Provincial Hoshin:
To improve access for patients and reduce ED waits by 60%, necessary improvements in key areas will be achieved by 2019.

PAPHR Hoshin #1 (Overview)

Acute Care Flow (by March 31, 2017)

- **Decreasing Consults** - Decrease re-consults in acutely ill adult inpatients by 50%
- **Meeting ELOS For Non-admitted ED Patients** - ED LOS @ 90th percentile
  - CTAS I-III = 8 hrs (non-adm pts) CTAS IV-V = 4 hrs (non adm pts)
- **Decreasing Hospital Utilization Of COPD Patients** - 10% decrease in hospital utilization for patients managing COPD
- **Utilizing CAPs Care Plan In LTC** - 50% of LTC facilities will utilize the LTC CAPs care plan
- **Decreasing wait time for psychiatry** - 20% of all adult & child referrals to psychiatry triaged as T4 (mild) will be co-managed with primary care practitioner & psychiatrist
By March 31, 2018 fully implement a provincial Safety Alert/Stop the Line (SA/STL) process throughout Saskatchewan

PAPHR Hoshin #2 (Overview for Patients and Staff)

Reduce Workplace Injuries by March 31, 2017:
- Implement elements 1-6 of SMS in all PAPHR facilities
- Achieve 75% on self-audit in Parkland Integrate Health Centre
- 75% reduction in the number of accepted WCB claims
- 50% reduction in Accepted WCB Shoulder and Back Injury Claims
- 100% of shoulder and back injuries investigated to root cause

Implement SA/STL System in test site by March 31, 2017:
- Implement Safety Alert/Stop the Line System (in Level 4)
- 100% of incident report actions closed with report writers (Level 4)
- 10% Increase of “Near Miss” Reporting vs. Actual Harm
- Operationalize Safety Huddles across Region (daily for key clinical areas)

Clinical Support Services

ED Waits & Access...by March 31, 2017

- Timely results will be provided to all patients so they can be discharged from the ED.

- Improve COPD patients’ access to Pharmacist services in the ED.
  → % of COPD patients utilizing the ED within 30 days of seeing Pharmacy. (collecting baseline data)
Computed Tomography (CT) Wait - days

Computed Tomography (CT) Waits - days

March 2017 Vis Wall
PAPHR Quarterly Review

PAPHR Overall Hand Hygiene Compliance Rate by Year

Hand Hygiene Compliance

Audit Year

<table>
<thead>
<tr>
<th>Year</th>
<th>May 14</th>
<th>Nov 14</th>
<th>Apr 15</th>
<th>Nov 15</th>
<th>May 16</th>
<th>Nov 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>60.6%</td>
<td>54.4%</td>
<td>64.3%</td>
<td>71.9%</td>
<td>75.5%</td>
<td>71.4%</td>
</tr>
<tr>
<td>Average Compliance</td>
<td>60.6%</td>
<td>54.4%</td>
<td>64.3%</td>
<td>71.9%</td>
<td>75.5%</td>
<td>71.4%</td>
</tr>
</tbody>
</table>

Healthy Living In Healthy Communities

Hand Hygiene Compliance - Victoria Hospital and PIHC Acute Care November 2016

Hand Hygiene Compliance - Victoria Hospital and PIHC Acute Care November 2016

- 65% & Lower
- 70 - 79%
- 80% & Over
Hand Hygiene Compliance - Long Term Care
November 2016

Hand Hygiene Compliance - Community
November 2016
Clinical Support Services
Safety...by March 31, 2017

- Target: Pharmacy will review 100% of medication incidents weekly with Level 4 Nurse Unit Manager.
  - % Completion of Medication Incident review with L4 NUM

- Complete operationalized roll-out of Stop the Line on Level 4 (and support services to L4)
  - % of near Misses versus Actual incidents on L4
Senior Medical Officer

ED Waits & Access...by March 31, 2017

- Target: Appropriateness – increased cooperative management of acutely ill adult inpatients
  - Reduce by 50% the # of re-consults to specialists in acute care
  - Target 7% re-consult rate
Primary Health Care

ED Waits & Access...by March 31, 2017

- Target: 10% decrease in hospital utilization for patients managing COPD.
  - COPD member group will be established and algorithm developed to ensure consistent COPD client care
  - Will track # of ED visits/hospitalizations for patients with COPD pre & post member group engagement

- Target: 20% of all adult referrals to psychiatry triaged as mild (T4) will be co-managed by primary care practitioner and psychiatrist.
Baseline Data - 2015/2016 fiscal year
Total Number of COPD clients visits to the Emergency Department based on disposition  n= 433

