2018 Annual General Meeting

Corporation of Muskoka Algonquin Healthcare

Monday, June 25, 2018

Motions

That the agenda for the June 25, 2018 Annual General Meeting be approved.

Motions

That the minutes of the June 19, 2017 Annual General Meeting of the Corporation of Muskoka Algonquin Healthcare be approved.

Motions

That the Muskoka Algonquin Healthcare Annual Reports be received.

REPORT OF THE AUDITOR & AUDITED FINANCIAL STATEMENTS

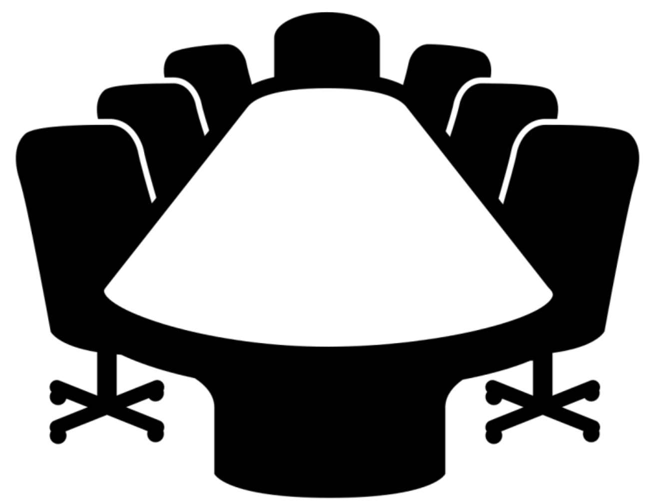
2017-18 Year-End Position

- The Board of Directors recently approved the 2017-18 audited financial statements and we are pleased to advise you that MAHC achieved its **sixth balanced budget in the last seven years**. MAHC ended the year with an operating surplus of approximately $200 thousand. That surplus will provide some relief to our on-going working capital constraints.
- We remind you that we began the fiscal year with a daunting $4.6-million operating deficit related to our $78 million budget.
- As a team, the Board of Directors, the Leadership Team, front-line staff and physicians have **collectively worked very hard to reduce and eliminate operating shortfalls** despite unique challenges we face under the funding formula. To balance the 2017-18 budget and post an operating surplus the team reduced costs where possible and continued to vigorously advocate for additional funding.
- We were able to secure over **$3 million in additional funding** from the province and **$740,000 in increased patient-related revenues** through OHIP, semi-private insurance charges and parking, and **save approximately $735,000 in costs without compromising safe, high-quality care**.

Audited Financial Statements & Corporate Auditor

That the Audited Financial Statements of Muskoka Algonquin Healthcare for the year ended March 31, 2018 be received.

THAT KPMG be appointed as the Corporate Auditor for Muskoka Algonquin Healthcare to hold office until the next annual general meeting.



Christine Featherstone, Chair – Nominations Committee

ELECTION OF DIRECTORS

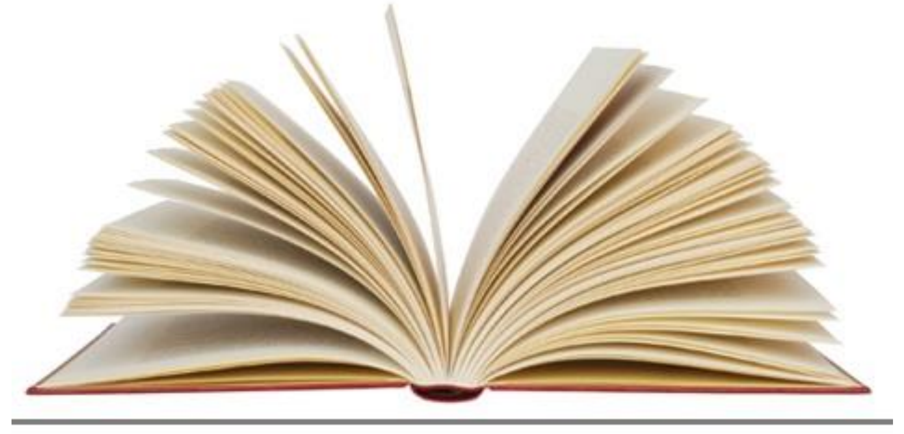
Candidate Assessments

- Quality & Performance
- Community Relationship Building
- Innovation
- Integration & Systems Enabler
- Transformation
- Enterprise Risk Management
- Strategic Planning
- Business & Management
- Financial

