



Saskatoon Regional Health Authority - Public

Minutes

Date: Wednesday, November 25, 2015
Time: 1:00 pm – 4:30 pm
Location: Saskatoon City Hospital Boardroom, Level 2 Executive Offices

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 Collaboration

Strategic Directions
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Our Mission
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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:

Lois Henbury, RHA Coordinator (recorder)

SRHA Regrets:

None

SRMA Regrets:

Dr. Joel Yelland, President

Presenters and other SHR Staff in attendance:

Tim West, Interim Director, Safety & Wellness	Jamie Herman, Client Representative
Kerri Cryderman, Director, Kaizen Promotion Office	Heather Miazga, Director, Surgery Services
Christina Schreffler, Labour Relations Consult.	Michelle Weber, Manager of Nursing
Marion Woods, Manager of Nursing	Mike Northcott, Director Human Resources
Bryan Witt, Acting Director	Michele Bossaer, Senior Communications Consultant
Linda Walker, Communications Consultant	

Public present:

Media - 1

Public - 2

GENERAL AGENDA ITEMS

1. Call to Order

The meeting was called to order at 1:16 pm by Mike Stensrud, Chairperson, who welcomed those present and made introductions.

1.1 Approval of agenda

MOTION:

**That the agenda be approved as presented.
 Moved by Malcolm Eaton, seconded by Megan Rumbold. Carried.**

1.2 Approval of Minutes – October 28, 2015

MOTION:

**That the October 28, 2015 meeting notes are hereby approved as presented.
 Moved by Malcolm Eaton, seconded by Megan Rumbold. Carried.**



1.3 Disclosure of conflicts of interest

- There were none.

2. Education / Strategy Session: Transforming Healthcare through Continuous Improvement

A short presentation on this topic was provided by Patti Simonar, Acting Vice President People, Practice and Quality. Also attending were Mike Northcott, Bryan Witt, Kerri Cryderman, Marion Woods, Michelle Weber and Christina Schreffler. Patti started the discussion with the following highlights:

- Key elements of the Patient First Management System include leadership team development, visual management/controls, leaders' standard work/discipline and A3 thinking/problem solving. Tenets of this system include respect for people, leaders teaching leaders, daily accountability, continuous improvement, safety, innovation, leading self and teamwork.
- In order to do this work, it was necessary to restructure how SHR supports its managers so that they can spend more of their time with patients and staff (cellular model). This can be done by creating a leadership team surrounding the managers.
- The role of the managers is to know and grow their people, understand their operations and improve their processes.
- Michelle Weber, Manager of RUH 6200, told her story about being a new manager and needing to hire people when she had no Human Resources (HR) background. Things started to click after handing over control to an HR person. Things are now working well and there is even a reduction in sick time and overtime. She feels she has lots of support.
- Marion Woods, Manager of RUH 5300, told her story about now having time to be on the gemba regularly because she has the support she needs. There has been positive feedback from staff. Standard work is being developed for attendance meetings. Overtime has been significantly reduced. Morale is high, sick time is lower and she is now able to manage proactively. Her own job satisfaction has increased.
- Christina Schreffler, HR Business Partner for RUH 6200, indicated that the best aspect of this change is that she is now located right on the gemba where things are happening and is able to have direct interaction with staff and is able to be proactive in her job.
- Generally, there is a much better atmosphere for the team. Directors can work more easily with their managers as they now have time to learn and develop as leaders.
- Cellular Model results to date include:
 - o Cell leadership team created (Business Partner / Scheduling)
 - o Managers have been given time back, allowing them to focus on staff and flow:
 - Hiring process – from 13% reduced to 3% of Managers' time
 - Scheduling – from 13% reduced to 8% of Managers' time with a satisfaction rating increasing from 1 in 5 to 4 in 5.
 - o Reduction in lead time for hiring process reduced from 85 to 57 days
 - o Right person doing the right job
 - o HR process improvement in hiring, return-to-work, attendance, labour relations.

Comments and issues:

- It is exciting to see this turnaround and making these units a happier place to work. This will lead to better patient care. Teams were encouraged to spread the word that this is working.
- The investments made by SHR are putting it on the right path.
- RUH 6200 has about 150 staff and RUH 5300 has just under 100 staff.

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- Engagement of managers is excellent. There is a plan in the works to start replicating this good work. It will start next week and initially encompass 3 additional units. Full replication will take close to 2 years. This has been very challenging work that takes time and commitment.

This report was received for information.

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3. Report of the Chairperson

Mike Stensrud tabled his written report which was received for information with the following comments:

- The November 20th meeting with Sherbrooke Community Centre was postponed. A new date has not yet been determined.
- At the November 12th Safety Alert System (SAS) media event, a simulation was done which was an impressive training tool.