- Admitted as an Inpatient: 265
- Discharged to place of Residence: 145
- Client left against medical Advice: 7
- Transfer to another Acute Care facility: 6
- Discharged to place of residence "institution": 10

New COPD Referrals for Home Care NP By Referral Source
2016-17

<table>
<thead>
<tr>
<th>Referral Source</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital RT</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>PSC</td>
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<td>1</td>
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<td>ACAP</td>
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<td>0</td>
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<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
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</tr>
<tr>
<td>Home Care</td>
<td>0</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Emergency Dept.</td>
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<tr>
<td>Sourced by NP</td>
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<td>5</td>
<td>3</td>
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<td>1</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

March 2017 Vis Wall
Data - Current State

Decrease in Visits to ED for COPD clients currently followed by Home Care NP (Dec 31, 2016)

- Represents an 71% improvement in ED usage for COPD clients currently followed by Home Care NP (N= 47)

Data - Current State

WAIT TIMES FOR C&Y PSYCHIATRY CLIENTS NOT MEETING BENCHMARK

- February 2017 C&Y Psychiatry Mild T4
- February 2017 C&Y Psychiatry Moderate T3

March 2017 Vis Wall
March 2017 Vis Wall

Primary Health Care
Safety...by March 31, 2017

• Target: 100% of all units will operationalize daily safety by practising a minimum of weekly safety huddles, and daily for key clinical areas.
  → will monitor % of huddles that include a safety talk

March 2017 Vis Wall
Data - Current State

Safety – Huddles & Formal Safety Talks
Primary and Community Health Services for Feb 2017
Programs with DAILY & OTHER Huddle Frequency

Operational Definition: Graph represents
number of huddles & formal safety talks completed by programs/services for the current month.
Service line goal is for all programs/services to have a minimum of one formal safety talk per week.

March 2017 Vis Wall

Data - Current State

Safety – Huddles & Formal Safety Talks
Primary and Community Health Services for Feb 2017
Programs with WEEKLY HUDDLE Frequency

Operational Definition: Graph represents
number of huddles & formal safety talks completed by programs/services for the current month.
Service line goal is for all programs/services to have a minimum of one formal safety talk per week.

March 2017 Vis Wall
Integrated Health Services
ED Waits & Access...March 31, 2017

- Target: Meet expected length of Stay (ELOS) for non-admitted ED patients @ 90\textsuperscript{th} percentile.
  - CTAS I-III = reduce to 8 hours
  - CTAS IV-V = reduce to 4 hours

- Target: Utilize Clinical Assessment Protocol (CAP) Care Plan in 50% of LTC facilities (RPIW complete: graphs pending)
  - % of care plans utilizing CAPs
  - % of LTC guidelines implemented
  - % of “7 Quality Indicators” triggered
Integrated Health Services
Safety...March 31, 2017

• Target: 100% of units/facilities will be performing Safety Huddles weekly.
• Target: Implementation of Safety Management System - By March 31, 2017 continued implementation of elements 1, 2, 3 of Safety Management System throughout Region and elements 1 – 6 at Pineview Terrace
March 2017 Vis Wall

