

Draft



Eastern Health

MINUTES

Meeting of Chief Operating Officers
Wednesday, October 4, 2006
Room S112 – Corporate Office

Present: Alice Kennedy (Chair)
Louise Jones
Pat Colish-Snow
Patricia Pilgrim

Regrets: Beverly Clarke
Fay Matthews

HIROC Risk Assessment and Self-Appraisal Process

Pam Elliott and Glenys Walsh attended the meeting to provide an overview of the HIROC Risk Assessment and Self-Appraisal Process. All facets of the organization are now covered by HIROC and we are now required to sign up by the end of the year to complete the Risk Assessment and Self-Appraisal Process. Glenys Walsh, Senior Quality Leader, will be the lead and resource for this process.

A Project Critical Path and Module Completion Guide were circulated and outlined. This is a four-year cycle with the first year being the self-appraisal and then updates yearly for the next three before another self-appraisal is completed. The self-appraisal must be completed within five months of signing on and the critical path is drawn to accommodate this. Criteria used in the modules is evidence based.

The COO's are requested to provide feedback on the team structure which was circulated on the modules completion guide. It was stressed that this must get down to the front-line level.

This self-appraisal is electronic. Ms. Walsh has completed a web-demo of the process and requested that this be available to team leads and recorders. When recorders are identified they will be issued a password as will the COO's so that they can access the information. Ms. Walsh also has a presentation ready for the teams. She will first meet with the Directors at the Clinical Issues Committee meeting at the end of the month. The COO's role will be as reviewers of the information collected by the teams relevant to their areas. Team Leads will be at the Director level.

It was agreed that networks currently in place should be used to accomplish some of this work. Accreditation teams already in place can also be used. The Executive Team will look at the management module. Public Health is integrated but that network should be reviewing the applicable area of the appraisal. Some areas will have to be reviewed to identify how best to complete appropriately (i.e. credentialing and other areas that remain geographically separate).

It is anticipated that by early November paper copies of the modules will be out to Directors. It is recognized that with Accreditation coming in 2007, this will have to be completed as quickly as possible. Ms. Walsh advised, however, that this process will highlight areas where policy development is required and encourage discussion which will complement the accreditation process.

Next Steps:

1. Ms. Walsh will bring the Quality and Safety Leaders up to speed so they can become the resource persons within their areas.
2. Ms. Walsh will present at the next Clinical Issues Committee to ensure the Directors are fully aware of the process. It was suggested that Directors from outside St. John's be encouraged to attend this meeting.
3. Structures/networks already in place will be utilized.

The COO's request an education process as well so that they can appropriately review the information collected prior to submission.

1. Review of Agenda

The following was added to the agenda:

- 4.12 – Clinical Efficiency
- 4.13 – Documentation

With the additions noted, the agenda was agreed.

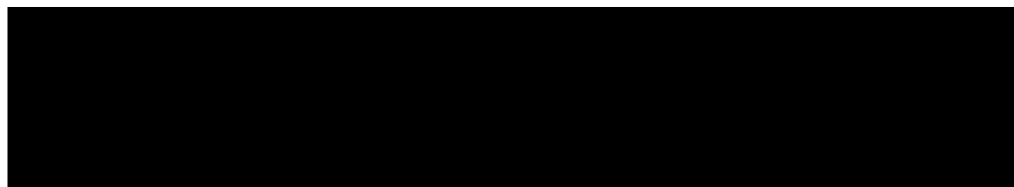
2. Review of Previous Minutes – September 6, 2006

The minutes of the September 6, 2006, meeting were adopted as circulated.

3. Business Arising

3.1 Provincial COO Network

P. Pilgrim circulated a draft Terms of Reference for this group. Changes were identified (see document at the end of these minutes) and agreed. Each area is reviewing the Terms of Reference and once all comment is received, it will be sent to the CEO's table for adoption. Discussion was held regarding who from this group would attend the Provincial Network. It was agreed that in the beginning all COO's will attend and attendance would be re-evaluated as time goes on. It was also noted that the agenda items may dictate which COO attends.



