

**Board Quality Committee – Annual Report
June 2020 – June 2021
Tuesday, June 22, 2021**

The Board Quality Committee (the “Committee”) serves under the authority of the Board of Directors of the Perth and Smiths Falls District Hospital. The Committee is broadly responsible for the monitoring of hospital processes to ensure that patient care programs and services and the various quality improvement and patient safety activities in the Hospital are in alignment with the standards of Accreditation Canada and the requirements set out in the relevant legislation and regulations for example the *Excellent Care for All Act*.

On an annual basis, a Board Quality Committee Work Plan is developed, and forwarded to the Governance Committee and the Board for approval. On average, the Committee meets four to six times per year, with the primary task being the review of essential performance measures that allow the Committee to know, to monitor, and to make recommendations concerning patient care and standards. In addition, the Committee hosts educational sessions, delivered by hospital staff regarding various programs, services, and departments throughout the organization, which are extended to all Board members.

The COVID-19 pandemic has presented unique challenges to quality improvement within health care institutions. Beyond maintaining established standards and ensuring compliance with best practice models, staff were tasked to innovate, adapt, and develop new guidelines to guide the care of patients with suspected or confirmed COVID-19 infection as well as protect caregivers. The pandemic has not only put health systems under immense pressure, but also stretched staffing, at times, beyond imaginable capacity. Notwithstanding, the past year and a half, our staff have and continue to put forward incredible efforts and remain dedicated to providing the best quality of care to our patients and their families.

Throughout the year, the Committee received detailed updates from the leadership team with respect to COVID-19, the Assessment Centre and vaccination rollout, in addition to monitoring the Quality Improvement Plan, various performance metrics, critical incident reports, falls by severity, medication incident stats and patient satisfactory results. We are very proud of the various quality improvement initiatives that have been accomplished over 2020/21 and look forward to furthering enhancements throughout the duration of the Quality Improvement Plan of 2020/21.

I’d be remiss not to acknowledge the efforts that went into enhancements to diagnostic imaging services, as well as the time, effort and resources surrounding the ramp up, then cancellation of surgical services based on provincial directives.

In August 2020, our Laboratory Services also underwent their Lab Accreditation which involves a review of over 900 standards. On behalf of the Board, I commend the team for their efforts.

Following approval of the Patient Safety Plan in 2020, the hospital executed a partnership with Patient Safety Institute to create a “Fall Risk Committee”, which included education strategies for improving fall risks during Patient Fall month in November. Two PFAC members participate on this committee, and they continue to do great proactive work.

With respect to education sessions, various hospital staff presented to the Committee over the course of the year on the topics of:

- Annual Professional Appointment Process
- Pharmacy Risk Gap Analysis
- Falls Prevention
- Enterprise Risk Management
 - Clinical Laboratory Services
 - Environmental Services
 - Safety & Security
 - Infection Prevention & Control
 - Human Resources
 - Health Records
- Lab Accreditation Process

The Committee is composed of Board Members and key hospital staff uniquely in a position to meet the requirements of the Board and the requirements of the Provincial Government’s legislation. We are also pleased to have a representative of the Patient and Family Advisory Council (PFAC) as part of the Committee. Our relationship with the PFAC members is of utmost importance. Their intimate involvement in the review of processes, policies and procedures ensures we continue to meet and/or exceed our patient and family-centred care philosophy.

As Chair, I would like to thank each member of the Committee for their thoughtful engagement in our deliberations, and for making our discussions richer. I would also like to thank Dr. Barry Guppy, President and CEO, Nancy Shaw, VP, Clinical Services/CNE and Chelsea Rustan for providing ongoing support to ensure the Committee is well informed and on schedule to meet all workplan tasks.

This concludes my report for the 2020/21 fiscal year.

Respectfully submitted,
Leslie Drynan, Chair
Board Quality Committee