Motion

That the Members of the Corporation ratify the following appointments to the Muskoka Algonquin Healthcare Board of Directors:

- **Cameron Renwick for a three-year term ending June 2021;**
- **Bob Manning for a three-year term ending June 2021;**
- **Kathy Newby for a three-year term ending June 2021;**
- **Peter Deane for a three-year term ending June 2021**.



Christine Featherstone, Chair – Governance Committee

BYLAW REVISIONS

Motion

That the Muskoka Algonquin Healthcare Bylaw be revised to allow a Co Vice-Chair position with the duties as set out in the Bylaw for the Vice-Chair to be shared and divided as appropriate from time to time.

Dr. Biagio Iannantuono

REPORT OF THE CHIEF OF STAFF

Welcome to MAHC

- **Dr. Stephen Rix**

  Family Medicine
- **Dr. Richard Brûlé**

  Family Medicine
- **Dr. Teng-Chih (Tony) Yang**

  General Surgery

Thank you Medical Staff Leadership

Program Committee Chairs & Medical Directors

Dr. John Simpson, Emergency

Dr. Sanjay Jindal, General Internal Medicine

Dr. Anthony Drohomyrecky, Surgical Services

Dr. Melanie Mar & Dr. Marty O'Shaughnessy, Family Practice

Dr. Sheena Branigan, Obstetrics

Dr. David Johnstone, Pharmacy & Therapeutics

Dr. John Penswick, Pathology

Dr. David Johnstone, Patient Order Sets

Medical Staff Elected Officers

Dr. David McLinden, President

Dr. Anthony Shearing, Vice President

Dr. Pierre Mikhail, Secretary/Treasurer

Natalie Bubela,

REPORT OF THE CHIEF EXECUTIVE OFFICER

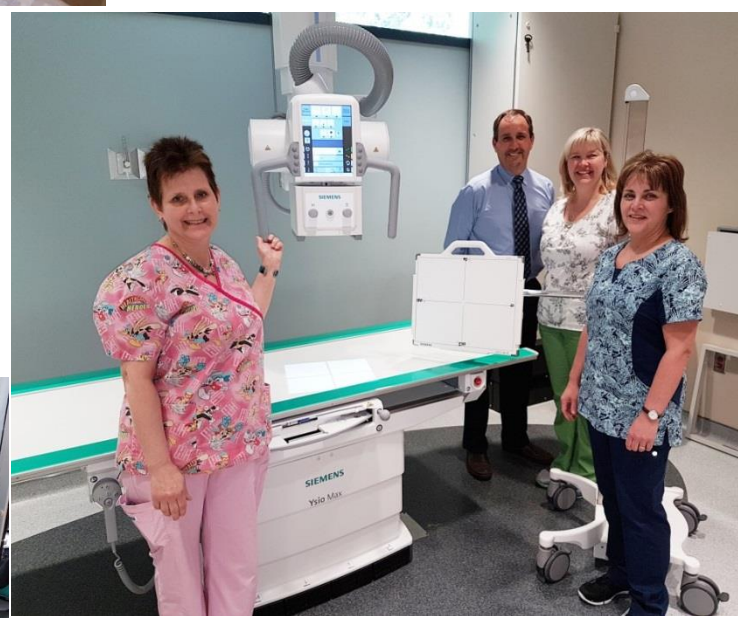
Influenza Immunization Challenge

Laser Expands Urology Service

Greening Health Care Awards

Medical Learners Choose MAHC

Investments in Care



ENHANCED RECOVERY AFTER SURGERY RESULTS OF A 2-YEAR RESEARCH PROJECT

Primary Investigator: Dr. Hector Roldan

Coinvestigators: Dr. Andrew Brown and Jane Radey

Introduction

- **Enhanced Recovery After Surgery – ERAS**
  - A multimodal program designed to minimize post-surgical discomfort for patients
  - Enable patients' more rapid recovery
- **Project Goal:**
  - To establish an ERAS protocol for patients undergoing colorectal surgery
- **Project Objective: Monitor the impact of ERAS on:**
  - Length of stay
  - Readmission rate
  - Post-surgical complications

ERAS Findings

- At McGill University Health Centre cost savings of **$2666/person**, reduced LOS by 2 days *(Nursing, 2017)*
- In 4975 colectomies performed by 15 NSQIP hospitals LOS was reduced by 1.7 days, out of 9950 control surgeries. *(JAMA Surgery, 2017)*
- 36 studies demonstrated reduced LOS, reduced **SSI**, reduced **HAI** in large centers *(Annals of Surgery, 2017)*
