Perth and Smiths Falls District Hospital
Board Quality Committee
Thursday, January 8, 2026
via Teams
7:30a.m. – 9:00a.m.

Present: I. Boyle (Chair), B. Smith, M. Cohen, R. Dyke, K. Clupp, E. Farrell, D. Thomson, K. Kehoe, H. Mostamandi, L. Wahay, Dr. T. Morell, C. Langstaff and A. Pellerin

Guest: Mark Kearney, Pharmacy Manager

Regrets: W. Hollis and J. Church

Recorder: L. Henaghan

1. Call to Order
I. Boyle, Chair, called the meeting to order at 7:31am

2. Remarks from the Chair
I. Boyle welcomed committee members

3. Adoption of Agenda
MOVED by *Consensus*

THAT the January 8, 2026 Board Quality Committee Agenda was approved as circulated.

All in Favour
CARRIED.

4. Approval of Minutes
MOVED by *Consensus*

THAT the September 11, 2025 Board Quality Committee Minutes were approved as circulated.

All in Favour
CARRIED.

5. Business Arising from the Minutes
Nil

6. Education Presentation
6.1 Integrated Quality 2025
B. Smith presented the Integrated Quality presentation and discussion ensued.
Overview of the Integrated Quality and Safety Framework

- Framework guided by legislation, regulatory bodies and Accreditation Canada
- Continuous quality improvement supported through departmental tools such as Huddle Boards and surveys
- Emphasis on ethics, staff well-being and workplace safety
- Quality oversight includes Root Cause Analysis (RCA), Morbidity and Mortality (M&M), reviews, risk management, and responsible resource use
- Strategic and operational planning centered on quality, with ongoing monitoring
- Incident process includes immediate response, analysis, Healthcare Insurance Reciprocal of Canada (HIROC), reporting, committee review and reporting to Board Quality
- Framework document shared for review

Questions and comments from the Board Quality members:

- A question was raised regarding the graphic: the second objective refers to the "strategic plan." The question asked whether the strategic plan functions more as a means of achieving other objectives rather than serving as an objective on its own.
  - These items fall under the strategic plan because they require organizational-level direction. Without the inputs captured through the quality framework, determining which issues rise to the level of strategic objectives - versus operational or quality-improvement initiatives
  - The strategic plan functions as a tool to advance the organizational agenda and support the quality framework. Some elements are legislative or required, while others act as mechanisms to ensure effective progression of priorities
- Could a critical incident be reviewed jointly by the medical team and the nursing team in a non-punitive, just-culture, interprofessional format
  - Some incidents, including those involving patient death, undergo a quality root cause analysis (QRCA). During QRCA chart review, issues related to medical or nursing error may be identified
  - The purpose of the QRCA is system evaluation, not discipline, focusing on policies, processes, environment and other structural contributors
  - The process overall remains interdisciplinary, though the structure and depth of each group's involvement varies by review type
- How are initiatives prioritized relative to the risk register and overall risk assessment processes and how this aligns with board responsibilities and broader organizational oversight?
  - The board's role is to determine whether the plans and priorities appropriately advance strategic objectives. The strategic plan guides the selection of one or two major priorities each year, while the framework outlines the full range of quality work taking place across the organization
  - The board's responsibility is to assess whether these priorities and processes are sound and aligned with organizational goals

7. Closed Session

7.1 Quality of Care Review

7.2 QRCA – Summary 24-25 and 25-26

Moved into Closed Session
MOVED by *Consensus*

THAT the PSFDH Board Quality Committee Meeting moved into a closed session at 8:10am.
CARRIED.

Moved out of Closed Session
MOVED by *Consensus*

THAT the PSFDH Board Quality Committee moved out of closed session at 8:50am.
CARRIED.

8. Standing Items

8.1 Review Quality Strategic Scorecard

B. Smiths presented the Quality Strategic Scorecard presentation

- The strategic initiatives were reviewed, with each objective linked directly to the organization's strategic pillars
- Q3 updates are not yet available, all objectives under the Excellent Experience pillar remain on target
- A key initiative underway involves improving communication among providers, nursing staff, and patients.
  - Current patient boards have been evaluated, and a prototype has been created for the next design iteration
  - Partnerships with local educational institutions continue to be highly valuable

  - St. Lawrence College will participate in May and June, with fourth-year students from design, marketing and communications programs contributing to board development, incorporating AODA considerations, color accessibility and overall optimization
  - While awaiting student involvement, two prototype boards will be placed in patient rooms to allow clinical teams to test the layout and workflow and gain familiarity with the new concept prior to full implementation
- Progress continues in efforts to ensure patients access the operating room on time
  - Current performance meets the provincial target of 70%, with results trending slightly above target
  - The main operational challenge remains sustaining improvements over time, which is the reason for repeating this initiative
  - Work continues to refine countermeasures - supported by ongoing data collection and analysis
- Accreditation Canada remains a major organizational focus
  - Work continues with the Patient-Centred Care standards within PFAC
- In addition to the formal strategic pillars, several watch metrics are monitored, including fall rates and ALC throughput
  - These indicators remain stable and acceptable, despite a significantly high volume of ALC patients
  - Should any watch metric fall below expected performance thresholds, the issue will be escalated to MQA and, if necessary, to Board Quality, where it may be considered for strategic or operational action

