will be at QHC's hospitals from May 4 to 8, 2015 for our onsite survey, to see first-hand how we are meeting the standards in daily practice. Accreditation Canada requests all Board Members attend the Governance Discussion Group on Monday, May 4 from 9:45 a.m. to noon when you will have an opportunity to meet with the Accreditation Surveyors. A general debriefing session is also open to all Board Members on Friday, May 8 from 11 a.m. to noon.

BSTU Opening















Working teams are putting the final touches on the new Behavioural Supports Transition Unit (BSTU) and plan to admit the first patients the week of March 30. Board Members will have already received the invitation to the BSTU open house on Thursday, March 26 at 1 p.m., on the 4th floor of the Sills Wing at BGH.

Since this unit is a regional service, many health care partners have come together over the last few months to develop the admission criteria; admission, referral, wait list and discharge process; operations; family education and support; and shared care and medical management. This included representatives from QHC, the SE LHIN, CCAC, regional hospitals, long-term care homes, patients/families, and the Alzheimer's Society.

The BSTU is a 20-bed inpatient program for adults living with dementia or age-related cognitive impairments who need enhanced resources to manage responsive behaviours. Although the BSTU is housed at BGH and QHC manages the program, it is a regional service that is eligible to seniors currently in any South Eastern Ontario hospital, long-term care home, retirement home or community. Intake is being managed by the CCAC.

QHC Balanced Scorecard – Q3 2014/15

5.2

Direction	Enhance the Quality and Safety of Care	Create an Exceptional Patient Experience	Provide Effective Care Transitions	Be an Exceptional Workplace	Improve Strategic Enablers
Goal	Medication Reconciliation	ED Length-of-Stay	Clinical Pathways	Employee Engagement	Financial Health
Target	% of patients receiving medication reconciliation on admission $\geq 62\%$	90 th percentile length of stay for admitted patients ≤ 17.5 hours	% of eligible patients using pathways for COPD, CHF, stroke and pneumonia $\geq 75\%$	% positive employee engagement score $\geq 64\%$	Total margin ≥ 0
Q3 2014/15 Performance	63.8% ytd 	24.7 ytd 	72.0% Q3* 	59.9% 	-.23% ytd** 
Q2 2014/15 Performance	60.0% ytd 	25.0 ytd 	67.7% Q2 	51.7% 	.4% ytd 
Q1 2014/15 Performance	55.7% 	24.7 	46.8% 		-1.78% 

* Pathway adoption is reported quarterly as the target is for Q4 as opposed to year to date

** Margin: preliminary information indicates that the new funding model may have a negative material impact on year-end margin

To:	QHC Board of Directors
From:	Dr. Dick Zoutman, Chief of Staff
Topic:	Report of the Chief of Staff & Medical Advisory Committee
Date of Meeting:	March 24, 2015
For:	Discussion

Since my last report in January, the Medical Advisory Committee (MAC) has met twice, in February and in March.

Quality Improvement

I am very pleased to let you know that the inaugural QHC Utilization Advisory Committee (aka "QUAC") met on February 24th. The meeting was a resounding success. Over 20 members including 12 physicians delved into the complex issue of medical resource utilization. We considered over 40 areas where utilization management could be applied and after extensive debate and discussion prioritized utilization of routine laboratory testing and of diagnostic imaging as our highest priority areas for attention in the first round. We wanted to keep a tight focus on an achievable goal. We will begin to break these areas down further to determine patterns of utilization that can be subject to positive interventions.

The attached spread sheet from Choosing Wisely Canada provides you with a taste of the sort of considerations QUAC will look at.

Medical Human Resources

Our Medical Affairs Portal continues to grow in functionality and capacity. The current round of renewals of privileges takes the physician 1-2 minutes to complete on line. As well, medical directives that all physicians need to review for their Department are now located on the portal and physicians can review and sign off on these directives while they complete their renewal application.

New physician applications will be managed in an entirely paperless fashion using the Medical Affairs Portal in a confidential and secure fashion. This will greatly speed up the application process for new physicians and allow them to be reviewed on line in a timely fashion by the Department Chiefs.