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4. Report of the Saskatoon Regional Medical Association

No report was given as Dr. Yelland was unable to attend this meeting.

5. Strategy Wall Walk (Dashboard)

(a) Dashboard

Dan Florizone, President and CEO, reviewed the dashboard portion of the wall walk information. It was noted that the Senior Leadership Team (SLT) reviews this information on a weekly basis and is working through 'red' issues and developing targets. Regarding the Safety Alert System indicator, sometimes the database presents challenges regarding the ability to close level 4 critical incidents.

(b) 90 Days of Innovation – Ready/Safer Every Day – Update

• **Patient Flow Hoshin**

- Corey Miller provided this update.
- Focus in October was on alternative level of care (ALC), creation, continuing engagement of physicians and work on capacity planning as a whole.
- Focus has changed somewhat to managing ALC and building transitions outside SHR (e.g. Sanctum). Collection of data on ALC has been implemented system-wide using electronic integration to patient flow software. Data collected indicated that there were up to 140 patients in SHR's care who didn't need to be in hospital if they could receive the care they needed elsewhere. The struggle was ensuring sustainability of consistent collection of data.
- Proposing to focus on Guiding Coalition (meets every Wednesday), finishing ALC and building sustainable model into operations. Provincial Health Quality Council (HQC) has put out their tool kit. SHR's challenge is to meet the provincial targets and to have it fully implemented with the new tool kit and tools in one of SHR's units by the end of this year. The target unit will be 7th floor at St. Paul's Hospital (SPH) due to this being the location where the related provincial RPIW (Rapid Process Improvement Workshop) took place. The process involves identifying ALC, collecting the data using the tool and responding to it. This project will become part of SHR's regular operations.
- As Corey will be leaving SHR to move on to a new opportunity, Dr. Pylypchuk will take the lead on this project with assistance possibly coming from Sandra Blevins and Jean Morrison supporting operations. Karen Levesque is currently leading with support from the Kaizen Promotion Office (KPO).

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- o If physicians are able to reduce average length of stay (ALOS), SHR will be assisting them by creating the transitions in care into the right models in the community.
- **Safety Hoshin**
 - o Dr. Petrina McGrath and Dr. Susan Shaw provided this update.
 - o Seven teams are currently working on this hoshin, reviewing what creates a strong safety culture.
 - o The A3 problem statement: patients and staff are harmed every day; harm happens in all healthcare systems.
 - o Authority members are all welcome to attend their open houses, wall walks and report outs to gain a better understanding of the work going on. There is an open house later today or Authority members can tour the hoshin room at any time.
 - o Traditional hierarchies are an impediment to safety.
 - o Results from Accreditation Canada's safety category show improvement. Hierarchies and culture remain important.
 - o Future state would include Managers surrounded by those they need to help with their jobs.
 - o Work is on-going to provide connections between leadership and the unit.
 - o The plan will be continuously refined.
 - o Dr. Ross Baker will be making a presentation to SHR on Monday, November 30th from 1:30 to 3:00 pm in the Royal University Hospital Boardroom. Authority members are welcome to attend.

6. Report of the President and CEO

Dan Florizone, President and CEO, provided this report with the following highlights:

- *Pertussis*
 - Dr. Cory Neudorf provided this information.
 - Pertussis is commonly known as whooping cough.
 - There are emerging pockets throughout Canada at this time and there is a vaccine available.
 - The greatest risk is with adults whose booster shots are not up-to-date and with children in Grades 6-8 who haven't yet had their booster shots.
 - The illness can be passed to infants for whom it can be fatal.
 - Some notification has gone out to physicians and emergency rooms, etc.
 - It is safe to immunize pregnant moms who can then pass on the antibodies against this illness to their unborn child.
 - Once in your adult years, you need a booster for pertussis which is combined with a shot for tetanus. A booster shot provides 10 years' coverage.
- *Refugee population SHR is expecting and SHR's readiness*
 - The arrival of refugees will be spread over about 3 months. SHR is currently looking into implications regarding public health.
 - SHR may partner with Global Gathering Place, pediatricians, clinics etc. to have an initial assessment completed. SHR is also trying to coordinate with pre-screening in country of origin.
 - SHR is expecting about 800 people to arrive.

This report was received for information.

