

## MEETING SUMMARY NOTES

November 8, 2012

5:30 p.m.

Huntsville District Memorial Hospital Boardroom

Approved December 13, 2012

**ATTENDANCE:**

<i>Elected Directors:</i>	Charlie Forret	John Sinclair	Eric Spinks
	Evelyn Brown (T)	Sven Miglin	
<i>Ex-Officio Directors:</i>	Natalie Bubela	Dr. Jan Goossens	Dr. A. MacLennan
	Bev McFarlane		Dr. Steven Herr
<i>Executive Support:</i>	Tim Smith	Vivian Demian	Robert Hughes
<i>Staff Resource:</i>	Tammy Tkachuk		

**REGRETS:**

Rick Durst	Larry Saunders	Philip Matthews	Catherine King
Bill Garrick	Harold Featherston	Gregg Evans	Joe Swinarski

*(T) denotes participation via teleconference***1.0 CALL TO ORDER**

Acting Chair Charlie Forret called the meeting to order at 5:32 hours. Quorum was not present, therefore it was agreed to proceed with the agenda on an informational basis. Any business requiring motion will be deferred to the December meeting.

**1.1 APPROVAL OF AGENDA**

There were no additions to the agenda as circulated.

**1.2 DECLARATION OF CONFLICT OF INTEREST**

Upon review of the agenda there were no declarations of conflict of interest.

**1.3 SENIORS ASSESSMENT & OUTREACH TEAM (SASOT) UPDATE**

V. Demian introduced Dr. Vicki Dechert, the Physician Lead for the Seniors Assessment and Outreach Team. A presentation was provided that outlined the second quarter results of the program for the 2012-2013 fiscal year. Directors were reminded that Muskoka Algonquin Healthcare received funding in January 2012 to support the program and the funding is part of base funding. The decision was made to implement the program in the South Muskoka catchment area as the Algonquin Family Health Team in Huntsville already had a well developed geriatric program. It was requested if a dollar figure could be attributed to the outcome indicators highlighted in the presentation.

**1.4 HUBSCRUB DEMONSTRATION**

Directors proceeded to the second floor at this time to receive a demonstration of the new Hubscrub equipment purchased through the Infection Control initiative.

**2.0 CONSENT AGENDA**

The following items were included on the consent agenda, there were no items requested to be removed for further discussion. The items will be deferred to the next meeting:

- Approval of the Minutes from October 11, 2012
- Receipt of the Quality & Patient Safety Committee Report
- Approval of the Quality & Patient Safety Terms of Reference

- Approval of the Quality & Patient Safety Work Plan
- Receipt of the Senior Leadership Team Report

### **3.0 PROGRAM QUALITY AND EFFECTIVENESS**

#### **3.1 PATIENT STORY**

N. Bubela outlined two recent patient safety incidents and the resulting remedial action that took place in order to continue to ensure safe patient care.

#### **3.2 REPORT OF THE CHIEF OF STAFF/MEDICAL ADVISORY COMMITTEE**

Further to the report included in the meeting package, Dr. Goossens explained that the annual credentialing process is well under way for the medical staff. A new component this year has included requesting physicians provide 50 hours of continuing medical education; responses to-date have been positive. This request was made in effort move towards a culture of continuous improvement putting a high value on keeping up-to-date with education.

Dr. Goossens also brought to the attention of the Board the new Goals of Care process. This new process facilitates discussion with patients and families and enables the patient's wishes to be clearly communicated to all members of the care team. This is done through he use a wrist band that provides a clear indication of the patient's wishes. The program also incorporates an option for the patient to indicate their wishes in terms of organ donation.

#### **3.3 BALANCED SCORECARD/QUALITY IMPROVEMENT PLAN UPDATE**

B. McFarlane reviewed the Balanced Scorecard/Quality Improvement Plan Year II Quarterly Report for the 2<sup>nd</sup> quarter of 2012-2013 with a presentation that outlined the action plans for metrics currently not meeting target. Remedial action plans were outlined related to the Hand Hygiene, Medication Reconciliation, Cataract and Emergency Department Wait times. Dr. Goossens commented that the Medication Reconciliation program is undergoing a review by an interdisciplinary team. The new improved program is anticipated to have positive impact on this metric. B. McFarlane explained that the Team will be incorporating a risk component into the Balanced Scorecard; on a go forward basis the Board will receive a risk rating intended to help highlight where the most focus is needed.

