



## Summary of the QHC Board of Directors Meeting September 29, 2015

The following is a synopsis of some of the topics that will be discussed at the September 2015 QHC Board Meeting.

### **New Board Members**

Two new members have joined the QHC Board since the last Board Meeting. Karen Tiller was elected to the Board in August 2015 and Kim Stephens-Woods now holds an ex-officio Board position as the Interim VP & Chief Nursing Officer of QHC.

Karen Tiller is a communications professional with more than 20 years' experience working in large municipal governments and the National Health Service in the United Kingdom. Her expertise includes public relations, corporate communications, crisis management, public and patient engagement as well as change management. Karen retired to Prince Edward County two years ago and also serves on the Prince Edward County Arts Council board.

Kim Stephens-Woods joined QHC in August as the Interim VP & CNO. She brings 36 years' nursing, management and leadership experience to the role. Previously, Kim was Vice President Patient Services, CNO and Executive Lead at the Niagara Health System, a multi-site hospital. She has also held positions at Lakeridge Health as a Clinical Director of Surgery and Ambulatory Care, an Associate Professor at McMaster University and, a Director at St. Joseph's Healthcare in Hamilton. Kim is a Registered Nurse and holds both a BScN and a Masters of Science. She will remain in the interim position for approximately six months while QHC undertakes the process to fill the role on a permanent basis.

### **Medical Device Reprocessing Department Renovation Project**

The Audit & Finance Committee is recommending that the Board award the contract for the MDRD renovation project to the lowest bidder – K. Knudsen Construction Ltd. of Belleville – at a cost of \$3.3 million. Overall project costs are expected to be in the range of \$5.3 million, funded by the Ministry of Health and Long-Term Care with the Belleville General Hospital Foundation committing up to \$1.5 million for the local share of the costs.

The MDRD team cleans and stores all the sterile medical equipment, making it a critical support area to all clinical areas within the hospital. The existing department was constructed in the 1960s and does not provide adequate space for current needs. Also, the current infrastructure and configuration does not comply with best practices and standards. When completed in mid-2016, this redevelopment will ensure a fully functioning and reliable reprocessing department, which is critical to support a safe and sustainable surgical program.

### **Long-Term Clinical Services Planning and Community Engagement Update**

The Board has invited Glenn Rainbird, Chair of the Brighton/Quinte West Health Services Advisory Committee, to present the Committee's vision, proposed model, and recommendations. Their full report is attached. This is the first time the Committee's results are being shared publicly.

While the Brighton/Quinte West Committee was undertaking this significant work, QHC administrative and physician leaders have been examining every option of how QHC can deliver services within its reduced funding levels. In order to move QHC's costs in most areas to be in-

line with the provincial average, there must be a minimum reduction of \$11.5 million in annual expenses for 2016/17, including \$6.6 million in overhead and indirect services and \$4.9 million in clinical areas.

The proposals being finalized by internal planning teams are based on: 1) the work of the Brighton/Quinte West Committee; 2) community engagement input from the entire QHC region; 3) internal analysis and benchmarking; and, 4) external input from the Hay Group.

In October there will be further consultation with staff, physicians and within the community before proceeding with the union staff planning process in November and then Board approval. The purpose of this next phase of consultation is to 1) explain how input gathered in May and June has been used to develop the planned distribution of clinical services across the QHC hospitals and 2) provide an opportunity for stakeholders to voice their concerns on the plan, before decisions are made. Input will be used to help inform implementation plans.

### **July 2015 Financial Results**

Year-to-date results for the first four months of the fiscal year at QHC (April to July 2015) show a deficit of \$246,000, compared to an expected surplus of \$70,000.

QHC has not yet received an official funding letter from the SE Local Health Integration Network for the 2015/16 year. However, based on initial information, QHC is expecting that funding will be very close to the revenues that the hospital organization was anticipating. QHC is also expecting to receive one-time alleviation funding for 2015/16, similar to the \$3.5 million provided late in the 2014/15 fiscal year. This funding was provided in recognition of the significant impact of the health system funding reform on QHC and in recognition that it would take additional time to conduct comprehensive community engagement and determine the best possible solutions to ensure QHC could deliver appropriate services within its reduced funding. It is expected that QHC will be financially balanced in future years without this additional funding.

### **Next Meeting of the Board**

The next regular meeting of the QHC Board of Directors will be held November 24, 2015 at QHC Belleville General Hospital.



