

Draft



Eastern Health

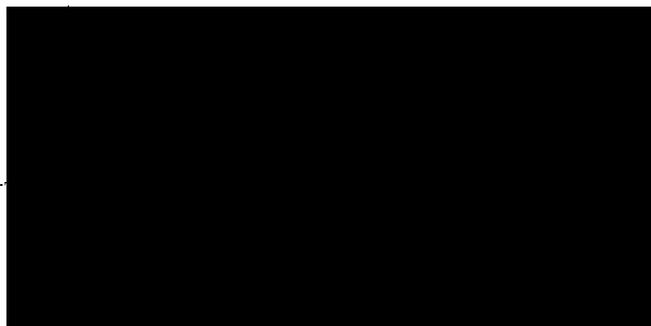
MINUTES

Meeting of Chief Operating Officers
Wednesday, November 1, 2006
The Study, 2nd Floor, SPMH

Present: Alice Kennedy (Chair)
Fay Matthews
Pat Coish-Snow
Patricia Pilgrim
Beverly Clarke

Regrets: Louise Jones

1. **Review of Agenda**



2. **Review of Previous Minutes – October 4, 2006**

The minutes of the October 4, 2006, meeting were adopted as circulated.

3. **Business Arising**

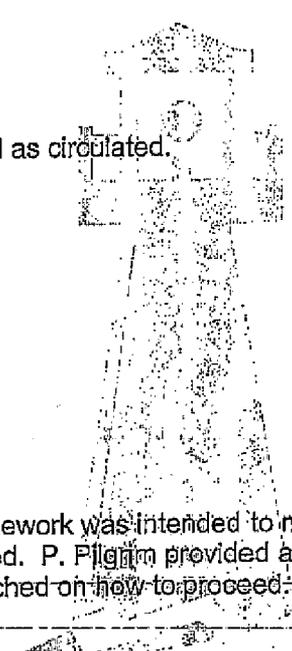
3.1 **Positive Patient Identification**

Feedback provided.

Action: Remove from Agenda

3.2 **Quality Framework**

Much discussion was held on how the Quality Framework was intended to move forward and the events which have recently occurred. P. Pilgrim provided an update. At the last meeting an agreement was reached on how to proceed.



Within the past month there has been much discussion on how this has evolved. The path agreed at the previous meeting was to have gone to the Executive Team for approval. P. Elliott has now circulated to the COO's and VP's a memo outlining the requirements for Portfolio Quality Teams. A template of how reporting is to occur will be send within the next few weeks. Discussion was held on what indicators should be included for collection. It was agreed that patient safety is the only area to be used. P. Pilgrim has held discussions with W. Miller and there appears to be some confusion of the direction for this service.

It was agreed to move forward with the Portfolio Quality Teams and indicators will identify a focus on safety to begin as a way to get the program moving. Indicators will be the same across the entire region for consistency. There was concern expressed as to how this will happen and where the existing networks will fit into the process. It was also noted that Portfolio Committees will be problematic where portfolios cross. Discussion was also held on the challenge of rolling up reports and making them regional. It was noted that integrated teams are necessary if addressing patient safety as one service works with the other. As Peninsulas and Rural Avalon are already integrated, it was queried how to make this happen in the city.

To ensure consistency, this will be taken back to the Executive Team for discussion and decision on how to move forward. P. Pilgrim will ensure that this is placed on the next Executive Team Agenda. It was further noted that there must be an answer and direction prior to the interim survey being held at Peninsulas.

Dr. R Williams will be available as a resource within a short time. It was suggested that he work with physicians throughout the region to identify and support their role in patient safety and encourage engagement. He could also identify how the physicians' role in patient safety could be included in the new physician orientation program. The development of indicators for medical staff is also required as is the standardization of medical audits around collection and reporting.

ACTION: Pat Pilgrim

3.3 CCHSA Patient/Client Safety Goals and ROP's

A spreadsheet with the practices, current action and required action will be circulated within a week.

