

# SUN COUNTRY REGIONAL HEALTH AUTHORITY

## **MINUTES** **September 28, 2016**

The Regular RHA meeting was held in Conference Room I, Tatagwa View, Weyburn, Saskatchewan.

### **PRESENT**

Marilyn Charlton	RHA Chairperson
Marilynn Garnier	Vice Chair
Karen Stephenson	RHA Member
Derrell Rodine	RHA Member
Gary St. Onge	RHA Member
Leigh Rosengren	RHA Member
Murray Setrum	RHA Member

### **STAFF**

Marga Cugnet	President and CEO
John Knoch	VP – Corporate and Finance
Murray Goeres	VP Health Facilities
Janice Giroux	VP Community Health
Dean Biesenthal	VP Human Resources
Dr. Dimitri Louvish	VP Medical
Joanne Helmer	Communications Coordinator
Lesley Chapman	Recording Secretary

### **REGRETS**

Brian Romaniuk	RHA Member
Robert Brickley	RHA Member

## **1.0 CALL TO ORDER AND ADOPTION OF AGENDA**

M. Charlton called the meeting to order at approximately 1330 hours.

That the Sun Country Regional Health Authority adopts the Regional Health Authority agenda for September 28, 2016 as presented.

## **2.0 CONFLICT OF INTEREST**

No conflict was reported.

## **3.0 SCHR WALL WALK – STRATEGY DEPLOYMENT**

### **Highlights included:**

#### **Culture of Safety – Believe in Zero Hoshin**

- It was mentioned that this is based on Mission Zero with the target of zero injuries to staff by April 2020.
- It was mentioned that part of the process is to integrate staff safety and patient and resident safety.
- The team is focusing on:
  - 1) Patient Safety – there are two SCRHA Board members attending.
  - 2) Staff Safety focusing on the Safety Management System – This will be fully implemented at Weyburn Special Care Home by March 2017. By end of March 2018, the goal is to implement this throughout all of SCHR.

It was mentioned that there are 3 milestone charts for the above sub-hoshins, and that we are on track with all of them, especially with respect to Safety Management. It was mentioned that we should be able to meet the target of October 31<sup>st</sup>. For Staff and Patient Safety, another goal is focusing on root cause analysis.

For the Patient and Resident targets, we are focusing on encouraging people to speak up and Stop the Line. We will be implementing a 5 week campaign promoting both residents and patients to speak up. It was also mentioned that staff need to be receptive in receiving comments from patients and residents.

In terms of WCB claims, at year end, we project that we may have more than 100 time loss claims. We need to focus on how to make the environment safer and examine causes of injury.

Patient and Staff Alignment – It was reported that we've asked staff to report all events with patients, especially events that prevent an adverse event (e.g. Good catches). The goal is to get 12% of all events to be good catches.

The percentage of harm/no harm events - It was mentioned that this is set provincially and that all RHAs are utilizing this metric.

In terms of patient and family members speaking up, our target is for 90% to feel comfortable speaking up. We are currently at 73%. It was mentioned that there are mechanisms in place to help patients and families speak up. For example, posters and brochures have been put up/distributed. There continue to be concerns expressed by families about speaking up. The concerns relate to a fear of retributions to residents and patients.

### **Partnership Between Primary Health Care and Mental Health and Addictions**

Highlights included:

- We are on target with this Hoshin. We are looking to replicate in other facilities after this year.
- Clients with mental health issues that are assessed as level 3 are seen within 20 days.
- Those clients with mental health issues who are level 4, are seen within 30 days.
- Assessment of clients involves completion of the Healthy Living Questionnaire.
- Gains SS tool provides a more in-depth assessment of client needs. For example, it asks questions pertaining to whether or not people feel trapped, lonely, fearful, as well as how well they are sleeping. It's an open-ended questionnaire which helps determine whether clients require immediate care.
- In-services to staff on stepped care have been completed.

## **4.0 ADOPTION OF MINUTES**

### **4.1 July 19, 2016 Special Board Meeting Minutes**

A copy of the July 19, 2016 Regular RHA minutes was circulated to all members.

That the Sun Country Regional Health Authority adopts the Special Board Meeting Minutes of July 19, 2016 as presented.

## **5.0 BUSINESS ARISING FROM THE MINUTES**

There was nothing further to report.

## **6.0 REPORT OF THE CHAIRPERSON**

It was mentioned that on September 9<sup>th</sup>, the Board Chair attended a three hour meeting with the Health Advisory panel in Regina . On September 14<sup>th</sup> she attended the Finance and Audit Committee meeting. Also, on September 19<sup>th</sup>, she met with the CEO and Leads Specialist to explore a LEADs session with the Board. On September 21<sup>st</sup>, she attended the Governance and Human Resources Committee meeting. On September 22<sup>nd</sup>, she attended the Patient Safety Conference. She conveyed her thanks to the group who organized the Patient Safety Conference, as it was an excellent event, with great speakers.

