



Summary of the QHC Board of Directors Meeting May 27, 2014

The following is a synopsis of some of the topics that were discussed at the May 2014 QHC Board Meeting.

QHC Scorecard Results – 2013/14

The 2013/14 QHC Balanced Scorecard results are attached. For the second consecutive year, QHC has achieved all five of its corporate level goals for the quality and safety of care, patient experience, transitions in care, workplace and balanced budget.

QHC Strategic Plan Implementation

Paul McAuley, Senior Director, Strategic Planning and Process presented an update to the Board on the implementation of the QHC strategic plan, including the 2014/15 goals.

Physician Recruitment

Through concerted recruitment efforts, QHC has been able to acquire the services of additional paediatricians in order to ensure the long-term stability of the department and provide additional services within this region.

There had recently been as few as two paediatricians providing care to patients in the maternity and pediatrics unit. By this summer, QHC will have four full-time equivalent paediatricians providing the core paediatric services for inpatients, special care nursery, consultations, emergency coverage and ambulatory clinics. The Paediatrics department now includes 13 members, including visiting sub-specialty paediatricians. QHC continues to recruit for a full-time Chief of the Department, with a goal of five full-time equivalent as its core group of general paediatricians at QHC.

The paediatricians have also opened a new QHC Regional Paediatric Consulting Group Practice, located at BGH. The clinic offers a full range of consulting paediatric services, including neurology, cardiology, diabetes, respiratory, gastrointestinal, behavioural and endocrine consultation. The clinic is open five days a week for either urgent or routine bookings. A referral by a primary care provider is required.

The QHC Chief of Staff is also pleased to announce that two new family physicians have been successfully recruited to QHC Trenton Memorial Hospital – one providing emergency room coverage and the other with an exclusively hospital based practice in both the emergency room and inpatient unit at TMH.

2013/14 Quality Improvement Plan Results

As shown in the attached summary, QHC achieved all its targeted improvements for the 2013/14 Quality Improvement Plan (QIP), while meeting the financial constraints of the Health Services Funding Reform.

At the meeting, Katherine Stansfield, VP & Chief Nursing Office, provided the Board with a brief presentation on how QHC builds its quality plan each year.

2013/14 Financial Results

The 2013/14 draft audited financial results show a small surplus of \$102,000.

Education Centre Tender

The last phase of the redevelopment of the WCA building at BGH is the creation of an education centre in the former kitchen area. Education at QHC is a multifaceted set of programs serving staff, physicians, volunteers and students who work and practice at all of the QHC hospitals. The new space will allow QHC to deliver a range of education programs to ensure everyone has access to the best practices in the delivery of health care. The centre will also be used for professional development, training, community groups and meeting sessions.

The Board awarded the contract to Tom Belch and Sons Building Contractors Ltd for the tendered amount of \$1.67 million. The funding for this project is primarily through donations from the Parrott Foundation and the Belleville General Hospital Foundation, with the balance of the funding from the four volunteer Auxiliary organizations and the provincial Hospital Infrastructure Renewal Fund.

June Regular Board Meeting and Annual General Meeting

The next regular meeting of the QHC Board of Directors will be held on Tuesday, June 24 at the South Algonquin Eatery & Pub (4 Bridge Street West) in Bancroft, followed by the Annual General Meeting.



QHC Board of Directors
Tuesday, May 27, 2014
5:30 – 7:00 p.m.

In-service Classroom, 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	
5:30	3.0	Consent Agenda 3.1 Minutes from March 25, 2014 3.2 Report of the Chair 3.2.1 Director Education Session Reports 3.3 Report of the President & CEO 3.4 Report of the Chief Nursing Officer 3.5 Report of the Chief of Staff 3.6 HSAA Amending Agreement 3.7 Attestation of compliance to Broader Public Sector Accountability Act 2010 (BPSAA) 3.8 Reappointment of External Auditors 3.9 Education Centre Tender Approval 3.10 Committee Updates* 3.10.1 Quality of Patient Care 3.10.2 Audit & Finance	S. Blakely	V-A-8 V-I-1 By-law 8.04 IV-1 IV-4 V-A-7 IV-2	X X X X X				X X X X X X X
5:40	4.0	Report of the Chair 4.1 Patient Story	S. Blakely	V-A-8				X	
5:50	5.0	Building Relationships 5.1 Report of the President & CEO 5.2 Balanced Scorecard 5.3 Strategic Plan Implementation 2014/15	M.C. Egberts	V-I-1 V-B-5			X	X X	
6:20	6.0	Ensure Program Quality and Effectiveness 6.1 Report of the Chief of Staff	D. Zoutman	By-law 8.04				X	