ACTION: Pat Pilgrim

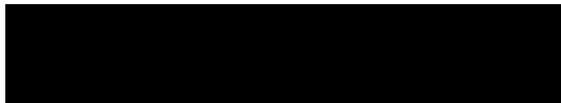
3.4 Accreditation

B. Clarke expressed that it is unclear whether there is support from the Quality Leaders for the Accreditation process. She was informed that they are not to support this process. P. Pilgrim will talk to P. Elliott as it was understood that Quality Leaders are an integral part of the process. Further, concern was expressed that direction has been received from the Accreditation Coordinator to have consumers/stakeholders as members of the teams. B. Clarke advised C.

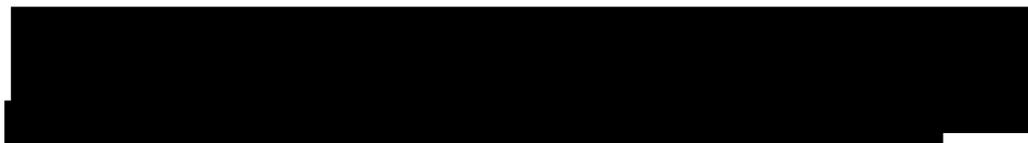
Williams that there will not be consumers/stakeholders on their teams but that their input will be sought in another manner. Concern was also expressed that there may not be recognition of the need for cross-representation on some teams. All agreed they would like to see the entire team lists to ensure that all areas are represented where they should be.

ACTION: Pat Pilgrim

3.5 QPPE



3.6 Health Promotion/Wellness Funding



3.7 Policy Review Planning

L. Jones and P. Pilgrim have followed up and met with T. Tizzard Drover. A list of policies required was circulated and COO lead names were assigned (see attached). There is some concern as to where professional practice fits into this area. It is felt that there is some disconnect around professional practice which must be addressed.

ACTION: All COO's

3.8 COO Priorities

Generic themes were discussed as follows:

- Orientation – To be identified within portfolios. Budget Analysts to be requested to add in.
- Patient Education – It is felt that there is a need for a Coordinator for a one year period to take the lead and help direct activity in this area. It is felt this should be in the Communications Budget. **Pat Pilgrim** to talk to Steve Dodge.
- Clinical Education – Requested in every portfolio.
- Rehabilitation – Resource Allocation – Portfolio based.
- Palliative Care – Requested in every portfolio.
- Telehealth Coordinator – Clinical Need – **B. Clarke** to address in Primary Health Care Budget.
- Teleoncology – Resource Allocation – **P. Pilgrim** to address in her budget.
- Clinical Efficiency – Included in **L. Jones** portfolio.
- Emergency – Pandemic Preparation – Included in **W. Miller's** budget.
- Primary Health Care – Completed.

- Skill Mix – Portfolio budget requests.
- Ambulance Services – **L. Jones** to include in her budget.
- Accreditation Expenses – **P. Pilgrim** to include in her budget.
- CPR – To be included in **S. Dodge's** budget.

Worklife is being addressed in each portfolio. It was noted to include relief dollars in areas where there was traditionally no relief. **A. Croke** will be asked to share the work he has completed in the past around worklife requirements for long-term care.

ACTION: See above

3.9 Preferred Qualifications for Managers

Deferred.

3.10 Strategic Plan Update: Operational Planning Issue Grid

Deferred.

3.11 Interim Report – Provincial Skill Mix Committee

Deferred.

3.12 Transition/Community Crisis Beds

Deferred.

3.13 Documentation

Deferred.