We are now building a new physician on line orientation package to standardize and make entirely accessible the critical information physicians need to practice at QHC.

Scheduling physicians work at QHC is very complex and time consuming activity. We are actively seeking a fully functional on line physician scheduling solution that will automate all of the scheduling procedures to ensure complete coverage and tracking of changes, gaps and other key components corporation wide. This system will ensure everyone knows who is working in the many areas of the hospital all the time.

Education and Leadership Development

On February 7 and 8 a robust team of QHC physicians attended the Physician Leadership Institute (PLI) course on "Managing People" at the Waring House. Topics included the human resources cycle, recruitment, interviewing, managing people and talent management, conducting meeting among other valuable topics.

The MOHLTC is sponsoring the IDEAS (Improving and Driving Excellence Across Sectors) program on quality improvement and lean. In cooperation with Queen's University QHC will be hosting this two day program designed for hospital staff and physicians in our new education center! The instructors will be Dr. Kimberly Sears and yours truly.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'D. Zoutman', written in a cursive style. The signature is enclosed within a hand-drawn circle.

Dick Zoutman, MD, FRCPC
Chief of Staff

To:	QHC Board of Directors
From:	Dr. Dick Zoutman, Chief of Staff
Topic:	Report of the Chief of Staff & Medical Advisory Committee
Date of Meeting:	March 24, 2015
For:	Discussion

Since my last report in January, the Medical Advisory Committee (MAC) has met twice, in February and in March.

Professional Staff Human Resources

The Medical Affairs team regularly reviews physician human resources. This is to ensure the team and colleagues have a comprehensive understanding of current Active/Associate status physicians, open vacancies, impending vacancies this calendar year, and expected retirements for the next three calendar years.

The plan is reviewed regularly with Department Chiefs, Division Heads, Program Medical Directors, and Program Directors, including regular review at the Medical Advisory Committee meetings.

The plan was most recently reviewed February 2015.

Key items of note are as follows.

Areas of recent success include:

- Trenton Memorial Hospital Emergency Department has successfully recruited new physicians and also is collaborating well with Belleville General Hospital division-based physicians to ensure coverage of the schedule, with very minimal support needed from HealthForceOntario “substitute” physicians
- Our Paediatrics team will soon have its full complement of physicians, with two new graduates joining us in summer 2015
- Our Diagnostic Imaging team is full, with two new graduates joining us in summer 2015

Areas of physician human resources need include:

- Family Medicine Division, In Patient Unit at Trenton Memorial Hospital has three vacancies among 5 existing positions.
- General Internal Medicine Division requires 3-4 hospitalists to cover in patient care on Quinte 5.
- Belleville General Hospital Family Medicine Division currently has four vacancies,
- North Hastings Hospital has three vacancies, though one new grad will be joining us in fall 2015
- Psychiatry has two vacancies, though one current member of the team is increasing her responsibilities to Associate staff to fill one vacancy

To address these vacancies, some tactics that are being used as appropriate are as follows:

- Advertising in key medical journals and HealthForceOntario and QHC websites
- Sending details of vacancies to fellowship programs to attract new graduates
- Promoting opportunities with residents at orientation
- Notifying all QHC physicians of current vacancies, so they can share with contacts
- Working with each Department Chief and related Division Heads to plan recruitment activities
- Collaborating with HealthForceOntario as a resource on provincial medical human resources
- Working with local municipality or city to develop financial incentives for physician recruitment and retention
- Contacting the Ministry of Health and Long-Term Care to determine if QHC can be a pilot site for an alternate funding arrangement for in patient care for Family Medicine and General Internal Medicine
- Exploring other possible funding opportunities for physician recruitment and retention
- Project IMPACT on Quinte 5 to create a high functioning interprofessional team environment
- Hiring a physician assistant for internal medicine hospitalist service

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Zoutman', written over a horizontal line.

Dick Zoutman, MD, FRCPC
Chief of Staff