3.3 Quality Framework & 3.4 CCHSA Patient/Client Safety Goals

The previously discussed position of Coordinator for Performance Management to handle this issue was anticipated to have gone to the Executive Team table by this date, however, this has not occurred. Therefore, it was discussed at length as to what structure should be put in place to deal with these issues. P. Pilgrim requested feedback on regional clinical safety and quality councils/portfolio councils and how to move forward. It was agreed that:

Regional Quality Council – Portfolio Quality Council (Safety, Risk Management, Human Resources, Finance)

It was noted that there is one Quality Leader responsible for regional services such as Finance and Human Resources.

It was agreed to move forward and begin or continue meetings of councils. The Regional Safety Council will be removed. Quality Leaders in portfolios will lead these councils. Focus will be on accreditation needs and a generic template will be supplied for reporting. Board reporting has not yet been identified. It was further agreed that existing networks should be tied into Quality Councils for regional reporting.

An adhoc group will be brought together to look at the ROP's. P. Pilgrim and P. Elliott will meet to identify who will make up this group. P. Elliott will notify the COO's of any requirements in this area. A. Kennedy advised that she has a copy of a template that may be useful and will share it with P. Elliott.

ACTION: Pat Pilgrim

3.4 CCHSA Patient/Client Safety Goals and Required Organization Practices

See above.

3.5 Workload Measurement

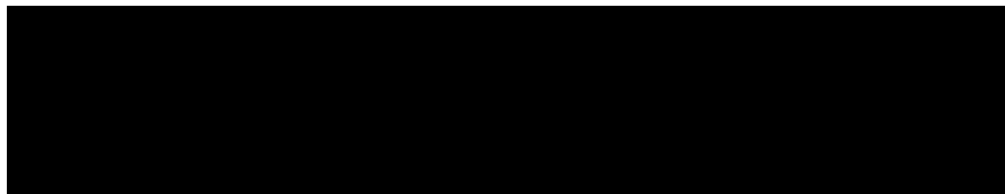
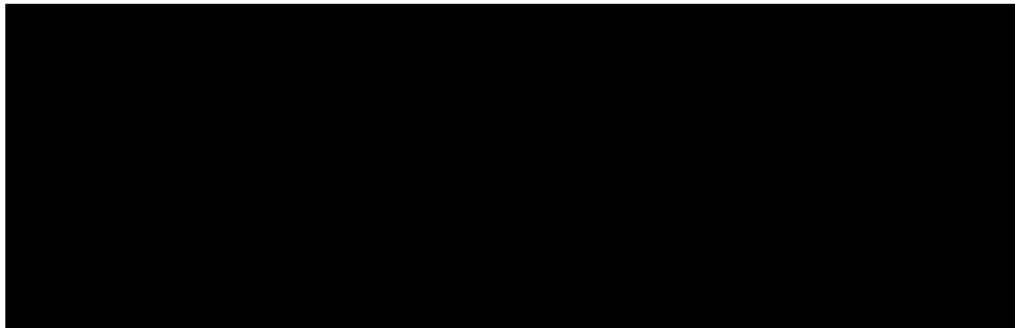
Status of workload measurement within the region was circulated and discussed. Currently asking for a three year plan for going forward. Work plan to be supplied. A resource for six months has been obtained to move this issue forward.

ACTION: Pat Pilgrim

3.6 QPPE

**3.7 Health Promotion/Wellness Funding**

Deferred.

3.8**3.9****3.10 Policy Review Planning**

The previously circulated templates on Administrative Policies was discussed at length. Concern is expressed with how clinical policies are to be developed and who is coordinating the process. The person currently working on policy development under W. Miller's area is working solely on administrative policies. Much discussion was held on what clinical policies are needed in the near future (consent, disclosure, etc.). It was agreed that existing and new networks have responsibility to look at policies and standards which affect their areas. These networks exist in all areas with the exception of acute care. It is felt that there needs to be a coordinator to drive the process for clinical policy coordination. P. Pilgrim and L. Jones will meet to identify direction.

