Perth and Smiths Falls District Hospital
Board Quality Committee
Thursday September 14, 2023
via Zoom
7:30a.m. – 9:00a.m.

Present: I. Boyle (Chair), M. Cohen, B. Smith, D. Hodgins, C. Maloney, G. Church, R. Schooley, K. Kehoe, W. Hollis, Dr. T. Morell, and A. Thomlinson

Regrets: K. Weekes, K. Clupp, A. MacDonald and D. Thomson
Recorder: L. Henaghan

1. Call to Order
I. Boyle, Chair, called the meeting to order at 7:32a.m.

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

3. Adoption of Agenda
MOVED by   G. Church
SECONDED by   W. Hollis

THAT the September 14, 2023 Board Quality Committee Agenda be approved with an adjustment of:
Move up 8.2.1 to 5.1
CARRIED.

4. Approval of Minutes
MOVED by   W. Hollis
SECONDED by   C. Maloney

That the June 8, 2023 Board Quality Committee be approved as circulated.
CARRIED.

5. Business Arising from the Minutes
5.1 Oversight Watch List – Smiths Falls Pharmacy report-Med Surg
B. Smith confirmed at the last meeting that there were some concerns about the increase in transcribing errors between the two locations, and we conducted a brief review that revealed nothing in particular. It was the fact that one site had more errors than the other, and transcribing errors include misinformation or the spelling error of a certain drug. This did not result in any critical indicators, but we are keeping a close eye on it through the pharmacy and therapeutics committee.

M. Cohen agreed that even with Cerner gathering data, transcription errors will occur. It's not perfect, but errors are usually evident instantaneously.

6. Education Presentation
6.1 Pharmacy Automation
B. Smith shared the pharmacy automation presentation to the committee and discussion ensued regarding how the pharmacy automation will ensures higher level of practice standards and we will benefit with a higher level of safety with automation. The packager has been purchased; it arrives at the end of the month. There is an implementation team including nursing, pharmacy, IT/IS, and facilities.

Closed Loop Medication Management System (CLMM) is a fully electronic based system that records and organizes medication from admission to discharge. The "closed loop" refers to seamless electronic information transfer during prescribing, processing, dispensing and administration.
- Medication reconciliation: This is the process of comparing the patient's current medications with the new ones that will be ordered. This enables the doctor to prescribe both new medications and home medications, creating the best possible medication list for that patient.

- Processing: When a doctor requests medication using the Cerner system, it is electronically processed in the pharmacy department. The pharmacist automatically validates the medications and queues them for the package machine.
- Dispensing: The machine will dispense single dose packages of the medications to the units and will typically dispense 24-hours' worth of mediation for each patient. The machine will signal the change and repackage the medication before the next dose or the following day if the drug changes within 24-hours.
- Administration: A medication package will be delivered to the patient's bedside, and barcode verification with the Cerner system must match the medication to the patient's armband. If a particular drug is ever recalled, we can see where it was ordered, dispensed, and administered using the barcoding scan; we can follow it throughout the patient's journey.

At this time, we will consolidate our investment in one automation packager, which will be located in Smiths Falls due to the cost and size of the dispensary. We will start the first 24-hour delivery of medications to the Intensive Care Unit (ICU) prior to being linked to Cerner as a test run. Once it is successfully implemented, we will start the 24-hour dispensing to the units in Smiths Falls. Orders from Perth will be remotely queued after the packager and Cerner are integrated, and the medication will then be delivered to Perth.

Physicians will no longer write medication orders by hand due to the Computer Provider Order Entry (CPOE) feature of the Cerner system. They can either type the medication(s) in or choose from drop-down options. Regional adjustments to medication doses or remove/adding of new medications will be reflected in the drop-down medication list as well.

Electronic MAR (E-MAR) will eliminate the paper medication list for the nurses to document; they go into Automated Dispensing Cabinets (ADC).

Barcode Medication Administration (BCMA) will verify the medication to the patient's armband.

Our future plan is to purchase an ADC for every unit. A pharmacy technician will deliver the medication from the packager to the ADC. The medications will dispense out of the packagers for Perth site the medication will be shipped over to Perth and when it arrives in Perth the pharmacy technician will fill the cabinet.

G. Church questioned what will happen if road conditions, traffic delays, and/or weather prevent delivery to the Perth site. Do we have a risk management structure in place for this type of situation?
- B. Smith assures the committee that we have a risk management mechanism in place and that none of the automation cabinets will be set up with such a low inventory that if there is a snowstorm and no deliveries, we will not be out of medication.

G. Church raised another question regarding the automated cabinets not being specified to the patient: does that introduce drug risk management, and do we need to be aware of that as well?
- B. Smith stated that as of now and into next year we'll have a packaging device with no automated cabinets. Cabinets are not yet purchased, and the plan will be to still deliver medications over to the Perth site. These mediations will be packaged in the unit dose in the pharmacy dispensary, and the processes will continue as they have.