## **7.0 PRESIDENT AND CEO REPORT**

### **Highlights included:**

- The Accreditation and CQI Steering Committee are reviewing the new standards, and are integrating a Patient First approach into the standards. The next survey will be conducted in 2018.
- The Patient and Family Advisory Council meets monthly. We have seen an increase in membership for this meeting over the last few months. Advisors will be going into the LTC sites and asking residents questions that are on the new survey.
- Work continues on attendance management.
- In Dietary, LTC surveys have been done re: meals. We will await to see plans to address concerns.
- Environmental Services and Laundry are working on LTC guidelines. Continuing Care Assistants are required to partake in training on the guidelines before end of March 2017.

- High touch areas – It was reported that we are maintaining high levels in our cleaning audits.
- Injury free and WCB claims – It was noted that some sites are over a year injury free. It was emphasized that we need to explore the measures they are undertaking to prevent injuries from happening, and replicate some of their processes/practices.
- Physical Plant and Maintenance – It was mentioned that the Lampman Roof project is nearing completion. It was also noted that we've just received approval to repair the eaves in Fillmore. The landscaping project in Redvers is almost finished. In Radville, we are still working with the contractor to ensure the deficiencies are finished off.
- Recruitment – It was mentioned that we still have physician vacancies. One physician has moved from Carlyle to Radville, and a new physician has moved into the Arcola clinic. Dr. Jared Oberkirsh has started at the Weyburn Primary Health Clinic.
- Recruiting nurses in rural sites remains a challenge.
- Two Physiotherapists have resigned . We have stepped up recruitment.
- Managers have been having discussions with various staff re: attendance management, and what measures could be undertaken to assist them to improve their attendance.
- Therapies – Work continues on falls prevention.
- Wait lists for Physiotherapy remain quite lengthy. We are looking at measures to undertake to reduce wait times.
- The Cataract Program at Weyburn General Hospital is going well. It was reported that we will soon be up to 14 to 16 cases per day. Feedback from patients is very positive.
- 24/7 services in CT are available in Estevan at St. Joseph's Hospital.
- The provincial stroke strategy has been implemented.

- Primary Health Care – It was mentioned that we've completed the transition to a regional operated Primary Health Care Clinic in Carlyle.
- Mental Health and Addictions are reaching targets re: wait times most of the time.
- Public Health – Extensive work is being done to prepare for the flu immunization clinics, which will be offered in more than 100 sites. Clinics will also be held after hours and on weekends. It was also mentioned that pharmacists can give flu shots to people over 9 years of age.

## **8.0 FINANCIAL CONDITIONS**

### **8.1 SCRHA Board Financial Income Statement (7111030) to August 31, 2016**

It was mentioned that with meetings, advertising, and expenses, the Board is trending in a surplus position.

### **8.2 SCRHA Statement of Operations to August 31, 2016**

#### **Highlights included:**

- In first five months, under revenue, we are on target. The main cause for the variation is that although we received a WCB rebate in July, the full amount of that rebate has now been recovered by Saskatchewan Health. Overall, we are on target with expenses, the main portion of which is salaries. In fall and winter, if there's more illness of staff, expenses are projected to increase. In terms of medical remuneration, we are within budget.
- We are in a favourable situation regarding professional fees.
- Repairs and Maintenance and Utilities are showing a slight surplus.
- Travel expenses have been reduced; we expected this with less travel to meetings and increased CVA's.
- Medical and Surgical – We are in a shortfall in the Cataract program. We have, however, budgeted deferred revenue, which we could utilize if required.

- Overall, we are operating in a surplus of three days operating expenses.

## 9.0 BOARD BUSINESS

### 9.1 Lampman Health Centre Trust

The Board's attention was drawn to the itemized costs on the back of the Trust letter.

36/16

**Moved by: G. St. Onge/M. Garnier**

**Carried**

That Sun Country Health Region approve the transfer of funds from the Lampman Health Centre Trust account to the Affinity Credit Union in Estevan in the total amount of \$20,348.10.

### 9.2 Mainprize Manor & Health Centre Trust

It was mentioned that there was also an itemized list on the back of this letter.

37/16

**Moved by: K. Stephenson/D. Rodine**

**Carried**

That the Sun Country Regional Health Authority approve the transfer of funds from the Mainprize Manor and Health Centre Trust to the Affinity Credit Union in Estevan in the total amount of \$33,926.22.

### 9.3 SCHR Practitioner Staff Appointments

It was noted that there were a few physicians who are being recommended for appointments during the last credentialing meeting. It was mentioned that, under the Associate Staff category, Dr. Amayo will be going to Arcola, and Dr. Khanam will be going to Carlyle. Dr. Oberkirsh is practicing at the Weyburn PHC. Dr. Mbata is currently in Radville, and Dr. Ghaly is working in Arcola. Dr. Thomas Ofuafor, a psychiatrist, is working in Weyburn.

With respect to physicians who have been recommended to move to the Active Status category, Dr. McIntyre is practicing in Redvers.