**QHC Board of Directors**  
**Tuesday, September 29, 2015**  
**5:30 – 7:15 p.m.**  
**Education Centre, 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	Decision-Making	Monitoring	Information/Education
5:30	3.0	<b>Consent Agenda</b> <b>Minutes</b> 3.1 Board Minutes from July 7, 2015 3.2 Board Minutes following AGM July 7, 2015 3.3 Board Virtual Minutes from August 27, 2015 <b>Motions</b> 3.4 Medical Device Reprocessing Department (MDRD) – Award of Contract 3.5 2015/16 Board Committee Membership 3.6 2015/16 Board & Committee Meeting Schedule <b>Policies</b> 3.7 Policy III-7 Complaints Policy (Patient Care and Other) <b>Reports</b> 3.8 Report of the Chair 3.9 Report of the Chief Nursing Officer <b>Committee Updates</b> 3.10 Quality of Patient Care 3.11 Audit & Resources 3.12 Governance, Communications & Strategy Committee	T. Anderson	IV-4  V-B-8 V-B-4  V-B-14  V-A-8	X X X  X X X  X		X X  X X X
5:40	4.0	<b>Report of the Chair</b> 4.1 Patient Story 4.2 Brighton/Quinte West Health Services Advisory Committee Report	T. Anderson	V-A-8			X
6:25	5.0	<b>Building Relationships</b> 5.1 Report of the President & CEO 5.2 Balanced Scorecard	M.C Egberts	V-I-1 I-2		X	X

Time	Item	Topic	Lead	Policy Reference	Decision-Making	Monitoring	Information/Education
6:35	6.0	<b>Ensure Program Quality and Effectiveness</b> <i>Quality of Patient Care Committee</i> 6.1 Report of the Chief of Staff & Medical Advisory Committee	D. Zoutman	By-law 8.04			X
6:45	7.0	<b>Ensure Financial &amp; Organizational Viability</b> <i>Audit &amp; Resources Committee</i> 7.1 July 2015 Financial Statements 7.2 2016/17 Draft Operating & Capital Plan Development Update	K. Baker	IV-1 IV-2	X	X	
7:15	8.0	<b>Adjournment</b> <b>Next Meeting:</b> <b>November 24, 2015 Board Meeting (BGH)</b>	T. Anderson		X		
	9.0	<b>In Camera Session</b> 9.1 With President & CEO 9.2 Elected Directors	T. Anderson	V-B-8			

**Quinte Health Care  
Board of Directors Meeting Minutes  
July 7, 2015**

A meeting of the Board of Directors of Quinte Health Care was held on Tuesday, July 7, 2015 in the Belleville General Hospital Education Centre. Mr. Blakely chaired the meeting.

**Present:** Mr. Steve Blakely, Chair  
Mrs. Tricia Anderson  
Ms. Karen Baker  
Mrs. Mary Clare Egberts  
Dr. Dick Zoutman  
Mr. John Embregts  
Mr. Patrick Johnston  
Mr. Merrill Mascarenhas  
Mrs. Darlene O'Farrell  
Mr. John Petrie  
Mr. Doug McGregor  
Mr. Stuart Wright

**Regrets:** There were regrets from Mrs. Katherine Stansfield, Mr. David Mackinnon, Mrs. Odila Hoye and Dr. Campbell.

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

**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 July 7, 2015 agenda.  
**Moved by:** Mr. Petrie  
**Seconded by:** Mr. Johnston  
**Carried**

**1.2 Declaration of Conflict of Interest**

Mrs. Egberts and Dr. Dick Zoutman declared a conflict for items 8.1 2014/15 SLT Pay-for-Performance Compensation Pay-out, 8.2 2015/16 SLT Performance Goals and item 8.3 2015/16 CEO & COS Performance Goals.

**2.0 Closed Session**

**2.1 Motion to go into closed session**

**Motion:** Motion to go into closed session.  
**Moved by:** Mr. McGregor  
**Seconded by:** Mr. Wright  
**Carried**

Mr. Blakely welcomed everyone from the community and the media.

### **3.0 Consent Agenda**

Mr. Blakely reviewed the consent agenda items.

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

- 3.1 Board Minutes from April 28, 2015
- 3.2 Board Minutes from June 24, 2014
- 3.3 Human Resources Committee Virtual Minutes from June 25, 2015
- 3.4 Attestation of Compliance to Broader Public Sector Accountability Act 2010
- 3.5 Multi-Sector Accountability Agreement Declaration of Compliance
- 3.6 Parent Child & Youth Clinic Transfer Payment Annual Reconciliation
- 3.7 Tender for Medical Device Reprocessing Department Renovation
- 3.8.1 V-A-7 Board Standing & Ad-hoc Committees Policy

**Motion:** To approve all agenda items within the consent agenda on  
**July 7, 2015.**

**Moved by:** Mr. Johnston

**Seconded by:** Mr. Petrie

**Carried**

### **4.0 Report of the Chair**

Mr. Blakely provided his report to the board which included events attended on behalf of Quinte Health Care.