Safety Management System

PAPHR - SMS Implementation Plan for first 3 ELEMENTS

<table>
<thead>
<tr>
<th>Long Term Care Sites</th>
<th>Element 1 - Status</th>
<th>Element 2 - Status</th>
<th>Element 3 - Status</th>
<th>Complete</th>
<th>No Concern</th>
<th>Delayed</th>
<th>Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Big River Health Centre</td>
<td>18-Dec-12</td>
<td>23-Sep-15</td>
<td>31-Mar-17</td>
<td></td>
<td>No Concern</td>
<td>Delayed</td>
<td></td>
</tr>
<tr>
<td>Birch Hills Health Facility</td>
<td>28-Jan-14</td>
<td>14-Sep-15</td>
<td>31-Mar-17</td>
<td></td>
<td>No Concern</td>
<td>Delayed</td>
<td></td>
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<tr>
<td>Evergreen Health Centre</td>
<td>17-Sep-13</td>
<td>30-Sep-15</td>
<td>31-Mar-17</td>
<td></td>
<td>No Concern</td>
<td>Delayed</td>
<td></td>
</tr>
<tr>
<td>Hafford Special Care &amp; PH</td>
<td>30-Jan-14</td>
<td>28-Jan-16</td>
<td>31-Mar-17</td>
<td></td>
<td>No Concern</td>
<td>Delayed</td>
<td></td>
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<tr>
<td>Herb Bussett Home</td>
<td>14-Dec-12</td>
<td>18-Nov-15</td>
<td>31-Mar-17</td>
<td></td>
<td>No Concern</td>
<td>Delayed</td>
<td></td>
</tr>
<tr>
<td>Kinoski Jubilee Lodge</td>
<td>20-Aug-15</td>
<td>15-Sep-16</td>
<td>31-Mar-17</td>
<td></td>
<td>No Concern</td>
<td>Delayed</td>
<td></td>
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<tr>
<td>Parkland Integrated Health Centre</td>
<td>7-Jul-15</td>
<td>27-Nov-15</td>
<td>31-Mar-17</td>
<td></td>
<td>No Concern</td>
<td>Delayed</td>
<td></td>
</tr>
<tr>
<td>Perivale Terrace (Priority)</td>
<td>Jan 16th-30th</td>
<td>23-Sep-15</td>
<td>31-Mar-17</td>
<td>100.00%</td>
<td>No Concern</td>
<td>Delayed</td>
<td></td>
</tr>
<tr>
<td>Spiritwood &amp; District Health</td>
<td>12-Nov-13</td>
<td>5-Oct-15</td>
<td>31-Mar-17</td>
<td>100.00%</td>
<td>No Concern</td>
<td>Delayed</td>
<td></td>
</tr>
<tr>
<td>Whispering Pine Place</td>
<td>6-May-14</td>
<td>22-Jun-16</td>
<td>31-Mar-17</td>
<td>99.98%</td>
<td>No Concern</td>
<td>Delayed</td>
<td></td>
</tr>
</tbody>
</table>
Human Resources
ED Waits & Access...by March 31, 2017

- Target: 75% of all managers will be trained on recruitment and retention.
  - # of new managers trained on R&R
  - wage driven premium hours
  - sick time hours

Target: 75% of all managers will be trained on recruitment and retention.
- # of new managers trained on R&R
<table>
<thead>
<tr>
<th>Facility/Department</th>
<th>March 2017 Vis Wall</th>
<th>March 2017 Vis Wall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatology</td>
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<tr>
<td>SPD</td>
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<tr>
<td>Scheduling</td>
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<tr>
<td>Renal/Dialysis</td>
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<tr>
<td>Patient Care Coordinator</td>
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<tr>
<td>Unit</td>
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<tr>
<td>Laboratory Services</td>
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<tr>
<td>Information Technology</td>
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<tr>
<td>Diagnostic Imaging</td>
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<tr>
<td>Detox</td>
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<tr>
<td>Day Surgery</td>
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<td>Chemotherapy</td>
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<td>Ambulatory Care</td>
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<tr>
<td>Addiction Services</td>
<td></td>
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<tr>
<td>Acquired Brain Injury</td>
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<tr>
<td>Pharmacy</td>
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<tr>
<td>Telehealth</td>
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<td>Operating Room</td>
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<td>Obstetrics</td>
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<tr>
<td>Mental Health Inpatient</td>
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<tr>
<td>Level 6 Medicine</td>
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<tr>
<td>Level 5 Med/Palliative</td>
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<tr>
<td>Level 4 Surgical</td>
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<td>Family Treatment Centre</td>
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<tr>
<td>Directory Services</td>
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<tr>
<td>CEO-Administration</td>
<td></td>
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<tr>
<td>Therapies</td>
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<tr>
<td>Home Care-Leask</td>
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<td>Home Care-Blaine Lake</td>
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<td>Home Care-Shellbrook</td>
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<td>Home Care-Prince Albert</td>
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<td>Environmental Inspections</td>
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<tr>
<td>Emergency</td>
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<tr>
<td>Whispering Pine Place</td>
<td></td>
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<tr>
<td>Wheatland Lodge</td>
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<td></td>
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<tr>
<td>Spiritwood &amp; District</td>
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<tr>
<td>Pineview Terrace</td>
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<tr>
<td>Kinistino Jubilee Lodge</td>
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<tr>
<td>Hafford Special Care &amp; PC</td>
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<tr>
<td>Big River Health Centre</td>
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</tr>
</tbody>
</table>

**PAPHR MONTHLY WDP (Wage Driven Premiums) HOURS**

- Total Hours:
  - 2013/14: 89,267.05
  - 2014/15: 90,640.52
  - 2015/16: 94,914.19
  - 2016/17 YTD: 86,914.60

- Data Source: [Redacted]
Human Resources

Safety...by March 31, 2017

- Target: Reduce workplace injuries by 75% (as per SASWH).
  - # of accepted WCB shoulder and back claims
  - # workplace injuries
  - % of SMS implemented
Outcome: By March 2020, Zero Workplace Injuries
Accepted WCB Shoulder and Back Injury Claims - 50% Reduction in 2016-17