Time	Item	Topic	Lead	Policy Reference	Policy Formulation	Decision-Making	Monitoring	Information/Education
6:30	7.0	Ensure Program Quality & Effectiveness <i>Quality of Patient Care Committee</i> 7.1 Annual Review of the 2013/14 Quality Improvement Plan 7.2 Building the Quality Plan	J. Embregts	III-1 III-1		X		X
6:50	8.0	Ensure Financial & Organizational Viability <i>Audit and Finance Committee</i> 8.1 2013/14 Draft Audited Financial Statements	K. Baker	IV-2		X		
7:00	9.0	Adjournment Next meeting: June 24, 2014 followed by the Annual General Meeting in Bancroft at the South Algonquin Eatery & Pub (4 Bridge Street West, Bancroft, ON K0L 1C0)	S. Blakely			X		
	10.0	In Camera Session	S. Blakely	V-B-8				

**Quinte Health Care
Board of Directors Meeting Minutes
March 25, 2014**

A meeting of the Board of Directors of Quinte Health Care was held on Tuesday, March 25, 2014 at the QHC Trenton Memorial Hospital Boardroom. Mr. Blakely chaired the meeting.

Present:

Mr. Steve Blakely
Mrs. Tricia Anderson
Ms. Karen Baker
Mrs. Mary Clare Egberts
Mr. David MacKinnon
Mr. Doug McGregor
Mrs. Darlene O'Farrell
Mr. John Petrie
Mrs. Katherine Stansfield
Mr. Stuart Wright
Mr. John Embregts
Mr. Nick Pfeiffer
Dr. Dick Zoutman
Dr. Alan Campbell

Regrets: There were regrets from Mr. Gary Magarrell and Mr. Merrill Mascarenhas.

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

1.0 Call to Order

Mr. Blakely welcomed everyone and called the meeting to order at 4:00 p.m.

1.1 Approval of Agenda

Motion: To approve the open session March 25, 2014 agenda.
Moved by: Mr. Wright
Seconded by: Ms. Baker
Carried

1.2 Declaration of Conflict of Interest

There were no conflicts of interest declared for the open session.

2.0 Closed Session

2.1 Motion to go into closed session

Motion: Motion to go into Closed Session.
Moved by: Ms. Baker
Seconded by: Mr. McGregor
Carried

Mr. Blakely requested that Mrs. Egberts provide the Board with an update regarding the media release relating to the 2014/15 Operating and Capital Budget.

QHC began receiving calls the afternoon of March 24th from local media as they had been informed by sources that significant layoffs were happening at QHC. In an attempt to reduce the impact media stories would have on staff, senior leadership decided that the best course of action was to provide transparent and timely responses to the media questions about the potential staffing changes at QHC. As a result some staff first heard about the staffing impact of the 2014/15 budget through the media, rather than directly from their manager as had been planned. As per the collective agreements, QHC is obligated to inform the union partners through the start of the staff planning process, before informing staff of the potential impacts.

At this time, there are 25 potential positions being eliminated, although 11 of the 25 positions are currently vacant and there is a potential for the creation of 14 new positions. QHC is cautiously optimistic that no staff members will be required to leave QHC not of their own choice. All staff "In the Loop" meetings have been scheduled to provide more information on the 2014/15 operating plan and staff impacts and to provide staff with the opportunity to ask questions of senior leadership.

3.0 Consent Agenda

Motion: To approve all agenda items within the Consent Agenda on
March 25, 2014.