MONITORING

7. Performance Monitoring

7.1 Acceptance of financial statements to October 31, 2015

Nilesh Kavia, Vice President Finance and Corporate Services, provided this report:



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- SHR is reporting a \$26.9 million deficit of year-to-date revenues over expenses or 3.76% of total expenditures at October 31, 2015.
- Extrapolating the current daily expenditure run rate through the remainder of the year results in a \$45 million potential forecast deficit at year end.
- Contributing to the deficit are:
 - o Increased patient days
 - o Unmet targets
 - o Sick time, overtime and orientation costs
 - o Repairs and maintenance due to unanticipated repairs
 - o System pressures and increased volumes
 - o The number of patients in acute care waiting for long term care placement
- Positive outcomes year over year include:
 - o 898 fewer emergency department visits
 - o 1000 more discharges
 - o Reduction of average length of stay at both Royal University Hospital and St. Paul's Hospital
 - o Increased Home Care visits
 - o 3 consecutive months with sick time and overtime decreases compared to last year's numbers – likely due to moving to using a cellular model. Sick time and overtime are monitored on a weekly basis.

Comments and issues:

- With length of stay improvements, SHR won't be in as much of an over-capacity position as it would have been with no improvement.

MOTION:
That the Saskatoon Regional Health Authority accepts the financial statements to October 31, 2015, as presented.

Moved by Sophie Ferré, seconded by Gary Beaudin. Carried.

OVERSIGHT

8. Credentials Report – October 22, 2015

Dr. Rob Weiler, Interim Vice President Practitioner Staff Affairs, provided this report by phone:

- There are no concerns with the list of those requesting credentialing.

MOTION:
That the Saskatoon Regional Health Authority approves the October 22, 2015 Credentials Report.

Moved by Frank Lukowich, seconded by Mike Couros. Carried.

DIRECTION SETTING

9. Approval of SRHA Committee Membership

Mike Stensrud, SRHA Chairperson, referred to the list in the meeting package and opened the floor for questions or comments. As there were none, he asked for a motion to approve.

MOTION:
That the Saskatoon Regional Health Authority confirms and approves the appointments to the SRHA Standing Committees for the period October 30th, 2015 to August 31st, 2016 as presented.

Moved by Ghislaine McLeod, seconded by Megan Rumbold. Carried.



INFORMATION

10. Client Representative Annual Report

Tim West, Interim Director, Safety & Wellness, provided this report. Also attending were Patti Simonar, Acting Vice President, People, Practice & Quality as well as Jamie Herman, Client Representative.

- The Client Representative office is the entry point for clients who have a concern with their care, etc.
- 85.3% of concerns reported were resolved in the SHR targeted timeframe of 20 days and 91.3% were met within the provincial target timeframe of 30 days (both are highest on record).
- This report shows trending of client concerns over the 2014-15 fiscal year.
- The office is reviewing the impact of the new Safety Alert System (SAS).

Comments and issues:

- As SAS's work is similar to work done by the Client Representative, SHR wants to ensure there is no overlap in service. There should be just one entry point for clients and staff alike. SAS events are not always referred to the Client Representative however, that referral is always offered. Dr. Vicki Cattell is working in this area to determine how all the pieces fit together.

COMMITTEE REPORTS:

AUDIT FINANCE AND RISK

11. Report on November 24th, 2015 Audit, Finance and Risk Committee meeting

Megan Rumbold, Audit, Finance and Risk Committee Chair, provided the following report:

- There was a lengthy budget discussion.
- Internal Audit has been working on a narcotics incident from March 2015. The audit has been completed and it will be reported to this committee in January, 2016. SLT has formed a team around narcotics and the committee will monitor progress.

This report was received for information.

POLICY AND GOVERNANCE

12. Report on November 16th, 2015 Policy and Governance Committee meeting

Gary Beaudin, Policy and Governance Committee Chair, provided the following report:

- Volunteer recognition was discussed.
- Gary will discuss with the SRHA Chairperson possibly revisiting an Authority retreat.
- Site visits for new SRHA members were suggested.
- Also discussed a policy on political contributions by SRHA and by individual members.
- A rating scale is being developed related to the skills matrix.

This report was received for information.

QUALITY AND SAFETY

13. Report on November 19th, 2015 Joint Quality and Safety Committee meeting

Frank Lukowich, Joint Quality and Safety Committee Chair, indicated there would be no report as this meeting was cancelled.

OTHER BUSINESS

Community Inquiries

- There were none.

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14. **Closing of Meeting**

- The meeting adjourned at 3:23 pm

**Next meeting:
Wednesday, January 27, 2016**

Saskatoon City Hospital Boardroom, Level 2 Executive Offices

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DATE ADOPTED: _____ January 27, 2016 _____

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AUTHORITY CHAIRPERSON: _____

AUTHORITY SECRETARY: _____

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