In the Temporary category, it was mentioned that Dr. Martinson has been providing locum services for the Region. There are also a number of SIPPA

physicians who are doing clinical rotations in the Region, as well as medical residents who are doing some of their residency rotations here.

Under the Visiting Staff category, Dr. Cadili, a Canadian trained general surgeon, will start doing clinics once per month in Weyburn. It was mentioned that there are other physicians here who will be in the Visiting Staff category, who are doing locums for us. Dr. Ross Findlater has returned to Saskatchewan, and is helping the Region out with coverage to cover a leave of absence by our MHO.

38/16

**Moved by: D. Rodine/L. Rosengren****Carried**

That the Sun Country Regional Health Authority accept the recommendations of the Practitioner Advisory Committee and approve the Practitioner staff appointments as presented.

#### **9.4 CQI Report – May to June 2016**

##### **Highlights of the Patient Safety incidents from May and June included:**

- 22% of total incidents reported were a code 3, and 72 or 12% were good catches.
- Types of events reported included falls, medication errors, and issues with behavior. This ranking has not changed over the past two years.
- Concern handling – It was mentioned that 25 concerns were received in May and June, and that most (44%) were concerns about care delivery. Some of these related to the responsiveness of health providers. These have all been investigated and reviewed by staff and the Quality of Care Co-ordinator to discern what improvements could be implemented. It was noted that there are a few that are non-jurisdictional, which means we can't implement any changes.
- Intake and placement – continuing to see improvement in wait times. At the end of June there were only 44 residents on the transfer list, and most applicants screened are being offered a bed within a few days.
- There was a review on a 91 year LTC resident who passed away as a result of a brain bleed which occurred following a fall. It was noted that a large proportion of residents who fall and break a hip will also incur a head injury. This was brought up by our expert who spoke at the Patient Safety Conference.

## 9.5 Patient Safety and Risk Management Dashboard

### Highlights included:

- Medication reconciliation is up to 94% at admission, but rates are still below target of 90% at discharge.
- Infection rates are low, compared to other health regions in Saskatchewan.
- The number of concerns dealt with within 30 days is at 98%.
- Patient Safety indicators – (e.g.) Number of falls. It was reported that preventative measures include patient/residents beds that can be lowered to 18 inches above the floor, and the utilization of hip protectors for some residents assessed at higher risk for a fall.
- Medication errors have increased slightly.
- Two code 4 incidents were reported, and one critical incident.

## 9.6 Community Network Meetings

The proposal from Leadership is that since there is nothing of pressing issue to talk to the public about, we are recommending moving the Community Network meetings to the Spring of 2017. By then we should know more about the report from the Health Advisory Panel, and their recommendations for the restructuring of the health system.

39/16

Moved by: D. Rodine/M. Setrum

Carried

Action:

***A letter will be sent to the RMs and Community Networks informing them that Community Network meetings will resume in the Spring of 2017.***

## 10.0 BOARD EDUCATION

**10.1 Culture of Safety – Safety Management System – Believe in Zero! : Reducing Harm for patients, residents, clients, and staff.**

### Highlights included:

- We are targeting Zero injuries in workplace by April 1, 2020.
- Of the 800 staff incidents and 3500 patient incidents that occur each year, 41% result in harm.

- We need to focus on root cause analysis and eliminate a culture of blame.
- Patients and families need to speak up about their concerns.
- Patient and staff safety need to be integrated/aligned where possible.
- The ultimate goal is to reduce harm.
- We are currently only focusing on implementing the Safety Management System (SMS) program at Weyburn Special Care Home.
- The goal is to replicate what we've learned and transfer it out to other sites in the next fiscal year 2017/18.
- Team leads include the VP Corporate and Finance, the Regional Director of Quality and Patient Safety, and the Disability Management Co-ordinator.
- Last year, we had 135 WCB claims accepted. We are still above where we would like to be trending. We would like to reduce this by 25%.
- Safety Management System – There are 6 elements.
- We are working through elements 1, 2 and 3 through October 31<sup>st</sup>. November 1<sup>st</sup> and onwards, we will focus on elements 4, 5, and 6.
- The SMS assessment was completed on June 2<sup>nd</sup>.
- It's making sure at governance level that there are policies and procedures in place. The province has strict guidelines.
- The measures look at harm/no harm incidents.
- Near misses/good catches – We need to ensure that staff report on good catches. 12% is our target. It was suggested that this should be a count, and not a percent.
- Mechanisms have been developed for patients/families to speak up. We are trending at 73% of people feeling comfortable speaking up.
- The Board Chair requested that the Board be kept informed as to what has been learned, and how things are progressing.

## **11.0 CORRESPONDENCE**

There were no correspondence items.

## **12.0 NEXT BOARD MEETING**

RHA Board Meeting  
1:30 p.m. November 30, 2016  
Conference Room 1  
Tatagwa View, Weyburn

### **13.0 ADJOURNMENT**

The meeting was adjourned at approximately 1505 hours by Karen Stephenson.

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Marilyn Charlton, Chairperson

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Marga Cugnet, President and CEO