### **4.1 Patient Story**

Mr. Blakely invited Mary Clare Egberts, President & CEO to share a patient story with the board. Through their extraordinary efforts, the staff on Quinte 5 embodied the QHC value - 'Imagine It's You' and showed a patient compassion and empathy during a very difficult time.

### **5.0 Building Relationships**

#### **5.1 Report of the President & CEO**

##### **2014/15 Balanced Scorecard Results**

Mrs. Egberts informed the board that QHC met three of the five corporate targets for: enhancing the safety and quality of care (medication reconciliation); providing effective care transitions (ALC patient days); and the strategic enabler (balanced budget). It was noted that targets not met (ER lengths-of-stay and employee engagement) will remain areas of focus in the 2015/16 Wildly Important Goals.

##### **Community Engagement Report and Clinical Services Planning**

Mrs. Rowe gave the board an update on the first phase of QHC's community engagement to inform Health Care Tomorrow and long-term clinical services planning. It was noted that QHC will be taking an additional step of reaching out to groups of patients who may have difficulty with transportation and/or difficulty filling out a survey.

QHC leaders will begin the long-term clinical services planning and start the 2016/17 operating planning process over the summer. The draft plan and vision will be developed in July and August with the second phase of community engagement taking place between September and October 2015.

The board will review and discuss the final engagement report as well as implications during the board retreat at the end of October.

The board discussed the similar themes in responses from staff, clinical professionals and community members in the survey results. A board member asked about opportunities learned in the process. Mrs. Rowe noted that QHC would have liked to reach out to a more diverse group of community members but has overall been pleased with the process to-date as the feedback from the community will enable QHC to develop draft plans.

### **Chief Nursing Officer Recruitment**

The board was informed that Katherine Stansfield, Vice President & Chief Nursing Officer, will be leaving in early August to become President & CEO of the Manitoba College of Nurses. Mrs. Egberts recognized Katherine's contribution in her nine years of service to QHC as she will be missed and extended best wishes in her upcoming opportunity.

Mrs. Egberts indicated that a search process is underway to determine an interim representative until the position can be filled permanently.

### **Conservation Champion Energy Award**

QHC has been awarded a '2014 Conservation Champion' energy award by Veridian. Mrs. Egberts recognized the capital projects and facility services departments for the achievement.

## **6.0 Ensure Program Quality and Effectiveness: Quality of Patient Care Committee**

### **6.1 Quality of Patient Care Board Scorecard**

Mr. Embregts presented the fourth quarter Quality of Patient Care Scorecard. It was noted that plans are in place to improve each of the indicators that are not meeting target.

The board discussed the ER wait time target and it was noted that the most significant challenge is related to patient flow at QHC BGH. A Patient Flow and ER Wait Time Steering Committee has been developed to decrease wait times for patients and move them to the appropriate inpatient units more efficiently. Dr. Zoutman gave an example of a trial initiative taking place at BGH called Physician Early Assessment Team (PEAT). The concept involves early decision-making for patients as they are greeted upon arrival to the ER by a physician and nurse. The patient is then treated based on severity. The trial has improved wait times and often emptied the ER waiting room on trial days.

### **6.2 Report of the Chief of Staff & Medical Advisory Committee**

#### **Results from Accreditation Canada, Lab Accreditation and Pharmacy Accreditation**

On behalf of the MAC, Dr. Zoutman acknowledged the success of the three accreditations QHC has undergone recently.

#### **Sepsis Campaign**

Dr. Zoutman informed the board that the MAC is involved in finalizing a new comprehensive medical directive, order set, learning package and poster campaign in the subject of "surviving sepsis" (a blood disease which is difficult to diagnose). The campaign is aimed at reducing the mortality rate through early diagnosis and treatment.

### **Critical Care Response Team (CCRT) Program**

Dr. Zoutman indicated that the CCRT inter-professional nurse led team has received support and endorsement from the MAC.

Dr. Zoutman acknowledged Katherine Stansfield for her contributions to QHC and support of the MAC over the last nine years, extending best wishes to Katherine in her new role.

## **7.0 Ensure Financial & Organizational Viability: Audit and Finance Committee**

### **7.1 2014/15 Draft Audited Financial Statements**

Ms. Baker informed the board that QHC ended the fiscal year 2014/15 with a surplus of \$162K before building amortization. QHC received a clean audit opinion from KPMG and advised there were no significant matters to report.

Ms. Baker remarked on the positive results despite the challenges that QHC experienced and consistent level of inpatient surge activity.

The year-end results include the severance cost impact of changes related to the planning for fiscal 2015/16. This includes the costs related to the non-bargaining staff changes announced in December 2014 and the impacts to unionized staff resulting from staff planning initiated in December 2014.

The current margin at March 31, 2015 is 0.08%. The current ratio at March 31, 2015 is 0.77.