- 1 study at a small community hospital demonstrated significantly reduced LOS (3 days in 2011, 4 days in 2012), cost savings of **$3202/person** in 2011 and **$4803/person** in 2012. Also **13%** reduction in ileus and fewer self administered opioids *(AJON 2014)*

ERAS Protocol

Preoperative Testing Day	Provision of written and verbal information to patients regarding ERAS
	Blood tests performed are CBC, other tests: ECG, Liver function
	All prescriptions are given to the patient/family and explained
	No bowel preparation-except 2 fleet enemas
Preoperative Day of Surgery	Complex OR checklist
	Flag complex discharge
	Record vital signs for patient like HR, stroke volume, and cardiac output
	Verify if patient took medications as mentioned in the pre-op orders
Postoperative Day 1	Advance to diet as tolerated +1 can Ensure/Boost with each meal. Total volume ≥ 2L per day of fluid
	Remove urinary catheter at 06:00. If no voiding by 14:00, perform bladder scan and follow retention protocol or leave catheter to straight drainage
Postoperative Day 2	Remove urinary catheter at 06:00. If no voiding by 14:00, perform bladder scan and follow retention protocol
	Commence epidural stop test at 0:600, if unsuccessful, remove at 10:00 – refer to epidural protocol
	Physician to remove original surgical dressing

ERAS Protocol cont.

Postoperative Day 3	Discharge patient before lunch (physician to review nursing assessment of fever, diet, activity, voiding, pain ≥ 4/10, GI and wound before discharge
	Follow-up appointment in clinic 2 weeks post discharge from hospital
	Resident must confirm discharge before 09:00

Metrics

- Length of stay
- Readmission rate
- Short/long-term complications
- Mortality
- Quality of life

Findings

Dr. H Roldan	Prior To Study	Study Period
Total Cases	22	20
Average Length of Stay	6.9	4.5 **(-2.4)**
Total Readmits	1	2
Readmits for Anastomotic Leak	0	0

All Other Surgeons	Prior To Study	Study Period
Total Cases	100	40
Average Length of Stay	9.2	4.5 **(-4.7)**
Total Readmits	9	1
Readmits for Anastomotic Leak	0	0

Data outside of study provided by: HIMS; FD and JN Nov. 30, 2017

Findings

Dr. H Roldan	Prior To Study	Study Period	Estimated Cost Savings
Total Cases	22	20	$2,400 x 20 = $48,000
Average Length of Stay	6.9	4.5	$2,400
Total Readmits	1	2	[-1000] x days
Readmits for Anastomotic Leak	0	0	

All Other Surgeons	Prior To Study	Study Period	Estimated Cost Savings
Total Cases	100	40	$4,500 x 40 = $180,000
Average Length of Stay	9.2	4.5	$4,500/patient
Total Readmits	9	1	8[-1000] x days
Readmits for Anastomotic Leak	0	0	