9. New Business

9.1 Accreditation Canada Update

B. Smith presented the Accreditation Canada presentation

The Leadership Team is actively reviewing Accreditation Standards

- PFAC members focusing specifically on patient-centered care elements
- Leadership and Governance standards remain outstanding
- Policies continue to be reviewed and updated

From January to May, the organization will concentrate on staff education, particularly on standards and Required Organizational Practices (ROPs)

- Additional preparation includes mock tracers/audits and development of departmental place cards

Department Place Cards will be used to introduce surveyors to each program:

- Program overview and services
- Leadership team
- Volumes and activity levels
- Key accomplishments and success measures
- Goals and objectives
- Partnerships with clients and families
- Leading practices
- Challenges

Questions from Board Quality Members

- Is it possible for the members to see some examples of place cards?
  - Once they are developed, they will be shared with the Board Quality

9.2 Infection Control Written Report

H. Mostamandi spoke about the IPAC written report

Core Responsibilities:

- IPAC conducts daily surveillance of admitted patients, monitors hospital- and community-acquired infections, performs monthly audits (MRSA, nosocomial, surgical sites), participates in bed management, supports staff regarding isolation practices and reviews construction projects for infection control impact

Hand Hygiene Compliance:

- Using Hand Audit, the 2024–2025 compliance rate for Moment 4, which is the moment the staff member leaves the patient's room; was 92%, with a goal of 100%

COVID-19:

- There were 124 COVID-positive patients during the fiscal year, including 21 hospital-acquired cases
- Two outbreaks (MSSF and Perth) were successfully contained with public health collaboration

Policies, Procedures & Education:

- All IPAC policies are updated for accreditation
- IPAC contributed to departmental policies, brochures, reference manuals and ongoing staff and student education

IPAC Initiatives:

- The 4 Moments of Hand Hygiene Cards - reminder cards posted across hospital sites
- Two Hand Hygiene Tournaments held, recognizing top-performing units and staff champions

Impact of Lumeo (New EMR):

- The system improved real-time infection surveillance, auto-sending positive test results to IPAC and clearly displaying patient isolation status for frontline staff

Question from the Board Quality members:

- What's the update on the Code Orange and capacity issues?
  - The hospital called off the Code Orange on Monday however, reinstatement is now under consideration due to renewed and escalating pressure on capacity - The organization has already cancelled surgeries and reassigned patients to recovery areas to create space
  - Operational pressures remain severe, and the situation is being managed on a day-to-day basis
  - The current capacity challenges are affecting hospitals across the region and the province simultaneously

10. Other Business

10.1 Pharmacy Written Report

M. Kearney shared the highlights of the pharmacy report

- Management oversight includes a team of 10 pharmacy technicians and three pharmacists responsible for drug distribution
- Staff-led updates completed for hazardous drug and high-alert medication policies, aligning procedures with regional Lumio standards and improving safety for staff and patients
- Recommended order list project implemented, automating medication-ordering processes in Cerner; reduces over-ordering and medication shortages; first implementation of its kind within the regional Lumio group.
- Approximately two-thirds of medication orders required pharmacist intervention; 97% acceptance rate for major clinical interventions
- Pharmacy technicians completed ~366,000 dispensing actions with an error rate below 1%, demonstrating high accuracy
- Medication-incident review showed that documentation discrepancies and scanning issues accounted for most incidents
- Weekly barcode-scanning audits conducted to ensure medication files scan correctly
- Absence of automated dispensing cabinets (ADCs) identified as a factor contributing to documentation and scanning-related incidents; ADCs noted as a potential future safety improvement requiring capital funding

Questions from Board Quality Members

- In the root-cause review of medication – what is an example policy not followed?
  - An example relates to the independent double-check policy. A high-alert medication order for oxycodone was entered, but oxycocet - a combination of oxycodone and acetaminophen was selected from unit stock
    - The patient was already receiving scheduled acetaminophen, resulting in an unintended excess dose
    - The root-cause review determined that the required independent double-check was not completed prior to administration
    - The additional acetaminophen did not cause harm, the incident illustrates how the double-check process prevents medication-selection errors

- Use of an automated dispensing cabinet would have prevented access to the incorrect medication, as the system would only allow retrieval of the ordered drug

- How many automated dispensing cabinets would be required for the PSFDH sites, and what would be the approximate cost?
  - One automated dispensing cabinet would be required for each clinical unit, including Emergency, Medical-Surgical, ICU and the Perth 3rd Floor
  - A previous estimate indicated a capital cost of approximately $1 million for the required units
  - Additional infrastructure costs would be necessary, as some medication rooms do not currently meet OCP or Accreditation Canada requirements for secure placement of automated dispensing cabinets
- Is there an option to begin implementation with only one or two automated dispensing cabinets, using a custodian interface between nursing staff and the cabinet?
  - Servicing two different dispensing modalities would create additional change-management challenges and would increase pharmacy technician workload

11. Next Meeting date:

The next Board Quality meeting is scheduled for Thursday, March 12, 2026 at 7:30a.m. Perth Boardroom and via Teams.

12. Adjournment

MOVED by *Consensus*

THAT the January 8, 2026 Board Quality Committee meeting adjourned at 9:04am
CARRIED.