C. Maloney questioned if we have security transport in place for transporting medication to Perth.
- B. Smith confirmed that the hospital has taken precautions regarding using a courier that's bonded in the current system for transferring any type of equipment supplies from site to site. There are no concerns that have been brought up.

W. Hollis questioned what happens when a patient comes in off an ambulance and it's an urgent need for medications?
- B. Smith stated that in an emergency, the ED would not use the automation cabinet for emergency drugs; it is still an open cabinet that is monitored as presently happens. After the code/emergency, every medication utilized for that patient and administered during the code will be entered into Cerner. The drugs delivered can then be reviewed electronically.
- M. Cohen mentioned that the ADC has an override system and that the pharmacy will receive an override report for review.

T. Morell affirmed and looks forward to the deployment of ADC and agrees that it will improve patient safety, accountability, and process security.

7. Closed Session
7.1 Quality of Care Review
MOVED by   R. Schooley
SECONDED by   W. Hollis

THAT the PSFDH Board Quality Committee Meeting move into a closed session at 8:09a.m.
CARRIED.

The Quality of Care Review previously presented to the board was reviewed. No Action items were recommended based on this review.

MOVED by   W. Hollis
SECONDED by   R. Schooley

THAT the PSFDH Board Quality Committee moved out of closed session at 8:18a.m.
CARRIED.

8. Standing Items
8.1 Four Strategic Pillars Update
B. Smith shared the strategic pillar update presentation and discussion ensued.
- The first pillar "Provide an excellent experience for the person we serve, every time"
    - Deploy Best Practices i.e. Falls
        - ✓ Developed a new Falls Prevention Policy – C. Menard, Manager of Med/Surge and Med Rehab in Perth created a Falls Working Group that has been revising the Falls Prevention Policy.
        - ✓ November is Falls Prevention Month – C. Menard will implement the new features of the Falls policy with the nurses and in partnership with professional practices.
        - ✓ The features include in the new policy includes recommendations from Quality of Care Reviews: Post Falls Debrief, Post-Falls Algorithm, Universal falls identification, and Capital procurement of beds with bed alarms.
    - Remove barriers to care i.e. Patient Flow
        - ✓ Flow Policy complete (living document)
        - ✓ Bed Board system purchased and will go-live with Cerner. When a patient is released from the hospital, this bed board system will notify housekeeping of the change. They will indicate on the board that the room is clean and ready for a new patient after it has been cleaned.
        - ✓ Flex beds identified for periods of surge and over capacity
        - ✓ Standardize notification to families 24-48 hours prior to discharge – next implementation
        - ✓ Optimizing the ordering and discontinuation of cardiac telemetry packs – next to be implemented
    - Improve Care Transitions i.e. Situation Background Assessments Recommendation (SBAR)
        - ✓ Estimated discharge dates (EDD) or predicted discharge date (PDD) being monitored for completion. This will assist in ensuring that we discharge at the time of admission or that we don't postpone any discharge planning.
        - ✓ SBAR transition tool revamped and being monitored for use at transitions

8.2 Oversight Watch List
8.2.1 Smiths Falls Pharmacy Report – Med Surg
This was moved and reported in 5.1

9. New Business

9.1 OR 1st Case Start Project Update

B. Smith shared the OR 1st case start project update presentation and discussion ensued.

- There are 14 key performance metrics, but we'll start with the most important one: getting patients into the OR room on time for the first case every time.
- Multidisciplinary meeting was kicked off in May 2023 with unit manager, surgeons, anesthesiologists, and nurses.
- A validated tool was utilized to address the underlying issues, which include patients' being late, complex medical histories, general variances in the rate at which each surgeon completes a case, and hospital flow.
- The background and current state is to standardize: consults/pre-op, expectations for patient arrival, for patients being in the operating room, elective C-sections and physicians and staff in the operating room. We also need early identification of patients with challenging medical histories, such as obesity.
- The next steps are to plan for a test and implementation phase, to begin establishing acceptable opportunities for improvement, and to set timetables to hold people accountable for working through them.

9.2 Infection Control Written Report

On K. Weekes' behalf, B. Smith presented the infection control report.

- Masking, PSFDH is maintaining consistency with the rest of the region. We recently switched back to using procedure masks for all staff patients, visitors, students, physicians, and anyone else entering the hospital. The region has seen a spike in COVID wastewater detection, although there have only been two Covid positive cases in the last four weeks.

10. Other Business

Nil

11. Next Meeting date:

The next Board Quality meeting is scheduled for Thursday, November 9, 2023 at 7:30a.m. via Zoom.

12. Adjournment

MOVED by   *C. Maloney*
SECONDED by   *R. Schooley*

THAT the September 14, 2023 Board Quality Committee meeting adjourned at 8:52a.m.
CARRIED.