



# Saskatoon Regional Health Authority - Public

# Minutes

**Date:** Wednesday, April 27, 2016  
**Time:** 1:00 pm – 3:30 pm  
**Location:** Saskatoon City Hospital Boardroom, Level 2 Executive Offices

**Our Values**  
 Respect  
 Compassion  
 Excellence  
 Stewardship  
 Collaboration

**Strategic Directions**  
 Better Health  
 Better Care  
 Better Teams  
 Better Value

**Our Mission**  
 We improve health through excellence and innovation in service, education and research, building on the strengths of our people and partnerships.

**Our Promise**  
 Every moment is an opportunity to create a positive experience in the way we treat and care for people, in how we work and interact with each other, and in how we deliver quality service. We promise to seize every opportunity.

## SRHA Members:

Mike Stensrud, Chairperson  
 Megan Rumbold, Vice Chairperson  
 Gary Beaudin  
 Michael Couros  
 Garry Derenoski  
 Randy Donauer  
 Malcolm Eaton  
 Sophie Ferré  
 Frank Lukowich  
 Ghislaine McLeod  
 Bobbylynn Stewart  
 Glenn Wig

## SRMA Representative:

Dr. Joel Yelland, President

## SHR Administration:

Brenda Zuk for Lois Henbury, RHA  
 Coordinator (recorder)

## SRHA Regrets:

## Administration and other Regrets:

Dr. Grant Stoneham

## Presenters and other SHR Staff in attendance:

Linda Walker, Communications Consultant

## Public present:

Media -

Public -

## GENERAL AGENDA ITEMS

### 1. Call to Order

The meeting was called to order at 1:00 pm by Mike Stensrud, Chairperson, who welcomed those present.

#### 1.1 Approval of agenda

Add 5c) Review and approve February, 2016 Financials

#### MOTION:

**That the agenda be approved as amended.**

**Moved by Randy Donauer, seconded by Sophie Ferre. Carried.**

#### 1.2 Approval of Minutes – February 24, 2016

#### MOTION:

**That the February 24, 2016 meeting notes are hereby approved as presented.**

**Moved by Randy Donauer, seconded by Sophie Ferre. Carried.**



1.3 Disclosure of conflicts of interest

- There were none.

2. Report of the Chairperson

Mike Stensrud presented his written report.

3. Report of the President and Chief Executive Officer:

Andrew Will, Interim President and CEO, provided the following highlights:

- There has been good progress in developing the draft Strategic Plan.
- Work is progressing on the Cellular Model and deployment across the Region. Leadership training is being done to help support this model.
- The Electrical Upgrade at RUH went very well; a great deal of work went into accomplishing this. This was a good example of collaboration between staff and physicians to accommodate the shutdowns. This addresses one of the largest critical risks in our Region.
- Safety Alert System – we now have a greater understanding of the level of detail of incidents. Staff indicate it is much easier to report incidents with a call centre. The next step will be to replicate to rural and communities.

4. Report of the Saskatoon Regional Medical Association:

Dr. Joel Yelland gave a verbal report. Topics reviewed included:

- Impact of impaired driving on individuals and families – some countries have a zero tolerance towards drinking and driving, perhaps we should be moving in that direction as well.
- Smoking and e-vapours discussed.
- Concussions resulting from sporting activities is a much discussed topic - lacrosse has a zero tolerance for delivered head injuries.
- Human Resources in Pathology – shortage of pathologists, technicians and equipment was raised last year and remains a pressing issue.
- Improving team work - a small group of family physicians is establishing a patient database to assist them in making referrals to/accessing specialists in the city.
- Issues to be discussed at the upcoming representative assembly include focusing on payment for physicians, improved physician resources in all categories, better resource stewardship, modernizing practice to provide better care, health, team and value. Ensuring best distribution of public resources with the focus on patient centred care.

<b>MONITORING</b>
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5. Strategy Wall Walk

(a) **Financial:**

Nilesh Kavia presented a verbal report:

- February, 2016 operating deficit was \$41.9 million deficit. March year end results projection is \$35.7 million deficit. One-time funding of \$10 million in March from the Ministry helped our deficit position.
- During quarter four, we were able to reduce paid hours by 1.7% and overtime hours by 27%.
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(b) **Patient Flow Hoshin Update:**

Dr. Petrina McGrath presented:

- Patients wait in the ED 15 hours or less, 70% of the time, however, we aim for a much shorter time.