A board member inquired as to why the statement of operations schedule is presented in a manner illustrating a growth in funding. Mr. Harrington indicated that the statement does report all revenue including "pass through" items and non-ministry revenue. It was also noted that an alternative statement could be provided to the Audit and Resources committee in the fall.

The finance department does not anticipate significant cash flow challenges for 2015/16 at this time.

**Motion:**                    **The QHC Board of Directors' approve the audited financial statements for the fiscal year ended March 31, 2015.**

**Moved by:**                Ms. Baker

**Seconded by:**         Mr. Embregts

**Carried**

### **7.2 Draft 2013/14 Health Based Allocation Model (HBAM) Results**

In April 2015, QHC received the latest HBAM results which will impact funding for the 2015/16 fiscal year from the Ministry of Health and Long-Term Care.

Brad Harrington, Vice President & CFO gave a brief presentation providing an overview of QHC's results. It was noted that QHC's expenses are above the provincial median in many of its services.

A board member commented on QHC's volume increase and the correlation to the 2012/13 fiscal year as it illustrated improvement progress.

The board discussed QHC's inability to project future funding levels. It was noted that QHC has the ability to anticipate cost per weighted cases however is unable to project the allocation to QHC through the HBAM methodology as this is dependent on other hospitals costs and

volumes. The SE LHIN is expecting reduced funding for the foreseeable future. Mr. Harrington noted that he anticipates the 2016/17 fiscal year to be QHC's greatest financial challenge, however remains optimistic that the budget can be balanced. It was noted that QHC does not anticipate financial assistance from the MOHLTC.

There may be structural changes made by the MOHLTC to the HBAM funding formula but QHC does not expect the proposed changes to significantly impact the organization.

## **8.0 Provide for Excellent Leadership & Management: Human Resources Committee**

### **8.1 2014/15 SLT Pay-for-Performance Compensation Pay-out**

Mr. Wright presented the 2014/15 SLT Pay-for- Performance Compensation Pay-out to the board. It was noted that the pot of money from 2011/12 will not be increased. The Senior Leadership is eligible for 60% of the available performance envelope.

**Motion:** That the QHC Board of Directors' approve of the 2014/15 Senior Leadership Team performance based compensation at 60% of the available performance pay envelope.

**Moved by:** Mr. Wright

**Seconded by:** Mr. Johnston

**Carried**

### **8.2 2015/16 SLT Performance Goals & 8.3 2015/16 CEO & COS Performance Goals**

Mr. Wright presented the 2015/16 performance goals to the board for the Senior Leadership Team to be linked to compensation and the CEO & COS annual goals.

**Motion:** That the QHC Board of Directors' approve the 2015/16 Performance Goals Linked to Compensation as Pay-for-Performance as per the Excellent Care for All Act and their inclusion in the Quality Improvement Plan.

**Moved by:** Mr. Wright

**Seconded by:** Mrs. O'Farrell

**Carried**

**Motion:** That the HR Committee recommends to the QHC Board of Directors approval of the 2015/16 goals for the President & CEO and Chief of Staff (COS).

**Moved by:** Mr. Wright

**Seconded by:** Mr. Petrie

**Carried**

## **9.0 Ensure Board Effectiveness: Governance Committee**

### **9.1 Board Accomplishments**

Mr. Embregts highlighted accomplishments of each of the board committees for the 2014/15 board year. The board recognized Mr. Embregts, Mr. Johnston, Mr. Mascarenhas and Ms. Baker for providing leadership to the Governance and Nominations and Communications Subcommittee in the absence of the committee chair.

## **10.0 Recognition of Directors Not Returning**

Mr. Blakely recognized Mr. Petrie and Mr. Embregts as they are not returning for the 2015/16 board year.

Mr. Petrie was acknowledged for his six years of service on the board and for his leadership as the Vice-chair and Chair of Quality Committee and for chairing the Nominations & Communications Sub-Committee. Mr. Petrie was also recognized for his contribution and oversight in developing the 2014 Communications & Engagement Plan.

Mr. Embregts was recognized for his leadership and commitment to QHC. Over the last eight years, John served on each of the board committees and acted as Board Treasurer, Chair of the Audit & Resources and Quality of Patient Care Committees. He also served as Vice-chair of the Governance Committee and Property and Redevelopment Sub-Committee.

As Mr. Blakely is also retiring from the board, Mrs. Anderson shared remarks from board members and noted accomplishments achieved by QHC under his leadership. Steve was acknowledged for his six years of leadership in the roles of Vice-Chair and board Chairman and his commitment to the patients, staff, physicians, volunteers, management and board of Quinte Health Care.

Mr. Blakely also extended his appreciation to each member of the senior leadership team, the staff and physicians, the communities QHC serves, the foundations and volunteers and each of the board members.