Moved by: Ms. Baker

Seconded by: Mr. Embregts

Carried

4.0 Report of the Chair

4.1 Patient Story

QHC's Vice Chair shared a patient story from QHC Trenton Memorial Hospital. The story came from the manager of Trenton's inpatient unit and illustrated the dedication and commitment of the staff to patient care and satisfaction. Mr. Blakely reminded the Board that sharing a patient story is crucial at the start of every Board meeting to ensure the Board always keeps the patient perspective in mind when making decisions for our hospitals and communities.

4.2 Report of the Chair

Mr. Blakely provided an updated report to the Board on the South East Local Health Integrated Network's (SELHIN) Addiction and Mental Health Redesign initiative.

5.0 Building Relationships

5.1 Report of the President & CEO

Mrs. Egberts gave an update on Small and Rural Hospital Transformation Funding. QHC's North Hastings Hospital has been fortunate to qualify for this funding in 2013/14 and 2014/15. In 2013/14 QHC received \$490 K in funding that was used for some IT initiatives and to enhance the staff and patient experience. The \$510K in funding for 2014/15 will provide further technology updates, enhance security for patients and staff and add some additional support in diagnostic imaging.

Mrs. Egberts also noted that QHC believes that Prince Edward County Memorial Hospital (PECMH) should qualify for the funding. The eligibility criteria include:

- Fewer than 2,700 acute inpatient/day surgery annual weighted cases; and
- In a community with a population of less than 30,000 and located more than a 30-minute drive from a community with a population of more than 30,000

The MOHLTC had determined that QHC PECMH was less than 30-minutes from Belleville (using the geographic centre of the municipality). QHC does not agree with the decision and is working with the SELHIN to advocate that Picton should be used as the reference point.

A Board member suggested that the province of Ontario uses the local city hall as a reference point for distance signage as is used on Ontario roadways and suggested that this geographic measurement could assist with QHC's ongoing discussion with the MOHLTC.

6.0 Ensure Program Quality and Effectiveness

6.1 Report of the Chief of Staff

Dr. Zoutman provided an update on physician and professional staff engagement to the Board. He noted that the importance of engagement from professional staff has been critical in helping QHC manage the financial realities in 2013/14. The drug utilization project has significantly helped physicians understand QHC's costs. The PRISM initiatives and level of inter-professional collaboration will be key in the success of QHC meeting the 2014/15 operational plan. Dr. Zoutman also highlighted a program called "Choosing Wisely". It emphasizes best practice to eliminate waste (i.e. unnecessary radiology testing). The Board recognized Dr. Zoutman for his work in improving physician engagement at QHC.

It was brought to the Board's attention that QHC is still actively recruiting physicians for BGH and TMH and noted that TMH is currently in need of physician support for inpatient units. The Board asked for an update on QHC's search of paediatric physicians. Dr. Zoutman indicated that an Alternative Payment Plan (APP) had been approved by the MOHLTC for QHC paediatricians and will allow for a robust recruitment plan. At this time we do not have any uncovered shifts.

A Board member inquired as to whether medicinal marijuana is being considered as a treatment practice by QHC. Dr. Zoutman reported that it was not currently provided by QHC and it was unlikely that it would ever be ordered by physicians at QHC. A request would need to come through MAC to have the drug added to the QHC formulary.

7.0 Provide for Excellent Leadership & Management: Human Resources Committee

7.1 2014/15 SLT Goals Linked to Compensation

Mrs. O'Farrell informed the Board that the Human Resources Committee met earlier in the month and reviewed the SLT goals. She noted that the committee discussed the staff engagement goal in detail and recognized the need to keep staff and physicians engaged.

The Board had discussion on the outstanding targets for clinical pathways and staff engagement targets and was informed that they will be set in June at the Human Resources committee meeting.

