

***Board Quality Initiatives Committee***  
***September 9, 2003 - 11:30 a.m. – Conference Room A, Corporate Office***

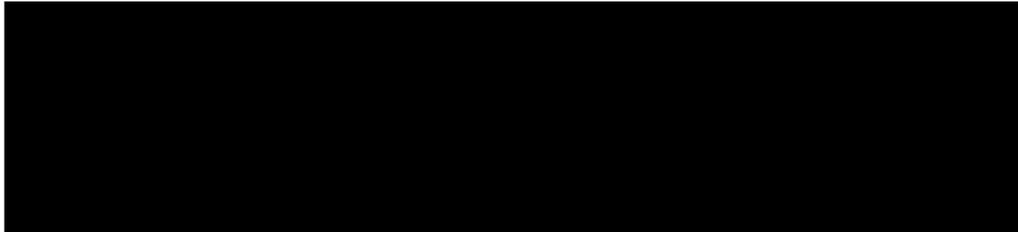
**Present:**

Ms. Kathy LeGrow, Chairperson  
Ms. Pamela Elliott  
Ms. Betty Forward  
Mr. Gary Milley

Dr. David Peddle  
Ms. Patricia Pilgrim  
Ms. Sharon Smith  
Ms. Thelma Williams

**Regrets:**

Ms. Kay Daley

**1. Minutes of the Last Meeting****2. Business Arising****2.1.****3. New Business****3.1. Final Report – Impact of Restructuring in Acute Care hospitals in Newfoundland and Labrador**

The final written report was presented for information and is in follow up to the presentation to the Board of Trustees earlier in the year.

Quality Initiatives is reviewing the report to identify issues requiring follow up, i.e. clinical efficiency, patient safety, community acquired pneumonia and stroke care mapping. The Human Resources Advisory Committee is planning to conduct employee satisfaction surveys, and a number of external proposals have been received. While there are many divisions and units with positive working environments, staff morale has been identified as an issue, and improving employee commitment and creating a supportive and nurturing environment for staff is a priority.

An Evidence-based Practice Council is being established to enhance and direct the development of evidence-based practice, and Dr. Brendan Barrett, Clinical Epidemiologist, will work with us on this.

#### 4. Clinical Efficiency Unit Update

Ms. Pilgrim circulated an update on the activities of the Clinical Efficiency Unit and highlighted the following:

- access to service has improved while hospital days have declined – surgical day care volume increased by 11%, ambulatory treatment increased by 20% and Same Day Admission (SDA) by 30%
- targets for length of stay (LOS) variance have been achieved in some programs. The most significant improvement was in the second quarter, particularly in Medicine which achieved in excess of a 50% reduction
- wait times in Emergency show an overall improvement
- alternate level of care (ALC) patients continues to be significant. Better tracking and in-service training has lead to improved identification of ALC patients.
- community emergency patients are a major issue
- a Regional Task Force to explore the development of post acute community based services was established with a target of February, 2004, to develop recommendations.
- CEU and Quality Initiatives are working with the programs and Health and Community Services to plan and evaluate patient outcomes with the move to ambulatory services.
- A proposal for a Corporate Wait-List Management System has been submitted to Executive Management
- Earlier discharge of Miller Centre patients to the Ambulatory Rehabilitation Program will improve the flow-through of patients from acute care
- Efficiency efforts:
  - o 11 o'clock discharge "Mr. Levon Time" commences in September
  - o Expected Date of Discharge (EDD) continues in Medicine and Mental Health
  - o Physician profiles have been received positively by the physicians. We've been invited to do a poster presentation at the Ontario Hospital Association Best Practices Conference in November on "Physician Utilization Profiles: A Meaningful Approach to Performance Improvements?"
  - o A demonstration on how documentation impacts the complexity profile and expected length of stay

Ms. Elliott circulated a bulletin "The Home I.V. Update" highlighting the number of patient days saved as a result of this program. It is an example of the trend towards increased ambulatory care services.