2015-16 Baseline - 76 shoulder & back injury claims
50% reduction in 2016-17 (not to exceed 38 shoulder & back claims)

Prince Albert Parkland Health Region
Number of Shoulder and Back Time Loss Injuries With Completed Root Cause Investigations - Year to Date

2016-17 Goals:
Q1 50%
Q2 50%
Q3 75%
Q4 100%

# of Shoulder and Back Injuries

0 10 20 30 40 50 60

Apr-16 May-16 Jun-16 Jul-16 Aug-16 Sep-16 Oct-16 Nov-16 Dec-16 Jan-17 Feb-17 Mar-17

Goal
# of Injuries Investigated to Root Cause
# of Injuries Not Investigated to Root Cause
PAPHR

Outcome: By March 31, 2020, Zero Workplace Injuries
Workplace Injury Claims - 75% Reduction in 2016-17

Number of Injury Claims

2011-12 WCB Baseline - 239 injury claims
75% reduction in 2016-17 (not exceeding 60 accepted injury claims)

Baseline
Monthly (includes time loss & no time loss)
Actual YTD (includes time loss & no time loss)
Goal

Prince Albert Parkland Health Region
(Pineview Terrace)
Implementation of the Safety Management System (SMS)

Capture Current State (DATA)
E1 Evaluation
E2 Evaluation
E3 Evaluation
Corrective Action Plan
E4 Evaluation
E5 Evaluation
E6 Evaluation
MS Self Audit (goal is to score 75%)
Formal Audit by SASWH
Corrective Action Plan

March 2017 Vis Wall
Corporate Services
ED Waits & Access...by March 31, 2017

- Target: 100% of the time the right diet tray will be provided to the right patients.
  → # of diet errors to patients (internal & external to department)

- Target: Reduce number of unresolved helpdesk tickets by 50% by March 31, 2017
  → # of unresolved helpdesk tickets on the first day of each month

PAPHR: Diet Errors in Nutrition and Food Services 2016/17

Operational Definition: Diet errors (alerts) that have been identified by Nutrition and Food Services. Potential errors were caught before reaching the patient and actual errors did reach the patient. High Risk errors are those that could potentially cause harm to the patient’s health or extend their LOS.

March 2017 Vis Wall
Corporate Services
Safety...by March 31, 2017

- Target: 30% preventative maintenance and planned work on beds and lifts.
  - % of PM on beds and lifts
  - % of work order for equipment breakdown for beds and lifts
**Operational Definition:** Graph represents the cumulative number of preventive maintenance carried out on beds and lifts in the facilities in Prince Albert.

Date Prepared: Mar 7, 2017
Report Contact: Jacques Renaud
Refresh Cycle: Monthly
Present:
Merv Bender
Don Code
Larry Fladager
Marcie Kreese
Hugh Otterson
Alan Tanchak

Cecile Hunt, Chief Executive Officer
Cheryl Elliott, Vice President of Finance
Kathy Holmgren, Executive Assistant (Recorder)

Regrets:
Bevra Fee

1. Call to Order

- The meeting was called to order by Cecile Hunt, Chief Executive Officer at 9:30 a.m.

2. Selection of board Finance Audit Committee Chairperson

Motion:
“THAT the Board Finance Audit Committee appoint Don Code as Chairperson.”
H. Otterson/M. Kreese......................................................................................................................carried

3. Consideration of the Proposed Agenda

Motion:
“THAT the agenda be approved as circulated.”
M. Bender/A. Tanchak......................................................................................................................carried

4. Approval of Previous Minutes

Motion:
“THAT the Board Finance Audit Committee meeting minutes dated February 21, 2017 be approved as circulated.”
M. Bender/A. Tanchak......................................................................................................................carried

5. Business Arising from the Minutes

- None

6. Work Plan

6.1 Monthly Financial Statements

- Ministry of Health has provided all health regions with a template that is to be used to submit monthly financial information. This template started being used by PAPHR in September 2015. The Ministry of Health also requested that review of financial information occur in an in-camera session.
Motion:
“THAT the Board Finance Audit Committee move in-camera at 9:35 a.m.”
H. Otterson/A. Tanchak……………………………………………………………………………………………………carried

Motion:
“THAT the Board Finance Audit Committee move out-of-camera at 9:50 a.m.”
M. Kreese/H. Otterson…………………………………………………………………………………………………………carried

- Prince Albert Parkland Health Region has an operating deficit of $828,118 for the ten months ended January 31, 2017. After required transfers to capital for long term care reserves, mortgage payments, parking equipment purchases and energy performance loan payments the deficit increases to $1,703,019.