#### **11.0 Adjournment**

**Motion:** To adjourn at 6:12 p.m.  
**Moved by:** Mr. McGregor  
**Carried**

**Next Meeting:** Immediately following the Annual General Meeting

#### **Action Items:**

- i) There were no action items from the meeting of July 7, 2015.

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Tricia Anderson *for* Steve Blakely, Chair  
Board of Directors

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Mary Clare Egberts  
President and CEO and Board Secretary

**Quinte Health Care  
Board of Directors Meeting Minutes  
Tuesday, July 7, 2015**

A meeting of the Board of Directors of Quinte Health Care was held immediately following the Annual General Meeting of QHC at the Belleville General Hospital Education Centre on Tuesday, July 7, 2015.

**Present:** Mrs. Tricia Anderson  
Mr. Doug McGregor  
Mr. Merril Mascarenhas  
Mrs. Mary Clare Egberts, Board Secretary and Acting Chair  
Dr. Dick Zoutman  
Ms. Karen Baker  
Mr. Stuart Wright  
Mrs. Darlene O'Farrell  
Mr. Patrick Johnston

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

**Regrets:** There were regrets from Mrs. Katherine Stansfield, Mr. David MacKinnon and Mrs. Odila Hoyer.

**1.0 Call to Order**

In her role as Board Secretary, Mrs. Egberts acted as Chair for the first agenda item. Mrs. Egberts called the meeting to order at 7:43 p.m. and welcomed new members to their first meeting of the 2015/16 QHC Board of Directors.

**2.0 Ensure Board Effectiveness: Governance Committee**

**2.1 Selection of Board Officers: Chair, Vice Chair and Treasurer**

In accordance with Policy V-B-2 Process for the Selection of Board Officers, the Governance Committee will recommend the slate of officers for 2015/16.

**Motion:** That the 2015/16 QHC Board of Directors' appoint the following Board Officers for 2015/16:

**Chair- Tricia Anderson**

**Vice-chair – Doug McGregor**

**Second Vice-chair – Merril Mascarenhas**

**Treasurer - Karen Baker**

**Moved by:** Mr. Wright  
**Seconded by:** Mr. Johnston  
**Carried**

## 2.2 Report of the New Chair

Mrs. Anderson thanked the board for their support in appointing her as the Chair and for supporting the recommendation of the Vice-chairs and Treasurer. Mrs. Anderson also welcomed the returning Board members.

## 2.3 Report of the President & CEO

### 2016/17 Operating Plan Process

Mrs. Egberts informed the board that a different timeline would be followed for the 2016/17 Operating Plan. It was noted that a Clinical Services Plan would be developed over the summer and that a further community engagement consultation would take place in the fall along with confirmation of support from the SE LHIN and Ministry of Health & Long-Term Care. Staff planning could begin in the fall with the Board receiving the draft 2016/17 Operating Plan in November.

### 2.4 2015/16 Board Committee Membership

In accordance with policy *V-B-3, Process for Nominations of Chair, Directors and Non-Director Members of Board Standing Committees*, and based on directors preferences, previous committee experience and succession planning, the Governance Committee has identified membership for the 2015/16 Board Committees.

As per V-B-3 the Advisory Council representatives were recommended by the Governance Committee based on expressions of interest from Advisory Council members.

**Motion:** That the QHC Board of Directors' endorse the attached Committee Membership for 2015/16.

**Moved by:** Mr. Mascarenhas

**Seconded by:** Ms. Baker

**Carried**

### 2.5 2015/16 Board and Committee Meeting Schedules

A proposed meeting schedule for 2015/16 Board and Board Committees was distributed. At the June meeting of the Governance Committee the meeting schedule was reviewed for the Board and Committees.

**Motion:** That the 2015/16 Board of Directors' approved the attached board and committee meeting schedules for 2015/16.

**Moved by:** Mr. Mascarenhas

**Seconded by:** Mr. Johnston

**Carried**

### 2.6 Approach to Filling Board Vacancies

Through the normal nominations process, the board was unable to fill all Director positions for the 2015/16 board year. Three elected governor positions are vacant. As per board By-law, after the Annual General Meeting, the board must identify the process for filling the vacant positions.

The board discussed the proposed plan which moved the recruitment process to one that is strategic in nature. This includes developing ongoing relationships with community leaders and other boards.



<b>To:</b>	<b>QHC Board of Directors</b>
<b>From:</b>	<b>Tricia Anderson, QHC Board Chair</b>
<b>Topic:</b>	<b>Report of the Chair</b>
<b>Date of Meeting:</b>	<b>September 29, 2015</b>
<b>For:</b>	<b>Information</b>

### **Events and Meetings Attended**

July 14, 2015 – Attended meeting with Mrs. Egberts.