Total Cost Savings: $180,000 plus readmits

Data outside of study provided by: HIMS; FD and JN Nov. 30, 2017

Daily rate: $750/bed + $250 maintenance costs (Sonya Sterling)

Finances

- CardioQ-ODM Plus Monitor ($225) x 40 = $9,000.00
- Gatorade/apple juice x 40 = $80.00

Cost savings: $180,000 – $9080.00 =

$170,920.00

(plus addition savings on reduced readmissions)

ENHANCED RECOVERY AFTER SURGERY ORDER SET DEVELOPMENT & PROGRAM AUDIT FUNDED – NOAMA CIF FUND

Primary Investigator: Dr. Hector Roldan

Coinvestigators: Dr. Jennifer Macmillan, Dr. Andrew Brown, Dr. Jessica Reid, Dr. Biagio Iannantuono, Jane Radey, Danette Beechinor, Leslie Secord, Lisa Allen

Aims

1. Establish and implement electronic order sets for ERAS for colorectal surgery at the Huntsville site
2. Prospectively audit compliance with ERAS components
3. Using the order sets for ERAS as established in step one, we plan to introduce ERAS to the South Muskoka site of MAHC.
4. Prospectively audit outcomes of ERAS cases and compare with non-ERAS colorectal resections that occur at either site of MAHC – outcomes of interest will be length of stay, surgical site infection, hospital acquired infection, ileus, and patient satisfaction.

Dr Hector Roldan and Jane Radey

ERAS Order Set Development and Program Audit 2018 - 2020

Frankie Dewsbury & Melissa Imrie

INCIDENT MANAGEMENT SYSTEM

What is Incident Reporting?

- When an event/error occurs it's reported by staff and then examined to determine what happened.
- We measure, analyze and trend to determine if there are improvement opportunities.
- Healthcare delivery is often complex with many processes happening at the same time.

Complex Systems- An analogy…

Preparing Thanksgiving Dinner!

- People need to arrive at one place, at a given time. So many issues can arise (airline delays? car trouble?).
- The meal. Dinner needs to cooked and all served at the same time.
- Turkey needs to be cooked before the gravy is made. Pies needs to be done ahead of time… and on and on…

Hospitals are Complex!

- In general, complex systems designed to help safety may actually work the opposite. There's need for balance.
- Too many layers may make it **too** confusing
  - Example: Academy Award- Oscar for Best Picture (La La Land and Moonlight). Accounting firm developed a complex safety system introducing two briefcases…card was given for Best Actress was given to the presenter in error.

Collection/Review is Important?

- By looking at the details of what happened, we can identify if there are contributing factors
- Analyzing similar staff & patient safety incidents we can look for patterns or trends
- Ultimately reporting and reviewing incidents protects patients and staff from harm as we learn from them!
- Allows easy sharing of compliments received too!

It’s Just Culture!

- Identifying opportunities to improve processes and learning from near misses; improves quality of care and patient safety
- Providing a safe (no blame culture of reporting) for our staff and physicians. This is important as we continually strengthen a system to support providers delivering care.
- Safe staff means safe patients!

Complaints!

We learn from complaints?

- We examine what went wrong
- What events happened or didn't happen as they should have
- Complaints give us areas for constant improvement
- Example – Surgical Electronic Whiteboards

Compliments!

- We love receiving compliments!
- There’s no bigger reward than receiving a compliment! Someone taking time to call or write to share how well we’ve done.
- What a morale boost!!! To know, by hard evidence, that the efforts of the staff and hospital were appreciated.

We Have Gone Electronic!!!

- Prior to June 11, 2018, all reporting was MANUAL!!
  - Find the form, put pen to paper, ensuring it gets to the right person for follow-up and the long, long manual tracking and recording of outcomes process.
  - Trending was done by manually reentering event types.
- Post June 11, 2018 - all reporting and reports are at our fingertips!!