6.2 Review Control Weaknesses Detected in the Prior Year’s Audit and Management’s Plan to Address Them

- Provincial Auditor 2016 Report – Volume 2
The Senior Management team has outlined current/future regional processes that should proactively address issues related to recommendations directed to:

<table>
<thead>
<tr>
<th>Authority</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regina Qu’Appelle Regional Health Authority</td>
<td>Prompt Removal of User Access Needed</td>
</tr>
<tr>
<td>Prince Albert Parkland Regional Health Authority</td>
<td>Complete Disaster Recovery Plan Required</td>
</tr>
<tr>
<td>Keewatin Yathe Regional Health Authority</td>
<td>Recruitment for Internal Audit Function Initiated</td>
</tr>
<tr>
<td>Mamawetan Churchill River Regional Health Authority</td>
<td>Need Agreements with Healthcare Organizations.</td>
</tr>
<tr>
<td>Keewatin Yathe Regional Health Authority</td>
<td>Needs Better Control of its Capital Assets</td>
</tr>
<tr>
<td>Sunrise Regional Health Authority</td>
<td>Need to Complete Their Disaster Recovery Plans</td>
</tr>
<tr>
<td>Mamawetan Churchill River Regional Health Authority</td>
<td>Needs approved IT Policies and Procedures</td>
</tr>
<tr>
<td>Mamawetan Churchill River Regional Health Authority</td>
<td>Needs to check support and approval of staff overtime</td>
</tr>
<tr>
<td>Mamawetan Churchill River Regional Health Authority</td>
<td>Needs approved policies for key financial procedures</td>
</tr>
<tr>
<td>Cypress Regional Health Authority</td>
<td>Follow Canadian generally accepted accounting principles for the public sector to prepare their financial statements.</td>
</tr>
<tr>
<td>Five Hills Regional Health Authority</td>
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</tr>
<tr>
<td>Heartland Regional Health Authority</td>
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<tr>
<td>Prairie North Regional Health Authority</td>
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<tr>
<td>Prince Albert Parkland Regional Health Authority</td>
<td>Sun Country Regional Health Authority</td>
</tr>
<tr>
<td>Sun Country Regional Health Authority</td>
<td></td>
</tr>
<tr>
<td>Heartland Regional Health Authority</td>
<td>Remove unneeded user access</td>
</tr>
<tr>
<td>Prince Albert Parkland Regional Health Authority</td>
<td>Protect information technology systems and data</td>
</tr>
<tr>
<td></td>
<td>Follow processes to grant and remove user access to its IT systems and data</td>
</tr>
</tbody>
</table>

6.3 Review of Financial Policies

- The following Finance Policies were reviewed by the Board Finance Audit Committee:
  - Capital Asset Amortization
  - Capital Asset Disposal
  - Capital Asset Safeguarding
Review budget methodology, the region’s operating plan, annual operational revenue and expenditure budget, capital equipment and capital management plans for the ensuing fiscal year and make recommendations to the Board for approval

- **Budget Methodology**
  - PAPHR’s budgeting process is designed to ensure that all parties affected by the budget have an opportunity to provide input. The managers have input through the staffing review process that reviews the current operating staffing patterns and then develops the budget to staff at that level. Requests for additional staffing are presented to the senior management team for deliberation and potential approval for the upcoming fiscal year. All other expenses are determined centrally and the managers are asked to review the budgets by account and advise finance of any lines or areas that are obviously not correct. With vacancies in finance for the majority of 2016-17 this process is being followed as closely as possible. Some managers did not receive visits to go over staffing budgets in detail this fiscal year but were given the opportunity to bring forward any concerns with status quo staffing budgets if necessary.

- **Operating Plan**
  - Revenues and expenditures are budgeted separately. As per Board Governance Policy EE-4 – Financial Planning, revenues are to be budgeted conservatively and expenses are to be budgeted realistically.
  - The revenue and expenditure budgets are then combined into an operating report format and presented to the Board Finance Audit Committee for approval. The Board Finance Audit Committee’s recommendation is provided to the entire PAPHR Board.

- **Capital Equipment**
  - The PAPHR capital equipment plan is a five year plan that is updated every year with input from Vice Presidents, Managers and physician clinical department heads. While the needs for equipment are never a question, the funding available always dictates that the equipment purchases must be prioritized each year. Funding comes primarily from the Ministry of Health with some significant donations by Foundations, Auxiliaries and donors. The plan once finalized is presented to the Board Finance Audit Committee for review and recommendation for acceptance by the PAPHR Board. Following approval, the five year plan is forwarded to all managers, and foundations for possible donations.
  - The Board approved capital equipment plan is also submitted to the Ministry of Health for final approval. All equipment valued at greater than $50,000 must receive ministerial approval prior to purchase.