The issue of alternate level of care (ALC) patients blocking acute care beds and the

resulting impact on people in need of acute care was discussed. Ms. Pilgrim indicated that the wait lists are monitored very closely and decisions made in consultation with physicians regarding their care. The issue of placement of long-term care patients has been discussed with the St. John's Nursing Home Board over the years, and the appointment of our Board Chair to the Nursing Home Board may facilitate solving the problem. The possibility of pursuing the issue publicly and with Government was raised.

**5. Report from the Director of Quality Initiatives**

The written report for May, 2003, from the Director of Quality Initiatives was reviewed, and the following issues were highlighted:

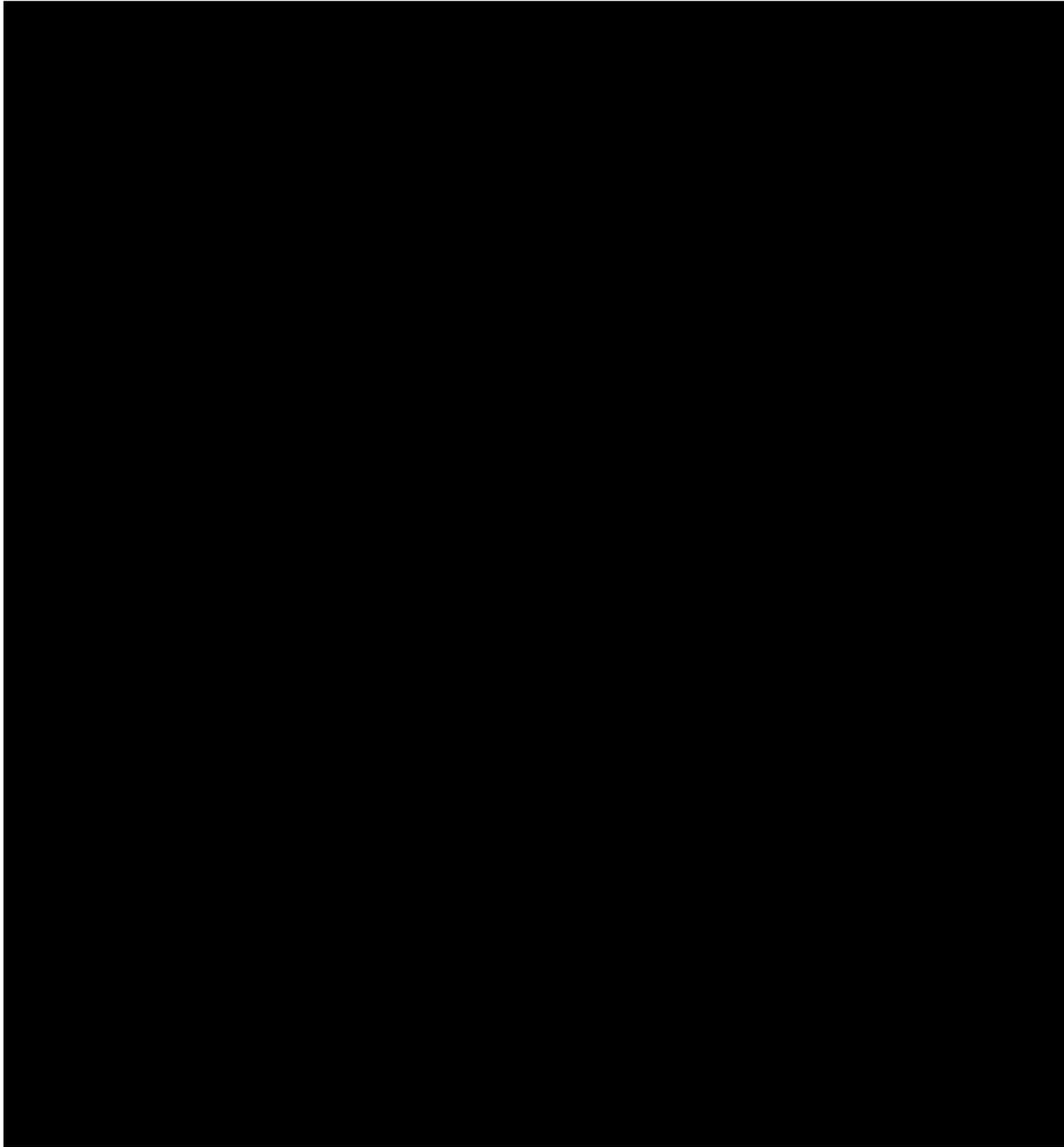
*Statement of Claim* – [REDACTED]