Motion: *That the QHC Board of Director's approve the 2014/15 Senior Leadership Team (SLT) goals to be linked to compensation as pay-for-performance as per the Excellent Care for All Act and their inclusion in the Quality Improvement Plan (QIP) subject to provision of targets to be delivered at the June 3, 2014 Human Resources committee meeting.*

Moved by: Mrs. O'Farrell

Seconded by: Mr. Embregts

Carried

7.2 CEO & Chief of Staff (COS) Job Descriptions

The Human Resources committee reviewed the draft CEO and COS job descriptions and provided further feedback and suggestions. The Board thanked senior leadership for their diligence and work in developing the revised documents and discussed the collaborative approach between the CEO and COS. A Board member commented on the recent number of physicians and nurses who have taken on CEO roles and asked if the CEO's job description would fit in these cases. The Board chair asked that senior leadership and the HR committee take this under advisement.

Motion: *That the QHC Board of Director's approve the President & CEO and Chief of Staff Job Descriptions as attached.*

Moved by: Mrs. O'Farrell

Seconded by: Mr. Petrie

Carried

8.0 Ensure Program Quality & Effectiveness: Quality of Patient Care Committee

8.1 2014/15 Quality Improvement Plan

Mr. Embregts provided an overview of the 2014/15 Quality Improvement Plan and noted that QHC is required to provide an annual submission to the MOHLTC. The plan is aligned with our Strategic Plan and the annual operating plan.

Senior leadership included input from front-line managers in the process for determining targets for 2014/15. One of the concerns expressed by the Internal Quality of Patient Care committee was the target on medication reconciliation due to changes in pharmacy related to the requirement for all pharmacy technicians to achieve a new level of certification. It is expected that this will result in some changes to pharmacy staff. After reviewing this with senior leadership, the Board Quality of Patient Care committee is proposing that the target be set at 62%, recognizing that while it may be a stretch target it is aligned with our long term goal of enhancing the quality and safety of care.

Motion: *As recommended by the Quality of Patient Care Committee, the QHC Board of Directors approve the 2014/15 Quality Improvement Plan submission to Health Quality Ontario including the target of Medication Reconciliation at Admission set at 62% for 2014/15.*

Moved by: Mr. Embregts

Seconded by: Mrs. Anderson

Carried

9.0 Ensure Financial & Organizational Viability: Audit & Finance Committee

9.1 January 2014 Financial Statements

Ms. Baker indicated that QHC is forecasting a break even position for 2013/14.

Motion: *As recommended by the Audit and Finance Committee, the QHC Board of Director's approve the January 2014 financial statements.*

Moved by: Ms. Baker

Seconded by: Mr. McGregor

Carried

9.2 New Insurance Provider

Ms. Baker informed the committee that QHC's agreement with the current insurance provider expires on March 31, 2014. QHC undertook a formal Request for Proposal (RFP) process and

received two responses. Based on a formal scoring of the proposals, senior leadership recommended awarding the contract to HIROC. This was supported by the Audit and Finance Committee.

The Board inquired whether QHC has any existing claims in process and whether they would be impacted. Ms. Baker indicated that existing claims would remain with the current service provider and that following the March 31st transition the claims would be reported to HIROC. The Board discussed potential savings opportunities with the new provider as insurance rates have been rising and whether there was opportunity to partner with other hospitals on the coverage. It was noted that HIROC was founded as a reciprocal organization by many hospitals and suggested that it is very collaborative approach for QHC and other hospitals.

Motion: *As recommended by the Audit and Finance Committee, the QHC Board of Director's approve the appointment of HIROC Healthcare Reciprocal of Canada as QHC's insurance and risk management provider for a term of 48 months. The Audit and Finance Committee also recommends to the QHC Board of Directors that the annual coverage for fiscal 2014/15 is bound at an estimated annual premium of \$976,496.*

Moved by: Ms. Baker
Seconded by: Mr. McGregor
Carried

9.3 2014/15 Operating and Capital Budget

Mr. Blakely provided opening remarks regarding the great significance of approving QHC's 2014/15 Operating and Capital Budget. QHC's Board has held two in-depth meetings this year regarding the budget where Directors could understand the details of the plan and ensure patient care will be maintained. Mr. Blakely has been sharing QHC's budget process as a best practice with other hospitals. It was noted that over the last year QHC's quality of patient care has improved and expenses have decreased.