ACTION: Louise Jones, Pat Pilgrim

3.11 COO Priorities

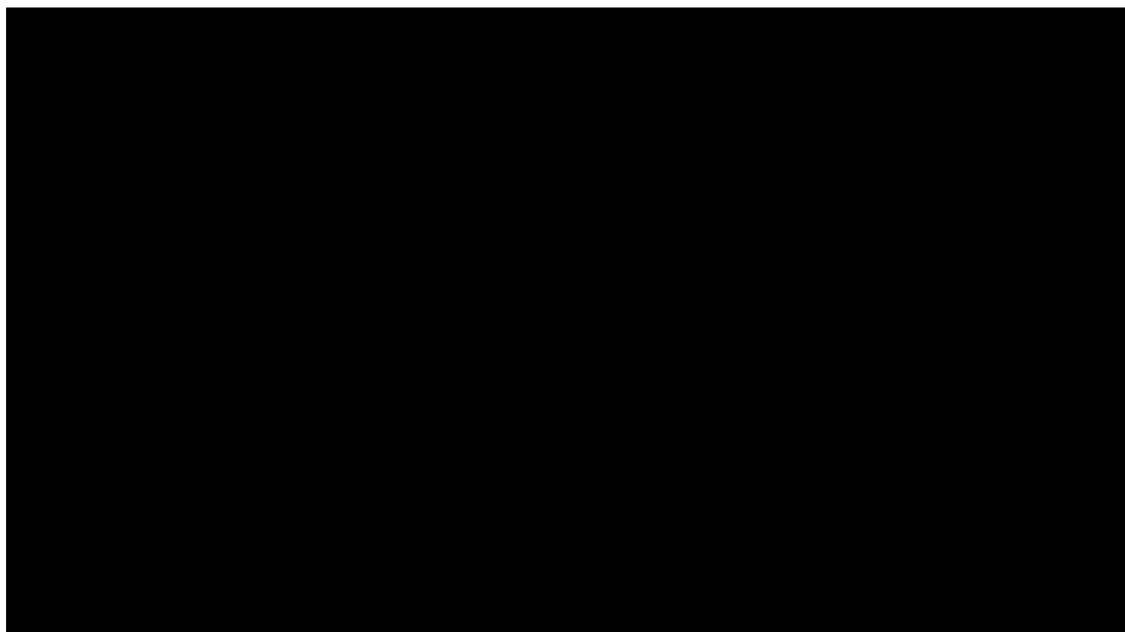
The Operational Planning Issue Grid will be altered to include a status column and circulated to COO's for input. Once all have completed, information will be collated into one response.

Generic budget themes were identified:

- Orientation
- Patient Education
- Clinical Education
- Rehabilitation – Resource Allocation
- Palliative Care
- Telehealth Coordinator – Clinical Need
- Teleoncology – Resource Allocation
- Clinical Efficiency – 3 year concept plan
- Emergency
- Primary Healthcare
- Skill Mix Changes
- Ambulance Services
- Accreditation Expenses

ACTION: All COO's

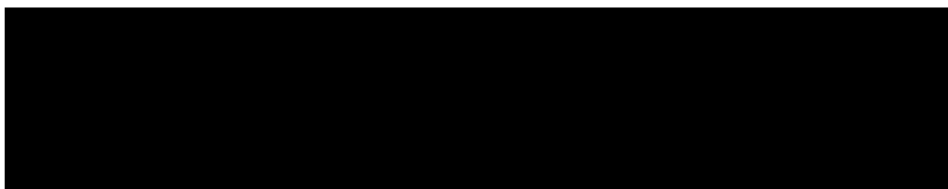
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4.2 Administrative Policy Discussion

See 3.10 above.



**4.4 Accreditation Teams**

Process is underway. C. Williams will be developing guidelines for expenses related to the process (i.e. replacement, etc.) for team participation. P. Pilgrim will develop the budgetary requirement. It is noted that most teams appear to be led by Directors. It is felt this is a decision for the team and the COO's will not become involved in the process.