*Discovery* – [REDACTED]

*Other Potential/Ongoing Legal Issues*

- [REDACTED]
  - [REDACTED]
  - [REDACTED]
- [REDACTED]
- [REDACTED]

6.



7. **Review of Quality Initiatives Reports**

7.1. **Corporate Communications**

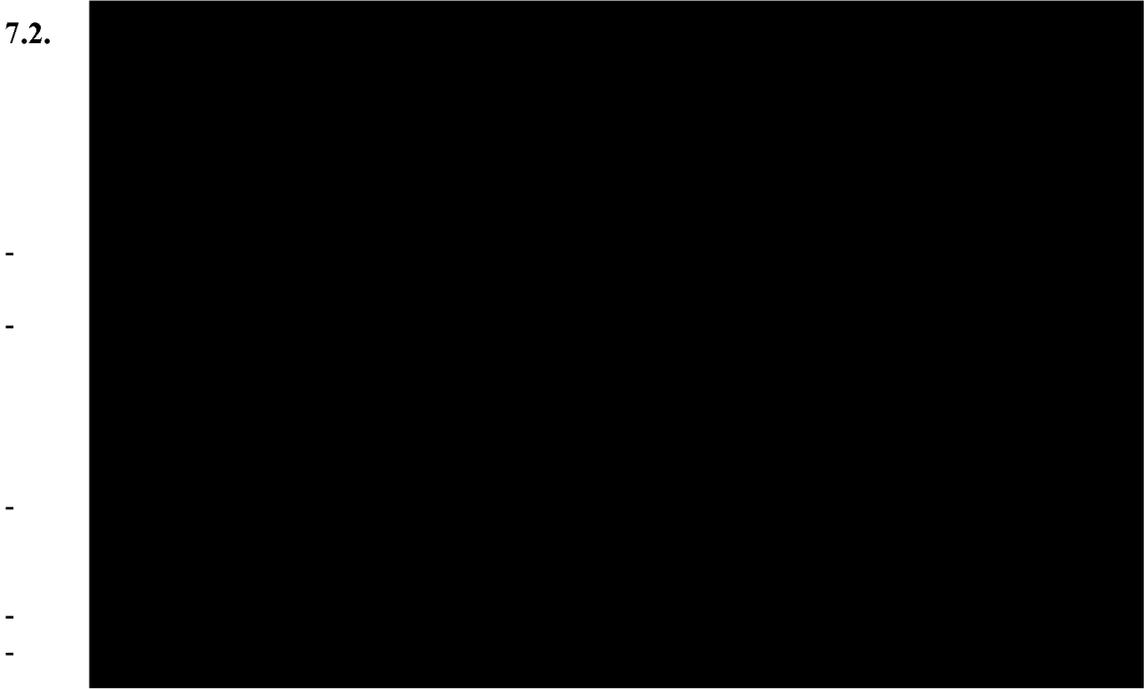
The report was reviewed, and the following highlighted:

- Corporate Q.I. Committee asked that for next year the report should be shortened
- Following up on complaints is the responsibility of the Patient Relations

Officer in the Quality Initiatives Department. There is communication with Corporate Communications in the event of complaints being made public.

The department continues to explore opportunities to improve internal and external communication.

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9. **Adjournment** – 1:15 p.m.

Confirmed:

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Chairperson

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Date