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- The number of patients leaving the ED before being seen was high in February and March. A nurse will now be consistently contacting these patients to see if they received care elsewhere or are in need of care.
- Medicine physicians have set a reduction target of 0.25 day in length of stay. The 90 day Patient Flow Hoshin looked at the impact of bank days on the ability to discharge patients, however, found this to be a weekend issue. This will be looked at further in the Safety Flow Hoshin.
- The number of patients waiting for surgery has steadily increased by 7.5% this past year. At the beginning of the year, 86% of patients received surgery within 49 days. At the end of the year, 73% received surgery within 68 days.
- ENT is an area of concern with 36% waiting for surgery. An ENT surgeon has been recruited and will be starting in the summer.
- In Orthopedics, 16% of patients are on a wait list. We have begun using the pooling process where physicians offer patients the option to choose from a pool of surgeons or wait for their surgeon who may have a long wait list; it is the patient's choice.
- Cancer surgeries have stayed steady over the year. We have adopted 2 targets – patients with 3 week or 6 week wait times based on the type of disease the patients has.

Areas of struggle in cancer surgery:

- o complex gynecology – we are in the process of recruiting an additional specialist, however, there are a limited number of specialists across the country
- o breast surgery – high demand
- o Urology – a 3 and 6 week target is desired, however, we are not there yet

In the last quarter, some OR time was converted to dedicate to cancer surgery.

- The number of patients waiting for Long Term Care (LTC) has remained steady this past year, other than those waiting in communities.
  - o successful initiatives from the Patient Flow Hoshin were the In-Reach Paramedicine Program, ability to provide IV antibiotics within the LTC facilities and Seniors House Calls
  - o support for LTC facilities to take patients who may have infectious diseases
  - o Alternate Level of Care (ALC) which refers to care in a different setting or care model is a key initiative
- Staff Time Loss:
  - o shoulder and back injuries have the highest time loss and highest impact in both work and home. We need to understand how and why these injuries are happening and put preventative actions in place.
  - o it was noted that provincially, the numbers of workplace injuries have decreased with the exception of shoulder and back injuries
  - o psychological (mental health) elements in the workplace includes respect and dignity amongst team members
- Safety Alert System:
  - o working to further refine the database to get more meaningful data. Currently, graphs are very high level, therefore, are working on getting more unit level reports.
  - o metrics will be refined to measure the quality of the work regarding closed and open incidents
  - o graphs showing capacity and incidents will help determine if there is a trend

**(c) Patient Flow Hoshin Update:**

Dr. George Pylypchuk presented:

- From the 90 day Patient Flow Hoshin in 2015, it was felt there should be more physician investment with patient flow. From this, the Physician Guiding Coalition



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was implemented which consisted of a group of 11 physicians who met on a daily basis with a leader from the Region to look at ways of addressing patient flow.

- The group split into two working groups to look at short term initiatives and long term improvements.
- The short term initiative was to change the physician’s practice in a way that was quick and cost free e.g. discharge patients before 2 pm, see observation patients by 10 am, and implement a COPD order set. Further results could be achieved by auditing the time rounds are done. The goal was to reduce length of stay by 0.25 days for Medicine patients with a future goal of reducing by a full day.
- Long term improvements:
  - o Dr. Ivar Mendez – robots in rural areas
  - o Mental Health Proposal – looking for other space for patients rather than Emergency Departments
  - o Cardiology Patient Flow Proposal
  - o Dr. Jenny Basran’s Restorative Care Proposal – this program involves monitoring of older patients in the ED or acute care, ensuring they receive timely physio and mobilization. It has been proven that older patients who are inactive will have a much longer stay in hospital.

**(d) Review February, 2016 Financial Statement:**

**MOTION:**

**That the Saskatoon Regional Health Authority approve the financial statements to February 29, 2016, as presented.**

**Moved by Megan Rumbold, seconded by Sophie Ferre. Carried.**

**OVERSIGHT**

**6. Credentials Report – February 25 and March 24, 2016**

Dr. George Pylypchuk, Vice President Practitioner Staff Affairs, provided this report:

- He recommended that the SRHA approve the Credentials Report as presented.
- No concerns were identified.