Incident Management System

RL software for safer healthcare

Bookmarks

Logged in as Lacey Embac...

Icon Wall

Find a form

Please use the search above to narrow down your event results by using keywords to describe the event that you're looking for.

Adverse Drug Reaction

Airway Management

Blood Product

Diagnosis/Treatment

Diagnostic Imaging

Employee Incident

Equipment/Medical Device

Facilities

Fall

Healthcare IT / EMR

Real Time Reporting & Trending!

Example of Recent Opportunities for Improvements

- The pediatric dose of a medication was found instead of an adult dose. Process updated and now all crash carts across the organization are standardized

From the content of file on June 19…What a great job pharmacy team has done on standardizing the med trays for crash carts across the organization. I have had the chance to use them often in the ER, but yesterday during a code blue, I really saw the benefit and impact on patient care. The meds were exactly the same as I am used to seeing in my department and all the necessary meds were there. Well done team! Great job improving patient care and staff efficiency!

- Patient fell the first night of their admission – pin on bed alarm was removed by the patient. Bed changed to bed with exit alarm

In Closing

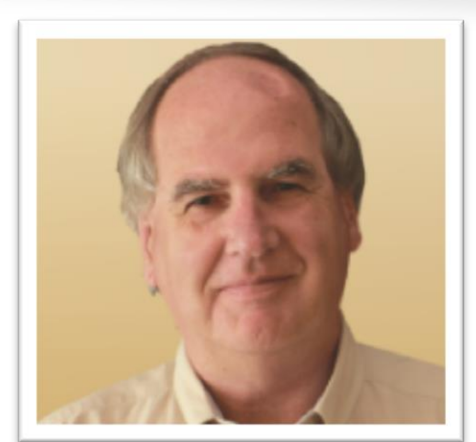
- Muskoka Algonquin Healthcare:
  - Promotes and maintains a no blame, no shame culture of reporting (It's Just Culture!)
  - Staff proactively identifies and responds to system issues
  - Process improvements are made. These improvement initiatives are also shared with our regional partners and they share with us.
  - We learn from complaints.
  - Compliments are welcomed and shared!!!

Evelyn Brown

REPORT OF THE BOARD CHAIR

Quality & Patient Safety

Phil Matthews
Beth Goodhew
Bob Manning
Valerie Pimentel
Dr. Dave McLinden
Natalie Bubela
Esther Millar
Frankie Dewsbury
Christine Loshaw



Resources & Audit

Brenda Gefucia
Moreen Miller
Michael Walters
Peter Deane
Dr. Tony Shearing

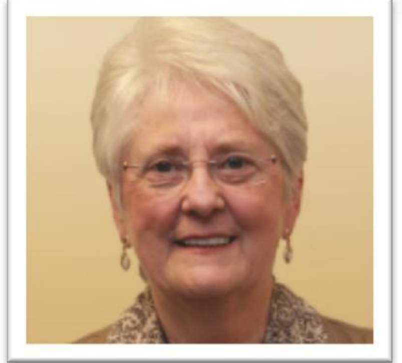
Governance

Christine Featherstone
Frank Arnone
Kathy Newby
Adam Hutton

Strategic Planning

Cameron Renwick
Michael Walters
Don Eastwood
Dr. Biagio Iannantuono
Dr. Caroline Correia
Dr. Hector Roldan
Dr. Kersti Kents
Katherine Craine
John Curran
Mark Naylor

Executive



Phil Matthews
Brenda Gefucia
Christine Featherstone
Cameron Renwick
Allyson Snelling