July 16, 2015 – Phone Meeting with Mrs. Egberts.

July 20, 2015 – Attended meeting with Dr. Zoutman, Mrs. Egberts and Mrs. Rowe.

July 20, 2015 – Attended meeting with the Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care, MPP Lou Rinaldi and Mrs. Egberts.

July 20, 2015 – Attended meeting with the Honourable Dr. Eric Hoskins, Dr. Zoutman, Mrs. Egberts and representatives from the South East Local Health Integration Network and the Brighton/Quinte West Health System Advisory Committee.

July 21, 2015 – Attended meeting with Mr. Mascarenhas, Mr. McGregor, Mr. McAuley and Mrs. Egberts regarding board education day and planning.

July 21, 2015 – Attended Governance Committee Meeting with Mr. Johnston, Mr. Mascarenhas, Mr. Wright, Mr. McAuley and Mrs. Egberts.

July 21, 2015 – Attended meeting with Mr. Laws, CEO of Hastings Prince Edward Addictions Mental Health (HPE AMHS), Mrs. Barbara Burgess, Chair of HPE AMHS, with Mrs. Egberts.

July 23, 2015 – Phone meeting with Dr Zoutman, re: Interim Chief of Obstetrics.

August 18, 2015 – Attended Promeus' CNO recruitment focus group with Mrs. Hoye.

August 18, 2015 – Attended meeting with Mrs. Egberts.

August 25, 2015 – Board Education Strategy Session with Mr. Mascarenhas, Mr. McGregor, Mr. McAuley and Mrs. Egberts.

September 1, 2015 – Attended Board Education Day. As an action item from the Education Day, Dr. Zoutman has shared an article related to hospital funding called “Activity-Based Funding of Hospitals and Its Impact on Mortality, Readmission, Discharge Destination, Severity of Illness, and Volume of Care: A Systematic Review and Meta-Analysis”. It can be found on the [board portal](#) (Reference Items: Article on Hospital Based Allocation Model Funding).

September 15, 2015 – Phone meeting with Mrs. Egberts.

September 15, 2015 – Attended QHC Board Governance Committee.

September 15, 2015 – Attended QHC Board Audit & Resources Committee.

September 15, 2015 – Attended QHC Board Quality of Patient Care Committee.

September 17, 2015 – Phone meeting with Mrs. Egberts and Mr McAuley.

September 21, 2015 – Attended HPE-AMHS Inaugural Event (AGM) with Mrs. Price, Dr. MacPherson and Mrs. Egberts.

September 22, 2015 – Phone meeting with Mrs. Egberts.

September 29, 2015 – To attend QHC Board of Directors meeting.

## **Foundation News**

### **BGHF Gaetane Harvey Memorial Walk**

On Saturday, September 26 and Sunday, September 27, 2015, Gee’s Girls are raising money in memory of their mother and friend, Gaetane Harvey, who passed away on January 30, 2006 at the age of 53 with breast cancer. Gee’s Girls will be walking 53 kilometers in hopes of raising \$5,000 for the Belleville General Hospital Foundation (BGHF) Cancer Care Campaign. To donate to this cause, please contact Jan Summers at 613-969-7400, extension 2061 or by email at [jsummers@qhc.on.ca](mailto:jsummers@qhc.on.ca)

### **PECMHF 12th Annual County Marathon**

The October 4<sup>th</sup> event features individual, full or half marathon as well as the relay challenge this year being re-named for the chosen charity, is the Prince Edward County Memorial Hospital Foundation. The relay race will now to be referred to as the Prince Edward County Memorial Hospital Foundation Team Challenge or ‘the Hospital Foundation Team Challenge’ – for short. For more information, please email [info@thecountymarathon.ca](mailto:info@thecountymarathon.ca) or call 613-403-0554.

### **TMHF Une Soire Blanche – A Winter’s Eve Gala**

Join the Trenton Memorial Hospital Foundation (TMHF) for a “Une Soire Blanche...A Winter’s Eve” gala event on Saturday, October 24, 2015 at the Knights of Columbus Hall in Trenton. This black tie affair raised more than \$304,000 for life saving medical equipment in 2014. To reserve your tickets, please contact Laura-Lee Hogan at 613-392-2540, extension 5867 or by email at [info@tmhfoundation.com](mailto:info@tmhfoundation.com)

**BGHF 7 Night Western Caribbean Cruise**

Carlson Wagonlit Travel has partnered with the BGHF for an Annual Fundraiser 7 Night Western Caribbean Cruise with 2 nights pre-cruise in Hollywood Beach, Florida from Thursday, February 25 to Saturday, March 5, 2016. A portion of the proceeds will go back to the BGHF to help make great care possible. Please contact Carlson Wagonlit Travel at 613-961-1186 or 1-866-297-4155 to book your stateroom or for more information.