- **Capital Management Plan**
  - The review of the capital management needs and the available funding is very similar to the Capital equipment plan process. The one major difference is the VFA “tool” that has been available for several years. This program has evaluated the state of PAPHR’s infrastructure and can be updated to ensure that the Region can focus on the projects that are higher priority. The Region also received significant funding ($5.47 million) seven years ago to address the infrastructure needs. This funding has been stretched to ensure that the Region is getting very good value for these funds. A second review of the facilities took place using the VFA tool during the 2013-2014 year. The VFA strategy is a province wide initiative funded by the Ministry of Health.
  - The Capital Management is presented to the Board Finance Audit Committee for review and recommendation for acceptance by the PAPHR Board.
  - Reserve funds are also available in several long term care facilities for ongoing maintenance. The use of the “reserve” maintenance funds are restricted by CMHC. The use of the reserve funds for capital maintenance projects for their selected long term care facilities is also documented in the annual capital management plan. Beginning in the 2016/2017 fiscal year the Ministry of Health is requesting that all projects to be funded by internally restricted reserves such as the region’s Long-term care reserves be submitted for approval. Projects valued over $100,000 must be submitted for ministerial approval prior to project starts.
6.5 Affiliate Financial Statements

- February 28, 2017 financial statements for Mont St. Joseph Home Inc. (MSJ) were provided for information. Year to date the home is experiencing an operating deficit of $56,298. MSJ struggles with many of the same issues experienced by the region, they struggle with staff turnover and the amount of orientation required for new staff members. They are also experiencing decreases in resident fees as many residents pay the minimum fees or are placed as palliative patients with no fees owing. PAPHR had agreed to review the Resident fees used to estimate the 2016-2017 funding versus MSJ actual experience. Following this review PAPHR forwarded $64,960 to MSJ as a funding adjustment to recognize this difference for the fiscal year as a whole. The region will also be working with MSJ to ensure funding is forwarded from the region when a palliative patient is placed at MSJ.

6.6 Review compliance of the Signing Authorities Policy with the Authority’s Executive Expectations policies

- The following applicable Executive Expectation policies were provided for information:
  - EE-6 Protection of Assets – Requires approval of new capital construction greater than $250,000
  - EE-6.2 Capital – Requires Board approval for unbudgeted capital purchases with non-donated funds in excess of $5,000.
- The Region approved Signing Authorities Policy delegates signing authorities for budgeted transactions both operating and capital. The Executive Expectation policies noted above provide guidance for unbudgeted transactions. The regions signing Authority policy is therefore in accordance with the Executive Limitation policies.
- For those transactions that are not budgeted, the Signing Authority policy paragraph 5 requires: “When exercising delegated signing authorities, all staff shall comply with all relevant Corporate Administrative Directives and Finance policies, and act in the best interests of the corporation.” This paragraph would require compliance with the Executive Expectation that refers to transactions that are not budgeted for or required in emergency situations.

6.7 Monitor and Review Authority Policy EE-6.1 - Investments

- The Chief Executive Officer is compliant with all aspects of this policy.

7. Informational Items

7.1 Mont St. Joseph Home Inc. - Roofing Project
7.2 Mont St. Joseph Home Inc. – Retractable Walls
7.3 3sHealth – Contribution Holiday for the 3sHealth Out-of-Scope Extended Health Care and Enhanced Dental Plan from November 1, 2016 to March 31, 2017 Extended to September 30, 2017
7.4 PAPHR 2017-18 Budget Materials
   - Accountability Letter
   - Accountability Document
   - Health Plan
7.5 Ministry of Health Stakeholder Presentation
7.6 Blaine Lake Ambulance Care Ltd. – Ambulance Service Enhancements Business Plan – March 17, 2017

Discussion will occur at the in-camera session on March 29, 2017 in regards to sending a letter to the Ministry of Health with respect to lack of funding for overcapacity at the Victoria Hospital.

8. Education

- None
9. **Next Meeting**

- Monday, April 24, 2017; 2nd Floor Meeting Room; 1521 – 6 Avenue West; 9:30 a.m.

10. **Adjournment**

- The meeting adjourned at 11:00 a.m.
1. **Call to Order**

- The meeting was called to order by Don Code, Chairperson at 1:00 p.m.