Ms. Baker indicated that QHC funding from the Ministry of Health and Long-term Care (MOHLTC) will remain unknown until June of 2014. QHC is also challenged with 75% of expenditures being influenced by collective agreements and general inflation. Other significant expenditures are utilities, WSIB claims, insurance and reduced accommodation revenue. Despite all challenges QHC is presenting a projected balanced budget for 2014/15.

Mr. Harrington, Vice President & CFO and Mrs. Stansfield, Vice President & CNO provided the Board with a presentation on: the planning process that started in June 2013; how QHC plans to balance the 2014/15 budget outlining key budgetary and quality assumptions; and a risk assessment.

In response to a Board question, senior leadership indicated that achieving a balance between actual revenues and expenses without relying on any one-time revenue assumptions (balancing the "run rate" of QHC) continues to be a work in progress as the organization only has the ability to manage a limited number of changes in a year. QHC will monitor financial statements and plan accordingly and will be held accountable by the Board of Directors.

The Board also discussed repercussions QHC may experience if meeting budgetary and quality goals is linked to physician practice change. Dr. Zoutman remains confident that physicians understand QHC's objectives and are committed to implementing clinical pathways with the help of data allowing individual practitioner tracking.

The Board requested additional data illustrating QHC's revenue year over year as it may be helpful in educating the communities on the reduction in QHC's funding. The Board also

highlighted that the MOHLTC is reallocating the funding from the hospitals to the community sector of health care.

The Board inquired as to whether savings are anticipated by QHC North Hastings Hospital as a result of the Small and Rural Hospital Transformation Funding. Senior leadership identified the goal that the savings would be utilized to sustain the changes in the future, such as the addition of some diagnostic imaging resources.

Ms. Baker reminded the media present that QHC serves an aging population with a reduction in resources. She noted that the media has the ability to help change the perception and behaviours with respect to selection of the right health care service provider to best meet their needs.

The Board asked QHC staff, physicians, managers and directors to recognize and reflect on the level of initiative and hard work involved. The Board noted that they are proud of the work done by the QHC team and that managing the \$ 7M funding gap while improving quality of care is a testament to the staff and physicians at QHC.

Motion: *As recommended by the Audit and Finance Committee, the QHC Board of Director's approve the 2014/15 Operating and Capital Budget. The Behavioural Support Transition Unit (BSSTU) will only be implemented subsequent to a bed complement adequately negotiated and funded by the South East Local Health Integrated Network (SELHIN).*

Moved by: Mrs. Baker

Seconded by: Mr. Pfeiffer

Carried

10.0 Ensure Board Effectiveness: Governance Committee

10.1 Governance Policies

Mr. Pfeiffer provided an overview of the recommended policy changes recommended by the Governance committee. The Board expressed unanimous support of the proposed changes.

Motion: *As recommended by the Governance Committee, the QHC Board of Director's approve changes to the following policies, as included in the attached documents:*

- *QHC By-Law number 1*
- *V-A-5 Guidelines for the Selection of Directors*
- *V-A-7 Board Standing and Ad-Hoc Committees*
- *V-A-4 Director's Declaration*
- *V-B-1 Process for Nomination of Directors*
- *V-B-2 Process for Selection of Board Officers*

Moved by: Mr. Pfeiffer

Seconded by: Ms. Baker

Carried

11.0 Adjournment

Motion: **To adjourn at 6:47pm.**

Moved by: Mrs. O'Farrell

Carried

12.0 In Camera Session

12.1 With President & CEO

12.2 Elected Directors

Next Meeting: May 27, 2014

Action Items:

- i. Senior leadership was asked to provide formal communication to the Board on how clinical pathways provide a greater level of care for our communities.
Responsible: S. Rowe **Due Date: May 27, 2014**

Steve Blakely, Chair
Board of Directors

Mary Clare Egberts
President and CEO and Board Secretary

To:	QHC Board of Directors
From:	Mary Clare Egberts, President & CEO
Topic:	Report of the President & CEO
Date of Meeting:	May 27, 2014
For:	Information

Regional Addictions & Mental Health Redesign

As you know, the LHIN is moving ahead with planning to redesign addictions and mental health (AMH) service delivery across the South East. The intent is to create geographic community AMH agencies, and a regional AMH vehicle to deal with matters such as performance indicators, conflict resolution, knowledge transfer and ensuring regional consistency in operations.