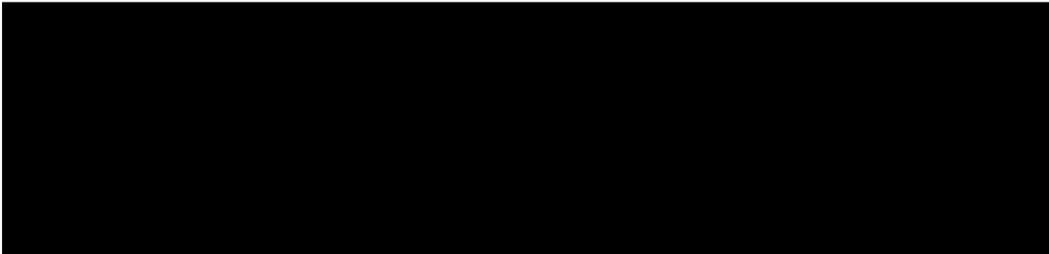
4. New Business

4.1 IMC Representation

F. Matthews agreed to be the COO Representative for this group.

ACTION: Fay Matthews

4.2 CYFS Update

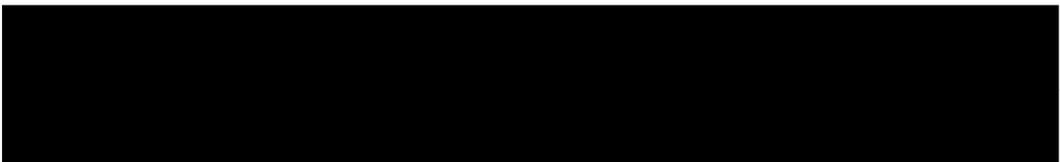




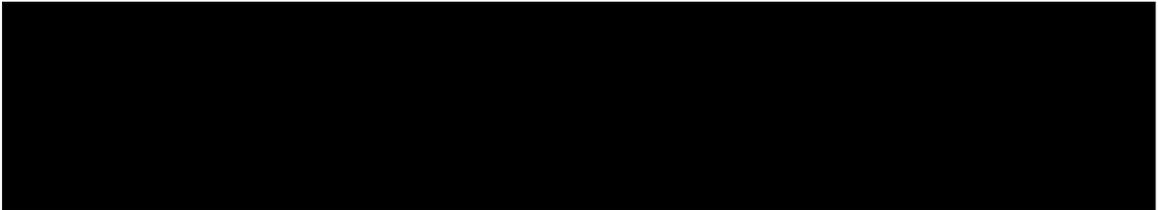
4.3 GPR



4.4 Home Support Operational Standards



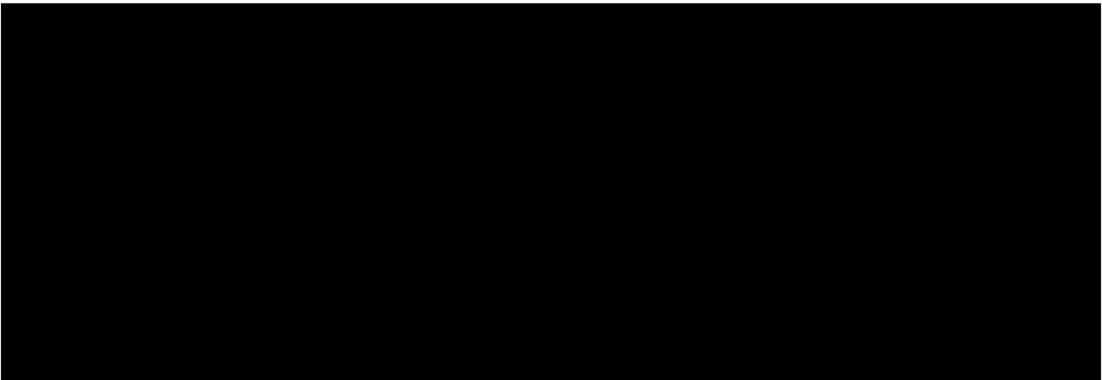
4.5 Home Support Criteria and Waitlist



4.6 Clinical Issues

Deferred.

4.7 Home Care Basket of Services



5. Standing Agenda Items

5.1 St. John's Clinical Issues Committee

[REDACTED]

5.2 ERIHA Skill Mix/Scope of Practice Committee

[REDACTED]

5.3 Palliative and End of Life Care Regional Advisory Committee

[REDACTED]

6. Deferred Items**6.1 Clinical Efficiency****6.2 Core Values (to be revisited in June 2007)****6.3 Report on Work Group on Ethical Issues in Care of Bariatric Patients (September 2006)****6.4 MCAP****6.5 Citizens' Representative – First Available Bed Policy****7. Date of Next Meeting**

The next meeting is scheduled to take place on Wednesday, December 13, 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