2. **Consideration of the Proposed Agenda**

   **Motion:**
   "**THAT the agenda be approved as circulated.**"
   
   M. Kreese/M. Selanders........................................................................................................carried

3. **Approval of Previous Minutes**

   **Motion:**
   "**THAT the Quality and Safety Committee meeting minutes dated December 19, 2016 be approved as circulated.**"
   
   M. Selanders/M. Bender........................................................................................................carried

4. **Business Arising from the Minutes**

- None

5. **New Business**

5.1 **Critical Incidents / Litigations**

- Darcy Blahut, Manager of Planning, Quality and Patient Safety provided a verbal update on PAPHR’s Critical Incidents for 2016/2017 Quarter 4.
- Presentation was provided on the following:
  - Number of Critical Incidents by year
  - Number of Critical Incidents by Outcome per year
  - Number and Type of Critical Incidents by Year
  - Trending for 2016-17
  - Number of Critical Incident Recommendations by Year
- Darcy Blahut also provided a verbal update on PAPHR’s litigations.
5.2 Monitor and Review Authority Policy GP-8.4 – Quality and Safety Committee Terms of Reference

- Results from the Monitor/Review form were compiled and distributed for information.

Motion:

“THAT the Quality and Safety Committee recommend to the Prince Albert Parkland Regional Health Authority that Authority Policy GP-8.4 – Quality and Safety Committee Terms of Reference be amended as follows:

5.0 Membership:
5.1 Committee members shall be determined by the Regional Health Authority’s Board of Directors and will consist of at least six members.
5.2 The Chairperson will be selected by committee members at the annual Quality and Safety Committee meeting in March.
5.3 The CEO and the Vice President responsible for the Quality portfolio will provide administrative support to the Quality & Safety Committee.
5.4 The Chief Executive Officer will ensure at least one participant from the Region’s medical staff participate on this committee.
5.5 The Chief Executive Officer will ensure that up to two patient/family advisors participate on this committee.

M. Bender/M. Kreese

5.3 Evaluate, examine and assure itself and the Region to the best of its ability that the organization is compliant with provincial policy and lead practice in matters related to quality and safety. Dimensions of quality include accessibility, equity, client-centeredness, efficiency, effectiveness, safety and competency in keeping with Accreditation Canada requirements.

- Accreditation Canada
  - During the Survey Week (June 12 – 16, 2017), Accreditation Canada Surveyors will be visiting many PAPHR facilities, evaluating our programs, services, and sites. The focus is on the processes used to deliver care, not on the individual health care providers. This evaluation includes reviewing files and documents; talking to staff, clients, and families; observing processes, procedures, and direct care activities; and recording their perceptions and observations.
  - Draft Survey Schedule was provided for information.
  - In addition to asking questions about specific clinical and administrative processes, Surveyors will ask questions about:
    o Communication
    o Emergency Preparedness
    o Human Resources
    o Infection Prevention and Control
    o Quality Management
    o Medical Devices and Equipment
    o Medication Management
    o Patient Flow
    o Physical Environment
    o Ethics Committee (Principle-Based Care and Decision Making)
Patient and Family Centered Care (PFCC) Update (January – March 2017)

Since January, 4 new Patient/Family Advisors (PFA) have been recruited, and 4 others have expressed interest and have yet to be interviewed. Three of our new PFAs are interested in joining the PFCC Steering Committee. Recruitment across the region has been focused on the Mental Health & Addictions service line where a new Patient/Family Advisory Council (PFAC) is being started. This PFAC will be in addition to the existing PFCC Steering Committee and the Long Term Care PFAC. The new PFAC will follow the same membership model as the other committees, aiming for approximately equal numbers of PFAs and staff champions. The hope is that an initial meeting will occur in April 2017. There has also been interest for a PFAC expressed by 2 other service areas (Pediatrics, Parkland Integrated Health Center). This, along with the recent request to feature the work of our Steering Committee/PFAC in the provincial PFCC newsletter, is very encouraging! The newsletter will be available in March 2017.

PFAs have recently undertaken the role of administering experience surveys – first in Long Term Care, and now in Acute Care. Long Term Care surveys went very well. The first 5 Acute Care wards had their surveys completed by 4 PFAs, and the plan is to increase the number of wards as PFA time permits. Historically, the required 10 experience surveys per quarter (per ward) were not being completed in many areas due to competing priorities by staff and management. We also know that a bias exists when surveys are administered by employees. Managers will now have more data available to inform unit-level improvements and respond to patient concerns. It is also a way to raise awareness about PFAs and their role in the health system.

The Long Term Care PFAC continues to work on developing education material for families to help loved ones be better informed about safety issues and care planning. They are also working on improving policies around collecting resident fees and preventing financial abuse.