The LHIN has now formed the six different “future state planning teams” with representative membership from across the providers in the region. Although the Governance Team has not yet been finalized, our understanding is that Tricia Anderson will be on this team. There are also QHC staff/physician representatives on four of the five other teams.

Conference Co-Chair

QHC leaders continue to receive profile in a variety of ways throughout the Ontario health care sector. For example, Paul McAuley recently co-chaired a two-day conference called “Managing Transformational Projects in Healthcare” where he had the opportunity to share some of the great work QHC has done in implementing our strategic plan with other hospitals and health care organizations.

Creating Strategic Change in Canadian Healthcare

Last week I attended the second annual Queen’s Health Policy Change Conference, called Creating Strategic Change in Canadian Healthcare. This was an excellent two-day conference attended by health care leaders from right across Canada and internationally. A sample of the speakers included Don Drummond; Janet Davidson, Deputy Director of Alberta Health; John G. Abbott, past CEO of the Health Council of Canada; and Dr. Chris Simpson, President-elect of the Canadian Medical Association; along with health policy and system experts from countries such as France, Denmark, Great Britain and Australia.

I thoroughly enjoyed the opportunity to network with this wide range of health care leaders and discuss strategic health care policy and system changes at the provincial, national and international levels.

To:	QHC Board of Directors
From:	Katherine Stansfield, Vice President & Chief Nursing Officer
Topic:	Report of the Chief Nursing Officer
Date of Meeting:	May 27, 2014
For:	Information

Patient Flow Challenges

Since October 2013, QHC has experienced high rates of admission of medical patients in all 4 hospitals. The cause of this increased activity has not been isolated to a single factor. The clinical evidence points to patients with increased frailty due to advanced age, numbers of chronic diseases or co-morbidities, and reduced social supports. This, coupled with increased admissions and lengths of stay in the Intensive Care Unit (ICU), has led to deconditioning of many patients and subsequent increased rates of Alternative Level of Care (ALC) patients, particularly in the Complex Continuing Care (CCC) unit. No planned surgeries or procedures have been cancelled due to this increased activity.

Partner organizations in the SELHIN, including Kingston General Hospital and the Community Care Access Centre, have experienced similar increases in volumes and complexity of patient care over the past 6 months in particular.

The immediate challenges have been met through the daily bed scrums, with reassignment of nursing staff between units to minimize the use of overtime, increased hours of the Rapid Admission Unit on Quinte 5, and also placement of patients in alternative units, such as surgery, pediatrics and CCC and rehabilitation units when required. However, this creates further concerns related to medical, nursing and allied health oversight of these patients.

Plans to mitigate these increased patient volumes have been articulated in the 14/15 priorities, and include:

- IMPACT Project – the focus on the medical inpatient unit at Belleville General Hospital to increase utilization of clinical pathways to standardize care and reduce lengths of stay; streamline discharge planning; and create standardized work for physicians and clinical team members
- enhanced processes to ‘pull’ patients from ICU to the medical inpatient units to reduce future deconditioning
- increased use of clinical pathways in TMH, NHH and PECMH medical inpatient units
- implementation of the Geriatric Assessment and Intervention (GAIN) clinic in BGH and TMH Ambulatory care, providing complex assessments of geriatric patients who do not require a medical admission but who are failing at home. This is supported by Pay 4 Results funding from the Ministry of Health and Longterm Care ER/ALC program.

A further focus on data quality, including accurate depiction of co-morbidities and social factors, has been launched by the Health Records Department to ensure clinical documentation correctly represents this complex patient population, as there are future implications for Health Services Funding Reform based on the accuracy of these data.