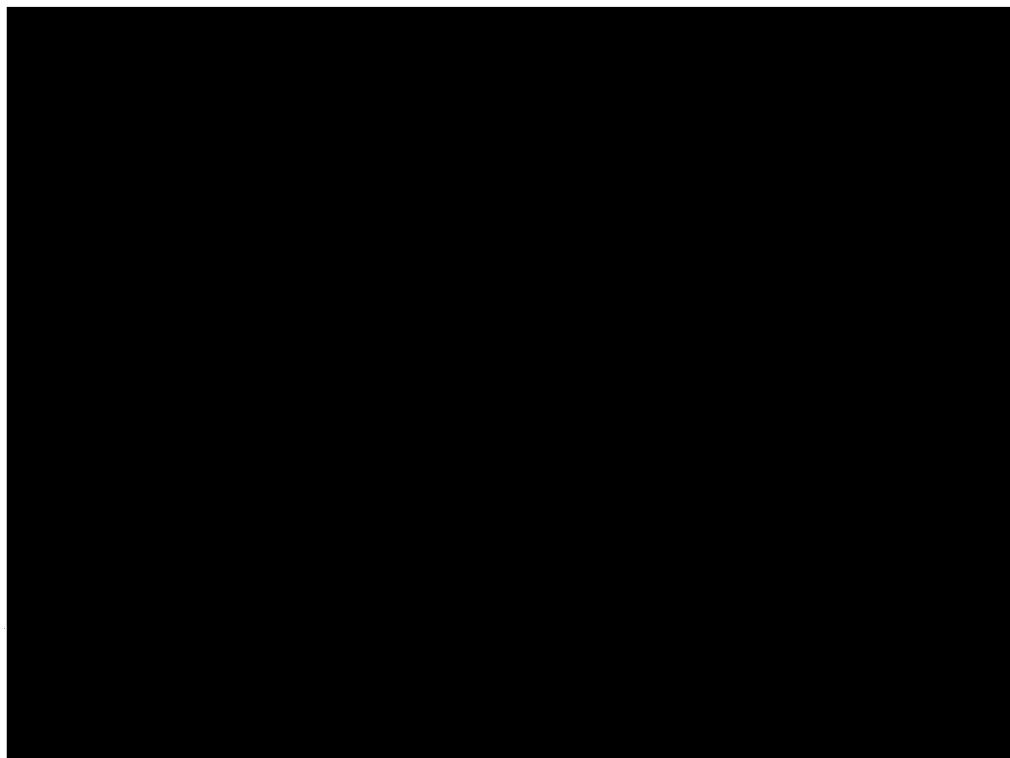
4.5 Preferred Qualifications for Managers

It was noted that two Managers were recently appointed, neither of whom had their Bachelor's degree. It was not a condition of employment that they seek their degree and concern was expressed with consistency and educational requirements. This concern will be discussed with S. Dodge at the next meeting. A minimum standard must be set and adhered to throughout the organization.

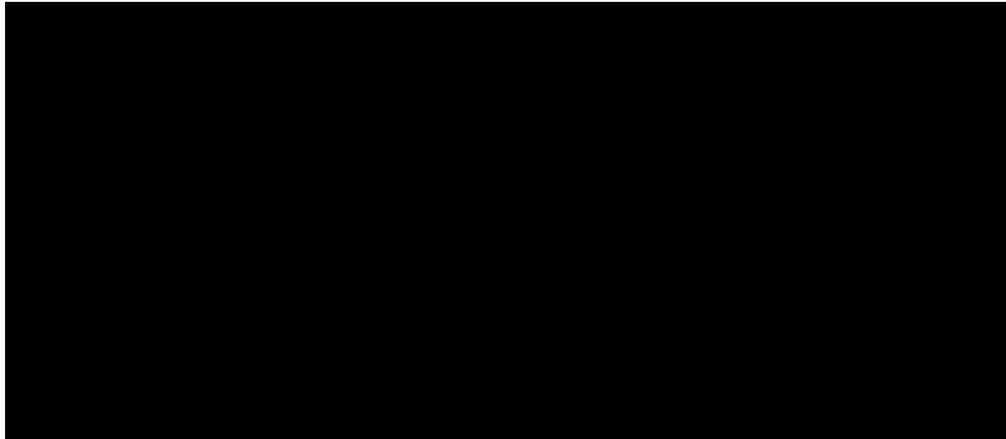
ACTION: Louise Jones

4.6 Strategic Plan Update

See 3.11 above.

4.7**4.8****4.9**

6.



7. **Date of Next Meeting**

The next meeting is scheduled to take place on Wednesday, November 1, 2006, from 1000 to 1300 hours in The Study, 2nd Floor, St. Patrick's Mercy Home. Alice Kennedy will chair.

8. **Adjournment**

The meeting was adjourned at 1330 hours.

Alice Kennedy
Chief Operating Officer