BOARD AWARD OF EXCELLENCE

2018

Award Criteria

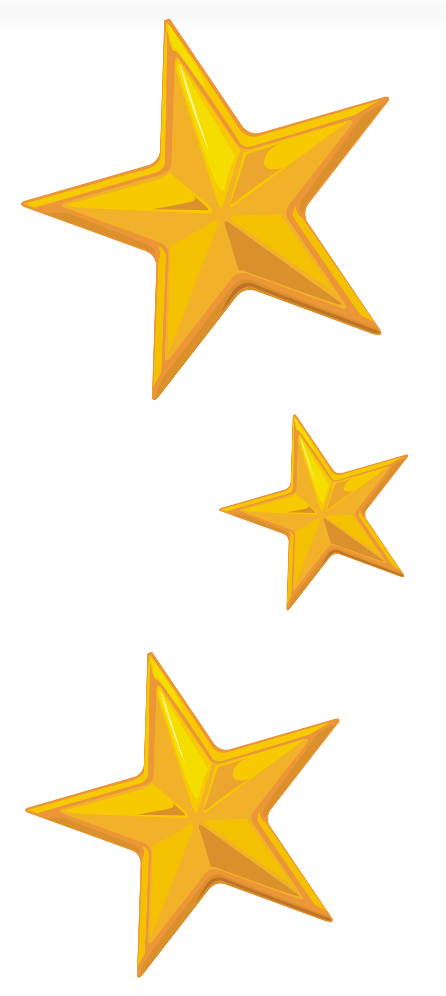
- ✓ Significant achievement in **patient- and family-centered care**;
- ✓ Significant accomplishment in the **management** of **people,** financial **resources** or material resources;
- ✓ Successful **completion of a major project** of special assignment in a manner beyond what could normally be expected;
- ✓ An **outstanding initiative** resulting in significant benefits to MAHC;
- ✓ An extraordinary commitment in regards to **patient safety.**

Congratulations to ALL Nominees

Anne Murdy Dietary Aide	**Don Muller** Physiotherapist, Rehabilitation Services
Donna Crump RN, District Stroke	**Dr. Keith Cross** Family Physician
Harold Featherston Administration	**Lisa Boyes** RN, Emergency Department
Mark Janke Maintenance	**Pauline Pearsall** Senior Technologist, Lab
Shannon Zedic Clerical Support, SASOT	**Stacey Carswell** PTA/OTA, Rehabilitation Services
Tanya Ball Ward Clerk, Emergency Department	**Dialysis Unit**
Critical Care Unit, SMMH	

Dr. Keith Cross

Family Physician

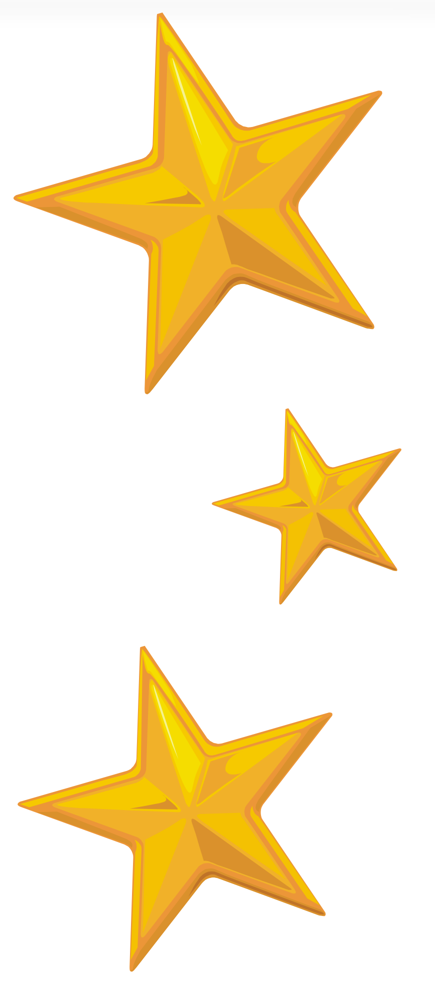


Anne Murdy

Dietary Aide

Pauline Pearsall

Senior Lab Technologist



Tanya Ball

Ward Clerk

Thank you for joining us!

See you
in 2019!

Next Annual General Meeting
June 24, 2019