The SELHIN has struck a VP task force to share best practices and ensure appropriate supports are available, particularly in accessing longterm care facilities where appropriate. The Behavioral

Support Services Transition Unit will provide care for patients who are most difficult to place in the system related to behavioral challenges.

Professional Recognition

The month of May is a month to recognize the contributions of many professions to healthcare delivery. Doctors' Day is celebrated May 1; Nurses' Week is celebrated internationally the week of May 12; Physiotherapy is recognized throughout the month of May and Speech Language Therapy, Palliative Care and Domestic Violence and Sexual Assault all receive distinction as well. We truly 'all help provide care'!

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:	May 27, 2014
For:	Information

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

Professional Staff Leadership

There have been no changes in professional staff leadership since my last report.

Quality of Care and Process Improvement

There are many initiatives underway to improve quality and process of care:

1. Medical records and physicians are redeveloping the “face sheet” which, despite its humble name, is a very important summary document for capturing and documenting care provided supporting clinical and financial needs of the hospital at the same time.

2. The end of the fiscal year is associated with a push to complete medical records submissions to CIHI. Physicians play an important role in getting these charts done so they can be submitted to CIHI on time. This supports the hospital’s compensation for care provided in addition to good clinical record keeping. Brad Harrington and I are meeting with medical records to identify opportunities to streamline the process of chart completion.

3. Trillium Gift of Life program for organ donation has intensified by requiring all families to be approached where the proper criteria are present to seek organ or tissue donation. MAC members will work with their operational colleagues to support this important change to promote organ and tissue donation.

4. Our Infection Prevention and Control policies are continuously updated and in particular we are updating our policies and practices as it relates to MERS Coronavirus in the Arabian Peninsula, and viral hemorrhagic fevers in Africa (e.g. Ebola virus), which while far away at this time, in our world of rapid travel can be on our door steps at any time.

Communication and Engagement

The first of 4 sessions on the “Science of Quality” was presented to members of the medical staff by Paul McAuley, Chihab Kaab and myself. This program will introduce physicians to the fundamental principles of quality improvement science and the QHC “Assess-Plan Treat” model for improvement.

I am scheduling myself to “round” with each Medical Department and Division by attending their meetings. All in all there are as many as 35 different meeting groups to get to. But it is essential to reach as many as possible on a continuing basis. Nothing replaces face to face dialogue and engagement.

The “Spotlight Reports” at the MAC have been tremendously successful and well received. We have had 5 such reports to date from Psychiatry, Family Medicine, Emergency Medicine, Internal Medicine and Critical Care, and Obstetric and Gynecology. These reports review the history of the respective departments, their accomplishments, future vision and challenges. We will continue with these very useful reports at MAC.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Zoutman", written over a horizontal line. The signature is stylized with a large, circular flourish at the top.

Dick Zoutman, MD, FRCPC
Chief of Staff

To:	QHC Board of Directors
From:	Mary Clare Egberts, President & CEO- Discussion
Topic:	Report of the President & CEO
Date of Meeting:	May 27, 2014
For:	Information

2013/14 Scorecard Results

Our full year 2013/14 Balanced Scorecard results are attached. For the second year in a row, we have achieved all five of our corporate level goals.

We are in the midst of recognition and celebration activities to thank everyone for their contributions to this success. My congratulations to everyone at QHC, including my Board colleagues, for helping to improve: the quality and safety of care; the patient experience; the care transitions; and the workplace; all while remaining financially healthy.

2014/15 Balanced Scorecard

As part of my report at the Board Meeting, I will be presenting the annual update on our strategic plan implementation, including the attached 2014/15 QHC Balanced Scorecard goals and targets.

