

Perth and Smiths Falls District Hospital
Board Quality Committee
Thursday, June 9th, 2022
Via Zoom
7:30 a.m. – 9:00 a.m.

Present: L. Drynan (Chair), N. Shaw D. Thomson, Dr. A. Kuchinad, G. Church, H. Mostamandi, K. Weekes, M. Quigg, M. Cohen, K. Kehoe, Dr. W. Hollis and S. Bird **Guests – J. Lord

Regrets: A. Thomlinson and K. Clupp

In Attendance: C. Rustan, Recording Secretary

1. Call to Order – L. Drynan

L. Drynan, Chair, called the meeting to order at 7:31 a.m.
N. Shaw introduced/welcome K. Weekes to the committee.

2. Adoption of Agenda – L. Drynan

MOVED by Dr. W. Hollis
SECONDED by G. Church

That the June 9th, 2022 Board Quality Committee Agenda be approved as circulated.
CARRIED.

3. Approval of Minutes – L. Drynan

MOVED by Dr. W. Hollis
SECONDED by M. Quigg

That the February 10th & April 14th, 2022 Board Quality Committee minutes be approved as circulated.
CARRIED.

4. Closed Session Items

MOVED by G. Church
SECONDED by M. Quigg

THAT the PSFDH Board Quality Committee Meeting move into a closed session at 7:57am.
CARRIED.

MOVED by M. Quigg
SECONDED by Dr. W. Hollis

THAT the PSFDH Board Quality Committee moved out of closed session at 8:06am.
CARRIED

5. Education Presentation

J. Lord shared her husband's experience with the Committee. J. Lord noted that the experience has little to do with his care as the care was excellent.

The patient filtered through ERP, MSP, Third floor, Urology and Rehab over an 8 week plan.

Things to consider to improve a better patient experience:

- Each patient should have an individual in charge of their transition
- All paperwork and medication orders should be done before discharge day. This way the patient/support person can pick-up the medication at the pharmacy once they leave the hospital
- Develop a schedule for meds and catheterization to provide a normal routine
- Improve the delay for in-house consultations and ensure that the information gets to the appointments
- Have a nurse coordinator for complex cases – this would ensure families are not congesting the ED for questions/concerns related to their complex case

- Provide multiple copies of the discharge sheet
- Ensure staff inquire about the situation at home before discharging someone (especially when it's the middle of the night)
- Education from the ED staff to the patient/support person in regards to catheters (ie. how to drain a bag, unblock it, change it and etc...)
- Refer patient/support person to the Community Para-medicine program for complex cases to help support the patient/support person at home.
- Ensure that the drug names that are written on the sheet will match what the pharmacy is providing. (The drugs listed on the sheet from the hospital did not match what was provided from the Pharmacy)
- Have an information sheet that lists where supplies can be bought
- The LHIN mails out information and in this situation it wasn't received until after the appointment already occurred. Perhaps a better solution then using mail?

J. Lord will e-mail N. Shaw the recommendations that she addressed above.

N. Shaw will discuss the recommendations with the Nursing Leadership group.

Dr. Hollis questioned if other organizations like the LHIN, Community Care or Para-medicine Program have their own PFAC or a similar avenue. Discussion ensued regarding possibly connecting with these programs to determine if they have something similar where we can pass along the issues that were discussed above.

D. Thomson felt that many of the issues described above should not have been left to the last minute as discharge starts on admission. D. Thomson expressed her concerns regarding Home Care in the Community. D. Thomson suggested looking at the process as a whole and establishing dates ahead of time.

M. Cohen addressed the issue in regards to the drug name, he suggested that we look at this issue as we move forward with the new ERM projects.

Dr. Kuchinad suggested that PSFDH look at implementing a social worker, as this may close quite a few of the gaps discussed above.

C. Rustan will coordinate to have an education session on the discharge process.

6. Business Arising from Minutes

6.1 Board Quality Committee Workplan – 2021-2022

L. Drynan included the updated workplan in the package that was provided.

7. Standing Items – N. Shaw

7.1 Strategic Operational Plan – M. Cohen

The Start Plan follows the board year, so we have until June 30th to complete it.

N. Shaw deferred this item until it is finalized. It will be reviewed at the September meeting.

N. Shaw will bring the completed Strat Plan to the next Board Quality meeting.

7.2 Performance Metrics

i. Balanced Scorecard

N. Shaw advised that the Scorecard was previously reviewed.

This item can come off of the agenda.

ii. Patient Satisfaction Surveys – NRC & OBS

The overall satisfaction results were provided in the package.

This will be the last document from NRC as our contract with them has now ended.

Dr. Hollis questioned if the new Communications (K. Kelly) role can develop something to help get our numbers up? It was suggested that K. Kelly develop a communication piece for the public informing them about the importance of completing the surveys.