A question was raised related to staff satisfaction rates and it was suggested there may be value in measuring this on a monthly basis. It was explained that staff engagement is currently measures annually. The latest survey was conducted recently and an action plan was developed to assist in increasing engagement. Although it would be helpful to measure more frequently, the costs related with the survey are significant. In the last survey there was only a 38% response rate. In addition, the organization also conducts a Patient Safety Culture tool which incorporates some staff satisfaction measures. As part of a quality thesis project, this tool is currently being deployed and will be done again in June of this year. In terms of the physician engagement survey, the last survey was done over 2 years previously. Dr. Goossens is working on a project with physician leadership regarding engagement.

#### **3.4 PATIENT RELATIONS REPORT**

The Patient Relations Report for the second quarter of 2012-2013 was reviewed. It was noted that the increase in complaints regarding wait times has a direct correlation to the cataract issue. Discussion ensued regarding a suggestion to provide additional information on the triage number provided to patients when presenting to the emergency department. It was stated that a brief message or signage in the department may help clarify expectations. It was agreed to explore this suggestion further.

#### **3.5 PATIENT SATISFACTION 2010-11 BENCHMARKING RESULTS**

It was explained that these ratings provide us with an excellent benchmark which was not previously available. Although the ratings suggest we are doing relatively well, it also highlights the need to continually look for ways to improve which validates the Customer Service Excellence Program initiative in the Strategic Plan. The primary target for this initiative is to maintain/improve patient satisfaction. The research regarding the program is now complete and included a review of a variety of different programs currently in place at other institutions and hospitals. The team has researched and reviewed this information, and we are currently completing our recommended course of action with training and implementation to occur during the next calendar year.

A further question was raised related to the top performing hospitals highlighted in the report. N. Bubela explained that the Deep River hospital is a 16-bed hospital with a 24/7 emergency department and Atikokan is a 41-bed hospital. Neither are multi-site organizations.

It was also noted that there seems to be a disconnect between the overall satisfaction results and the 'would recommend' results. B. McFarlane noted that the Team has a similar concern. There are discussions currently with regards to survey fatigue, and if there is any potential to highlight a fewer number of questions that are specifically relevant to MAHC's Strategic Plan.

## **4.0 REPORTS**

### **4.1 REPORT OF THE CHAIR**

The Acting Chair reminded Directors that the MAHC portal is available and encouraged members to begin using for email correspondence. In addition, Metroland Media was thanked for their responsiveness to MAHC's concerns.

A request was received from a member of the Lease Holders Association in Algonquin Park. The Ministry of Natural Resources has implemented a new program in which Lease Holders are required to submit letters of support to extend their leases. A draft letter was read aloud that highlighted the support that the group provides to the Foundation for the Hospital. The property leases would be for 21 years. Submissions are required by December 13, 2012. The Foundation has also been requested to submit a letter of support. Debate ensued as to the role of the Hospital in supporting special interest groups. It was noted that the Board has supported a variety of other groups previously. Upon conclusion of the debate, it was agreed that although the Lease Holders Association are important members of the community and the organization appreciates their support of the Hospital, it is not the role of the Hospital to support one group over another and thus a letter of support would not be submitted.

### **4.2 REPORT OF THE CHIEF EXECUTIVE OFFICER**

In addition to the report included in the meeting package, N. Bubela advised that MAHC is receiving significant recognition for the success of the Outbreak Prevention Project. Pat Campbell, President of the Ontario Hospital Association, highlighted MAHC's journey in her closing remarks of the Health Achieve Convention on November 8, 2012. N. Bubela read aloud an excerpt from Ms. Campbell's speech. In addition, the project is being recognized by Health Quality Ontario in their recent analysis of 2011-12 Quality Improvement Plans noting the project as a 'success initiative'.

Also at the OHA Health Achieve, Vivian Demian and Catherine Racine, Manager of Emergency and Oncology Services, provided a poster presentation regarding the Emergency Department process improvement journey.

Congratulations and appreciation was expressed to all staff and physicians for the great work.

## **5.0 FOSTER RELATIONSHIPS**

### **5.1 AUXILIARY REPORT**

The report of the Huntsville District Memorial Hospital Auxiliary was received. The Acting Chair extended appreciation to the Auxiliary for all of their efforts in support of the Hospital.

## **6.0 MEETING TERMINATION**

The meeting was terminated.

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Larry Saunders, Chair

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Natalie Bubela, Secretary