2014/15 QHC Wildly Important Goals

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 Lengths-of-Stay	Clinical Pathways	Employee Engagement	Financial Health
Target	% of patients receiving medication reconciliation on admission	90 th percentile length of stay for admitted patients	% of eligible patients using pathways for COPD, CHF and pneumonia	% positive employee engagement score	Total margin
2013/14 Performance	57.5%	18.6 hours	Unknown	61.2%	0.05%
2014/15 Target	≥62%	≤17.5 hours	≥75%	≥64%	≥0

QHC Balanced Scorecard – 2013/14

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 on Admission	Reduce ED length of stay for admitted patients	Reduce alternate level of care patient days	Improve Employee Engagement Score	Balance budget before building amortization
Target	Medication Reconciliation on Admission $\geq 50.8\%$	90 th percentile length of stay ≤ 20 hours	ALC patient days $\leq 15.1\%$	Employee Engagement Score $\geq 58.7\%$	Margin ≥ 0
2013/14 Performance	57.5% ●	18.6 hrs ●	13.7% ●	61.2% ●	+ 0.05% ●
Q3 ytd 2013/14 Performance	58.3% ●	17.6 hrs ●	13.1% ●	58.9% ●	-0.25% ▲
Q2 ytd 2013/14 Performance	57.9% ●	16.1 hrs ●	13.0% ●	55.9% ▲	-0.16% ▲
Q1 2013/14 Performance	53.3% ●	15.7 hrs ●	13.0% ●	55.9% ▲	-1.45% ▲

To:	QHC Board of Directors
From:	Dr. Dick Zoutman, Chief of Staff
Topic:	Report of the Chief of Staff
Date of Meeting:	May 27, 2014
For:	Discussion

Physician and Professional Staff Engagement

May 1 was Doctor's Day in Ontario! At QHC we celebrated and acknowledged our medical professionals with thank you cards and a small token of appreciation inside the cards. To get 300+ cards done required a large "card writing bee" with many hands involved. That alone demonstrates our appreciation of the role our medical staff play on the life and work of QHC.

On May 21 the second "At The Cutting Edge" public engagement session occurred at the Travelodge in Belleville. We had a huge turn out and with the support of the BGH Foundation a unique and very special learning opportunity was presented. The program was focused on QHC's Mental Health Program and was most inspiring! Two patients were interviewed and told of their life long journeys with mental health challenges and how QHC's Mental Health Program has helped them. Their testimonials were poignant. Through these sessions we hope to raise public awareness of the breadth and depth of care we provide at QHC. Our Mental Health Program and Psychiatry Chief Dr. MacPherson did a wonderful job preparing this session.

Physician Human Resources

In November 2012 our number of staff Paediatricians dropped to 2 FTE which was a serious challenge. The imperative of maintaining our Maternal Child Program demanded that we have at least 4 paediatricians available to QHC. Dr. Michael de la Roche was appointed as Interim Chief of Paediatrics and much intense effort was undertaken to bolster our Paediatrics department and the Maternal Child Program it supports.

Through aggressive recruitment we were able to acquire the services of a number of qualified paediatricians as *locum tenens* to fill the gaps in our service schedule. We also provided in house Paediatric Clinic facilities to improve efficiency for ambulatory care.

We applied for and worked closely with the MOHLTC to secure an Alternative Funding Agreement (AFA) for our QHC Paediatricians. This was a lengthy and complex process that took almost 16 months to bring to fruition but ultimately we were successful and the AFA was approved in April of this year. The AFA provides for a stable funding base for the department and is central and essential to the stability of the department.

In the recent months we have been able to recruit a growing number of very qualified paediatricians to provide support to the department and QHC. Including subspecialty paediatricians (e.g. cardiology, neurology, gastroenterology etc.) we will have a Department with 13 members. By July we will have 4.0 FTE providing the core general paediatric services for in-patients, special care nursery, consultations, emergency coverage and ambulatory clinics. We continue to recruit for a full time Chief of Department with a goal of 5 FTE as our core group of general paediatricians at QHC.

By way of update concerning QHC Trenton Memorial Hospital (TMH) we have successfully recruited two new family physicians since my last report, one of whom will do ED work and the other will do exclusively hospital based practice in both the ED and the in-patient unit at QHC TMH. We continue to work with the City of Quinte West to develop a physician HR plan.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Zoutman", written over a horizontal line. The signature is stylized and cursive.

Dick Zoutman, MD, FRCPC
Chief of Staff