

# Sault Area Hospital

## Board of Directors, Chair's Report

Updates and News from the SAH Board Meeting



From: **Sharon Kirkpatrick**, Board Chair  
Sault Area Hospital

## February 2022 Board of Directors' Meeting

The Board of Directors holds its regular meetings each month from September through June. Each month the Board of Directors, through the Board Chair, will share an update on key governance updates and Board decisions impacting the hospital. The Board held its regularly scheduled meeting on February 28, 2022.

At the Board of Directors meeting, board members, senior leadership team, guests, and members of the media heard reports from several of the Board of Directors Committee Chairs. Below are highlights from the committee reports and February's President & CEO Leadership Report and Chief of Staff Leadership Report.

### Quality & Service Committee Update

The Committee acknowledged the great work at SAH in providing access to remote care, particularly Seamless MD care in Mental Health. The Committee received reports from management regarding performance in a number of areas.

**Ocean eReferral Network** - Work is underway to implement the Ocean eReferral Network. The Ocean eReferral Network allows secure electronic referrals in real-time for Diagnostic Imaging. Plans are to build an interface from Ocean to Meditech so that patients receive email notifications of appointment changes.

**Medication Reconciliation (Discharge)** – Performance is slightly below target with a significant decline in Q2 (July – September) and improvement over Q3 (October – December). Work is underway to engage stakeholders who are not entering the data into Meditech to determine needed support. Unit leaders will ensure staff support the process.

**Reported Incidents of Workplace Violence** – Performance continues to be better than the planned target. The Respectful Workplace Program has been launched and reported increased utilization. It was reported to the Board that the Joint Health and Safety Committee has approved a new Code White Policy, and non-violent crisis intervention training has been expanded.

**Falls** – There has been a decline in the number of falls and reported severity in Q3 (October – December); however, there were three (3) critical incidents related to falls. Improvement efforts include the development of a “falls prevention for patients” section on the website; updated falls education tools for patients; post-fall care pathway work with the Algoma Ontario Health Team (AOHT); and 3B is exploring opportunities for equipment improvements such as smart beds, floor mats, stretchers and wired bed alarms.

**Severe and Critical Incidents** - September 1, 2021, to December 31, 2021, there were seven (7) critical incidents compared to seven (7) in the same period last year. Falls continue to be the most common critical incident. Several improvement initiatives have been implemented.

**Hospital Standardized Mortality Ratio (HSMR)** – The HSMR decreased in Q1 (April – June). A review of the ten deaths in Q1 with the lowest expected probability of death indicates nine (9) did not have an avoidable death, and the tenth is undergoing a more in-depth review. A Paediatric Quality of Care project, including a formal standardized mortality review, will run for one (1) year and is intended to reinforce exemplary practice, standardize processes, and identify and improve where the standard of care was not met. This pilot project can be replicated in other areas.

**Hospital Acquired Infections** – Clostridioides difficile rates were lower in Q3 (October – December), and there were no MRSA and VRE bloodstream infections. A joint effort between IPAC, Antimicrobial Stewardship (ASP), Microbiology and Environmental Services includes improving cleaning, limiting inappropriate use of antimicrobials, and ensuring testing appropriateness.

Ventilator-Associated Pneumonia and Central Line-Associated Bloodstream Infection rates have continued to fluctuate, but small numbers suggest no significant change. There are ongoing initiatives with IPAC, ASP and the Critical Care Team aimed at preventing these infections.

The team is exploring options to improve our process and ensure consistency in hand hygiene auditing. There may be future opportunities for adopting electronic hand hygiene auditing across the organization.

There was one (1) COVID outbreak on 3B from November 12 until November 26. It was declared over in the minimum time with no further acquired cases.

The Antimicrobial Stewardship Program continues with a daily review of bloodstream infections, including antimicrobial-resistant organisms. They have been instrumental in the development of COVID-19 Care Pathways and drug procurement.

### **Finance, Audit & Risk Committee Update**

**December 31, 2021, Financial Results** - The favourable variances to budget continued, with SAH reporting a surplus from Hospital Operations of \$0.9M YTD, compared to a budgeted deficit of \$3.3M YTD, resulting in a favourable variance to the budget of \$4.2M.

We anticipated ending this year with a deficit – primarily due to unknown funding that would be provided due to the Pandemic and the hospital's ability to continue to address escalating costs with minimal funding increases. Instead, we find ourselves anticipating a balanced budget (funding received equals what we will spend); this is primarily due to SAH receiving more funding (COVID-19 related) than was expected in the budget.

### **Education Committee Update**

The Education Committee meeting focused on potential education topics for Board Members. Each topic will be geared to the needs of Directors/Committee members in their governance/oversight role with consideration for emergent topics when necessary.

### **Governance Committee Update**

**Board Retreat** – the Board of Directors held a virtual retreat in January focussed on the next SAH Strategic Plan. At the Retreat, Board Members reviewed the proposed strategic initiatives with careful consideration for the number of being proposed. The Board is supportive and expects that along with a focussed Strategic Plan; there would be achievement, success and positive outcomes for each initiative. It is anticipated that SAH will launch its next Strategic Plan in the coming months.

**Board Member Recruitment** – SAH Board of Directors functions as a skills-based Board, ensuring that highly skilled and experienced individuals support the governance of our hospital. In preparation for the upcoming recruitment of new members to our Board of Directors, the Governance Committee is working to identify areas of expertise and skills needed for our Board. Planning is also underway to ensure recruitment encourages applicants from diverse backgrounds.

**Board's Role in Ethical Decision Making** – An Ethical Decision-Making Guiding Document and education material to support the Board's Ethics Policy was reviewed by the Committee. These documents have been developed to help guide the Board in its decision making while also meeting Accreditation Canada standards that require the integration of an Ethical Decision-Making Framework into the decision-making process.

### **Chief of Staff Leadership Report**

The [Chief of Staff Leadership Report](#) to the Board provides updates on activities at SAH for January.

### **President & CEO Leadership Report**

The [President & CEO Leadership Report](#) to the Board provides updates on activities at SAH for January.

### **Next Board Meeting**

The next regular meeting of the Board will be held on **March 28, 2022**.

If you have any questions or comments, please don't hesitate to contact me through Jennifer Doyle, Executive Assistant SAH Board of Directors, at [doylej@sah.on.ca](mailto:doylej@sah.on.ca).

*Sharon Kirkpatrick*