Respectfully submitted,

*Tricia Anderson, Chair*

<b>To:</b>	<b>QHC Board of Directors</b>
<b>From:</b>	<b>Kim Stephens-Woods, Interim Vice President &amp; Chief Nursing Officer</b>
<b>Topic:</b>	<b>Report of the Chief Nursing Officer</b>
<b>Date of Meeting:</b>	<b>September 29, 2015</b>
<b>For:</b>	<b>Information</b>

### **Interprofessional Care**

The Interprofessional Care Team (IPCT) will begin to roll out across QHC on October 13, 2015 with Quinte 5 being the inaugural unit. In order to launch an initiative of this magnitude, the steering committee has focused on key deliverables such as education, change management, human resource planning, project timelines, and evaluation metrics and finally the implementation and subsequent roll out across all patient units.

Education sessions for the Quinte 5 staff will begin the week of September 21st and will focus on key themes such as the vision for the interprofessional care team, role clarity and scope of practice, comprehensive care planning, team building, patient relations, and planning for discharge.

Once launched on Quinte 5 there is a comprehensive approach to guiding and mentoring the teams as they learn and transition into this new care model.

There is a comprehensive work plan supporting the roll out across the organization with the education sessions and targeted support, set for each unit as they come onboard with the IPCT.

The model of care changes will focus the delivery of care to the patients in a more effective manner. From my previous experience, the team approach to care positively impacts patient and staff satisfaction, focuses on key processes for the patient, communication, the discharge planning process, providing the right care to the patient by the right provider and wraps all interprofessional services at point of care reducing confusion and duplication of effort.

### **Patient Flow**

Over the past several months the SE LHIN Patient Flow Peer to Peer working group has been visiting each organization to understand the processes that are in place, determine what is working well, what best practices have been embraced and what process improvements can continue to be made to enhance the flow of patients through all of our organizations. On September 16, 2015 these findings were presented to the SECHEF Clinical group. Major recommendations coming from the Peer to Peer working group include a continued focus on working in collaboration with Health Links, Quinte LinkAge and seniors link. As well, refresh the Home First philosophy in all areas of the Hospital, formalize an escalation process for those patients deemed Alternative Level of Care (ALC) to Long-Term Care (LTC) and continue to focus on the movement of patients into alternate levels of care such as rehabilitation and complex care. Also, re-establish the importance of the “estimated date of discharge” and track process improvements.

The next step is for each organization to come up with an 18 month work plan to move these processes forward.

<b>To:</b>	<b>QHC Board of Directors</b>
<b>From:</b>	<b>Mary Clare Egberts, President &amp; CEO</b>
<b>Topic:</b>	<b>Report of the President &amp; CEO – Discussion</b>
<b>Date of Meeting:</b>	<b>September 29, 2015</b>
<b>For:</b>	<b>Information</b>

### **2015/16 Balanced Scorecard Results**

The balanced scorecard results for the first quarter of 2015/16 are attached. We are currently meeting our target for ER lengths-of-stay for admitted patients; however, it has been challenging to maintain this performance over the summer months given the patient surge we experienced. There is an ER Steering Committee in place with work groups tackling these challenges from both the ER and inpatient unit perspective. As I identified in my July CEO report, a number of the initiatives are also designed to help improve the patient and family experience in the ERs.

Our performance is close to the annual target set for the alternate level of care patient days and expected costs. For employee and physician engagement, the improvement initiatives are now being tracked and will be reported to the Board starting in Q3.

### **Community Engagement Next Steps**

We look forward to receiving the final report from the Chair of the Quinte West Committee – Glenn Rainbird – at the Board Meeting on September 29. I have been impressed by the work accomplished by this Committee in a short-time frame and look forward to working with our partners to help build an “integrated and collaborative local system of care” that would better meet the needs of Brighton and Quinte West residents.

Given QHC’s unsustainable financial situation, we could not wait for the Quinte West Committee to present their final report before starting our own internal analysis. However, since QHC has three seats at that table (Stuart Wright, Dick Zoutman and Jeff Hohenkerk) we have been well aware of the draft recommendations that were established in July and were able to incorporate them at an early point in our internal planning process.

Our internal planning team of Directors and physician leaders is finalizing their analysis on a series of opportunities to ensure QHC is meeting our expected costs in almost all areas, putting QHC into a financially stable position moving forward. As you know, this would require a reduction of about \$11.5 million in annual expenses for 2016/17. These proposals are based on 1) the work of the Quinte West Committee; 2) community engagement input from the entire QHC region; 3) internal analysis and benchmarking; and, 4) external input from the Hay Group.