M. Cohen will have a further discussion with the committee once the Strategic Plan is finalized. M. Cohen feels like the numbers could improve if the questions are more relevant to PSFDH and not just standard questions across all hospitals.

Discussion ensued whether K. Kelly should be attending Board/Board Quality from a Communications perspective.

iii. Incident Reports

The 4th quarter medication incidents were displayed on the screen.

G. Church inquired about MSP as the stats jumped to 14% which is quite high compared to the others. **Note - the statistics included near misses

N. Shaw will look into the MSP statistics, as J. Roberts did not provide a report.

N. Shaw and M. Cohen will have a conversation in regards to what they would like to set as a Benchmark and how to monitor the trend of the medication incidents and falls trends.

A falls report was provided prior to the meeting. S. Bird shared his recent experience with witnessing a fall in the ED waiting room.

7.3 Patient and Family Advisory Council (PFAC) Update – D. Thomson

PFAC is meeting next week and there were no new updates to share as PFAC has not met since March. G. Church informed D. Thomson that the Accreditors were very impressed with the level of engagement and participation from the PFAC group.

8. New Business

8.1 HR Union Matters (Corporate Scorecard)

C. Rustan shared the HR scorecard on the screen. N. Shaw shared that an HR scorecard is created and specific targets are set. N. Shaw addressed some of the targets, which are listed below:

- Recruitment and retaining employees – The hospital retention rate was 97.15% and the goal was to achieve 80%. Of the 97.15%, 85% was nursing specific
- Attendance Support program – PSFDH remains below the OHA average. Our average was 11.4 days per FT employee
- Orientation of employees – HR is working towards a virtual orientation process. This target remains yellow as HR is working on an interactive piece/platform to support it online.
- Healthy workplace environment – Offering education sessions, LTS awards, EAP and attendance support
- Performance appraisal completion – HR is looking at creating an online process to complete the performance appraisals. The process has gone from every 3 years to two years. The goal is to have a standardized performance appraisal that is suitable for all staff including executives and management.
- Management onboarding – HR meets with the managers two weeks after being onboard. As well, a new onboarding guide was developed for the managers.
- Grievances – 80% of grievances were resolved prior to arbitration.

G. Church questioned if there was a way the end of the grievances and can it be broken down by areas of activity? N. Shaw advised that the grievances are reported on a monthly basis.

The committee agreed to review the HR scorecard on an annual basis instead of Monthly/quarterly.

N. Shaw will bring back a summary of grievances from the last fiscal year.

9. Other Business

9.1 COVID-19 Update

H. Mostamandi informed the committee that PSFDH is seeing less cases internally and it has also significantly decreased in the ED. Our wastewater numbers have also decreased, however CoVID-19 is anticipated to ramp up again in September.

The visitor policy was recently reviewed and changes were made to allow visitations for all patients. ICT is reviewing the mandatory use of N95 masks with all patient contact. The current discussion is based on whether or not we should continue to use the N95 masks or discontinue them based on a risk assessment. Universally hospitals have decided to maintain its masking requirements, regardless that the province is lifting it.

9.2 NRC Update

PSFDH will no longer be using NRC, they have moved to CIHI. The Canadian Patient Experiences Survey. It is a standardized questionnaire that allows patient to provide feedback about the experience of care they received during their most recent stay.

CIHI began collecting data on May 26, 2022 they are now taking over for NRC. CIHI launched in 2015 however they only started to recently report the data instead of just collecting it.

CIHI features hospital-level results captured in the CPES-IC for five patient reported experience measures chosen in consultation with patients and health system stakeholders:

- Communication with Nurses
- Communication with Doctors
- Involvement in Decision-Making and Treatment Options
- Information and Understanding When Leaving Hospital
- Overall Hospital Experience

An Ontario snapshot was displayed on the screen which broke it down by overall hospital experience as well as communication with doctors, communication with nurses, discharge management and involvement in decision making.

Dr. W. Hollis inquired if it would be appropriate to ask J. Lord to complete this questionnaire based on her recent patient experience.

N. Shaw will get a copy of the questionnaire and will reach out to J. lord in regards to filling it out.

Dr. Hollis questioned if CIHI viewed PSFDH as two separate hospitals. The information on the screen states that Smiths Falls is considered a small hospital and the GWM is listed as a medium sized hospital. M. Cohen felt that there needs to be a further discussion as the medical process on the GWM site is different from the SF site.

N. Shaw will follow-up in regards to whether or not we are viewed as two separate entities.

M. Cohen will bring back a recommendation with a list of pros/cons on how to proceed.

10. Next Meeting date:

The next Board Quality meeting is scheduled for Thursday, September 15th, 2022 at 7:30am via Zoom.

11. Adjournment - L. Drynan

MOVED by M. Quigg

SECONDED by Dr. W. Hollis

THAT the June 9th, 2022 Board Quality Committee meeting adjourned at 8:55a.m.
CARRIED.