

**Report of the Board Quality Committee
To the Annual General Meeting
June 27, 2017**

The Quality Committee of the Board is responsible for:

- Assessing the Hospital's total quality management related indicators
- Monitoring hospital process to ensure that patient care programs and services are in alignment to the standards of Accreditation Canada
- Recommending to the Board policies for risk management
- Reviewing progress related to the Quality Improvement Plan
- Ensuring compliance with Excellent Care for All Act (ECFAA)

To accomplish this, the Committee establishes an annual work plan to guide its deliberations and activities. This year the plan included five major items:

1. Approving and reviewing the Quality Improvement Plan (QIP)
 - QIP was approved/submitted and progress against it has been excellent
2. Consolidating reporting packages
 - The Committee has data sources from many internal and contracted external sources
 - Significant progress has been made to streamline this reporting through the Balanced Scorecard
3. Establishing a program of indicators to track progress against our strategic plan
 - Our strategic plan is our roadmap and we establish and monitor key indicators that comprise the patient and family section of the plan
 - As well, we implemented a Quarterly Report to consolidate key outcome issues related to quality.
4. Board Education Sessions
 - The Committee established twice annual learning sessions devoted to important hospital issues
5. Review all patient safety events
 - Completed. Also reported to Board

There were many significant improvements over the course of the last fiscal year. Notable among them were the following:

- A reduction in ED wait times
- A reduction in the number of people having left the ER without being seen
- A reduction in wait times for both hips and knees
- Reduction in wait times for CT scans
- Improved falls rate (testament to a new program aimed at increased mobility) and,
- A higher percentage of med rec's

Within our infrastructure there is another Quality Committee, it resides in Lanark County Mental Health (LCMH) and is led by the Executive Director, Diana McDonnell. Notwithstanding their small size, they develop and monitor a robust series of annual quality-related goals, all of which they met or exceeded.

I am grateful for and wish to recognize the members of the PSFDH committee (Board members, staff and physicians), each of whom displays a passion for quality in all its forms.

Respectfully submitted,
Wayne Johnson, Vice Chair
PSFDH Board of Directors