Given that the internal analyses conducted by QHC over the last few months is aligned with the Brighton/Quinte West Committee’s recommendations, we plan to proceed with the next phase of community engagement in early October. The purpose of this engagement is to:

1. Loop back with stakeholders that provided input through the previous community engagement activities and explain how their input has been used to develop the planned distribution of clinical services across the QHC hospitals.
2. Provide an opportunity for stakeholders to voice their concerns on the plan, before decisions are made. Input would be used to help inform implementation plans.
3. Continue to educate all stakeholders on the reasons for change.

QHC could then be in a position to move to start union staff planning in mid-November. We would need to implement most changes by April 1, 2016 to ensure QHC can be financially balanced for 2016/17 and perform better in future Health Based Allocation Model calculations.

On September 15, John Smylie, and I agreed that there should be a meeting between members of the OurTMH Executive and QHC. I have since followed-up by email and am waiting to hear back on possible dates and attendees.

**Legislative Update from the OHA**

For the Board's information, I have attached the latest report from the Ontario Hospital Association's President & CEO, providing an update on the Ontario government's health-related legislation and policies.

# QHC Balanced Scorecard - Q1 2015/16

Strategic Directions	Enhance Quality of Care	Create an Exceptional Patient Experience	Provide Effective Care Transitions	Be an Exceptional Workplace	Improve Strategic Enablers
QHC Goals	Enhance Care for Seniors			Increase Staff & Physician Engagement	Become More Cost Efficient
QHC Measures	ER Length-of-Stay	Alternate Level of Care Patient Days	Number of improvements implemented by the team	Departmental costs ÷ equivalent patient days	
QHC Targets	90 <sup>th</sup> Percentile ER Length-of-Stay for Admitted Patients ≤ 21 hours	% ALC Patient Days ≤15%	The 28 teams at QHC each implement 3 improvements in Q4	≤ \$1,432	
Q1 Performance	20.5 	15.3% 	Note 1	\$1,515 	

<b>To:</b>	<b>QHC Board of Directors</b>
<b>From:</b>	<b>Dr. Dick Zoutman, Chief of Staff</b>
<b>Topic:</b>	<b>Report of the Chief of Staff &amp; Medical Advisory Committee</b>
<b>Date of Meeting:</b>	<b>September 29, 2015</b>
<b>For:</b>	<b>Information</b>

Since my last report in July, the Medical Advisory Committee (MAC) has met once in September. This is shaping up to be an action packed year for the MAC at QHC!

## **Quality Improvement**

### Physician Portal Development

We are continuing to enhance the physicians' portal at QHC in important ways. Our goal is to deliver the best quality service and support to all of our physicians.

A new physician on-line orientation program will be rolled out this year enabling all physicians and residents access to orientation that is available to them 24/7.

All new applications to join the medical and professional staff at QHC will be managed on-line through the portal this year. We will be paperless!

The physicians' performance review and talent management process will also be linked into the portal and rolled out this year.

The on-line physician sign off of medical directives initiated this year has worked very well. We are setting a new high-standard for this across the province.

### Physician Scheduling

With the support of the information services department, we intend to roll out a QHC wide physician scheduling solution that will allow for real-time secure updates in the very complex business of physician scheduling across our four hospitals.

### Physician Rounding Process Improvement

How physicians round was invented by Hippocrates, but in the 21<sup>st</sup> century with many complex patients to care for, it's time to carefully analyze and redesign how our physicians round to optimize the use of their time and the working interactions between all members of the inter-professional care team. I am working with a group of willing physicians to do a detailed work flow analysis of their rounding activities to allow us to re-design this time honored physician activity. The preliminary results are most revealing!

## **Medical Human Resources**

We are working with various stakeholders to develop a comprehensive physician human resource planning process. We are assisting HealthForceOntario (HFO) with offering a regional Medical Human Resources Planning Forum here at QHC on September 30<sup>th</sup>. We have also made significant headway into developing a comprehensive database of medical human resources across the entire Quinte region. Unfortunately no such well developed and valid database exists. So we are building our own!

Physician Engagement in Development of 2016/17 Operating Plan

I wish to acknowledge the many physician leaders who have contributed much of their time, energy and expertise into identifying how we might deliver care in the future within our reduced resources. We are having a special MAC meeting in early October to continue this consultation process and provide an update on the development of our 2016/17 Operating Plan. Further meetings with the medical staff will continue on this important initiative.

**2015/16 Education and Leadership Development Schedule**

Developing our physicians' leadership potential is a key strategy at QHC. In that regard we are planning a robust professional development program for this year of at least six events on topics such as Crucial Conversations, Engaging Others, Performance Reviews, Coaching and Feedback among others.

Respectfully submitted,

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

Dick Zoutman, MD, FRCPC  
Chief of Staff