**MOTION:**

**That the Saskatoon Regional Health Authority approves the February 25 and March 24, 2016 Credentials Committee Report as presented.**

**Moved by Meghan , seconded by Gerry. Carried.**

- Dr. Pylypchuk thanked Dr. Rob Weiler for providing interim coverage in the VP Practitioner Staff Affairs position for the past several months.
- Dr. Haissam (Sam) Haddad has been appointed as the Department Head of Medicine. He came to us from the Ottawa Civic Hospital.
- Inquiry about the Saskatchewan Physician Human Resource Plan related to the SHR Human Resource plan. In 2013, SHR developed a Physician Resource Plan and following that, the province put out a provincial plan. There are significant differences between the two plans, the provincial plan doesn’t take into account the academic components with the College of Medicine at this Region.



**DECISION**

**Ratification of SAHO/SUN contract:**

- No further discussion

**MOTION:**

**That the Saskatoon Regional Health Authority approves the ratification of the SAHO/SUN Collective Agreement.**

**Moved by Ghislaine McLeod, seconded by Malcolm Easton. Carried.**

**INFORMATION**

**COMMITTEE REPORTS:**

**PARTNERSHIP**

**8. Report on Partnership Committee meeting- March 7, 2016**

Mike Stensrud, Partnership Committee Chair, provided the following report:

- Hospice – the St. Paul’s Hospital Foundation is purchasing a building for a Hospice that will accommodate 10 people with the potential to expand to 15. A confirmation letter was received from the Ministry approving the purchase of the building. A Project Manager has been hired. Fundraising will begin next year.
- Physician Assisted Dying (PAD) – Federal government was granted a 4 month extension (until June 6) to consider legislation on assisted dying – during this time, there is potential for patients to obtain an exemption to access PAD. Until the June 6 deadline, there needs to be a process for managing this. Any inquiries regarding PAD should be referred to Practitioner Staff Affairs.

Palliative Care – need to ensure everything possible is in place to provide pain management, support, counselling and resources. It was noted the federal government has some funding for palliative care, however, no specifics have been provided.

The Board agreed further education on this topic will be very useful.

A directive has been put out for facilities and providers regarding a Conscientious Objection. They can choose not to take part and Practitioner Staff Affairs will work through this with the clients.

**QUALITY AND SAFETY**

**9. Report on March 10 and April 14, 2016 Joint Quality & Safety Committee meeting and March 14 Retreat:**

Frank Lukowich presented this report:

March 10 meeting included:

- Presentation by Population and Public Health on the Syrian refugees regarding immunization, infant/child screening, dental services. Over 450 clients have been seen as of February 29, 2016.
- Seasonal influenza partnership with EMS providers and pharmacies
- Ongoing work on promotion of health equity
- A briefing note has been sent to the Ministry regarding withdrawing from the rural plumbing inspection program. It was noted that this was discussed at the SUMA convention.
- Surgical Services – in 2016/17, approximately 37,000 surgeries will be performed in our Region. Approximately 35% of surgeries are from outside of the Region.
- Development of workplace excellence metrics was discussed.

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- Trauma program pilot
- Surgical pooling initiative continues to expand
- Ongoing work on quality
- Electronic Health Record (Sunrise Clinical Manager) – recent additions, discharge summary, edocumentation in 3 Emergency Departments in SHR. A workstation on wheels being used in 3 acute care sites in Saskatoon.

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April 14 meeting included:

- Presentation from Adult Medicine and Complex Care which consists of Kidney Health Services, Transplant Program, Oncology, Pain Management and Palliative Care.
- Presentation by Lori Frank on the Corporate Risk Registry looking at potential metrics for Quality and Safety committee to monitor going forward.

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March 14 Retreat topics for discussion included:

- Current state of safety culture in SHR
- Feedback on Safety A3
- Fishbone diagram on root cause analysis

**OTHER BUSINESS**

Community Inquiries

- There were none.

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**10. Closing of Meeting**

- The meeting adjourned at 2:35 pm. Motion to adjourn made by Garry Derenoski. Carried.

**Next meeting:  
 Wednesday, May 18, 2016  
 Saskatoon City Hospital Boardroom, Level 2 Executive Offices**

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DATE ADOPTED: \_\_\_\_\_ May 18, 2016 \_\_\_\_\_

AUTHORITY CHAIRPERSON: \_\_\_\_\_

AUTHORITY SECRETARY: \_\_\_\_\_