The provincial PFCC Guiding Coalition continues to be very productive thanks to a handful of working groups. PAPHR members were involved in the creation of evaluation tools for PFA Experience and PFA Effectiveness, and a Toolkit for engaging PFAs on Quality & Safety Committees. PAPHR has met all of the 2016-17 targets set by the Guiding Coalition. One of the main areas of focus for the group now is to attempt to inform the provincial Transition Team and provide our vision of how PFCC and patient engagement should look under the new provincial health authority.

Family Presence in PAPHR facilities continues with the occasional concern and/or praise brought forward by staff and patients/families. The provincial poster has now been revised with plain language and more concise statements. A brochure about Open Family Presence has been distributed, along with the new poster, to all of the acute and long term care sites across the region. This is expected to support staff in navigating difficult situations and to set expectations of behaviour for family and visitors before those situations arise.

Areas of focus for PAPHR in 2017-18: get the Mental Health & Addictions PFAC off the ground (and others if possible), standardize honorarium processes with the Finance department, expand experience surveying by PFAs, push all utilization/operations committees to have a PFA, use Experience Based Design tools to understand and improve the patient experience and evaluate the impact of RPIWs/Kaizen events, and find new opportunities to share PFA stories.

PAPHR met all three 2016-2017 targets for PFCC:
1. All health regions have PFCC content included in general orientation by March 31, 2017.
2. All RHA’s and SCA have patients and families involved in their Quality and Safety Committees by March 31, 2017.
3. All RHA’s engage patients and families in 2017-2018 hoshin kanri planning to ensure targets are set from the patient perspective.
5.4 Review and Monitor Progress of Continuous Quality Improvement Deployment in PAPHR and Encourage Involvement of its Members in Projects

- Continuous Improvement Basics is mandatory training for staff that is offered 6 times per year. It is a brief overview of continuous improvement methodology that introduces participants to basic concepts and language used in improvement work.
- Prince Albert Parkland Health Region has certified 52 of 53 Lean Leaders as of October 7 (an inactive lean leader requested to be reinstated). The province overall is now 92% certified. Lean Leader training consists of classroom training followed by participation in lean events such as Rapid Process Improvement Workshops (RPIWs) and Mistake Proofing projects.
- Lean Improvement Leader Training, or LILT, continues its successful campaign in the region. Training is mandatory for all managers, but is also open to all staff. 2 classes of 10-15 people are done per year. Currently the third and fourth groups are underway, while the fifth and sixth are under construction.
- 5S training is scheduled on 4 occasions next year’s kaizen plan. It is one of the basic concepts of Continuous Improvement that is fun, relatively easy and a great team builder.
- The 14th Mistake Proofing project reported out on March 17. The next project is currently in development for an April launch.
- 15 kaizen events (formerly RPIWs) are scheduled for 2017-18. Planning is still underway.
- A 3P event was held November 29, 2016, to reconsider some options requested by the Ministry of Health. The redesign was aimed at renovating the current Victoria Hospital while adding an addition to it, rather than a new build.
- Strategic Planning changes occurred this year to better align with the provincial outcomes and strategies. There are now 5 services lines more reflective of the corporate structure. The new model is more holistic, including all departments and involving them in the planning stage promoting stronger linkage to the strategic priorities. The strategic priorities informed the annual kaizen planning which determines the projects that will be done in the fiscal year to create continuous process improvement for the safety for patients and staff contributing to better teams and better care.
- The kaizen plan was created based on the service line work plans. RPIWs, 5S, Standard Work, Mistake Proofing, Kaizen events, and Just-Do-Its are the tools used to support the service line to meet their goals and work plans. In total, the 2016-17 regional plan included 13 RPIWs, 3 5S training sessions, 4 Mistake Proofing projects, Kaizen events as needed, and numerous standard work and just-do-its.
- Key Accomplishment:
  RPIW # 50
  Goal: Eliminate inconsistencies in process for delivery of specialty drug compound for eye treatment and provision of financial information for patients.
  Major Changes Implemented:
  - Access to electronic OR scheduling system – provided with training to pharmacist/pharmacy technician for accurate lists of patients. Numbers of eye injections will be provided to pharmacy and one list only will be provided to Pharmacy following treatment.
  - Standard Work created to provide Drug Plan information and cost for next injection directly to the patient in the physician’s office.
  - Patient information created tying in the Drug Plan information to all other potential available plans that may cover costs.
  - Standard work and education was provided to Ambulatory Care Nursing to ensure accurate recording of treatment ensuring accurate billing.
  - An implementation plan was developed for a future improvement test and plans to move the injections to the physician’s office. Mixing and billing will be done by pharmacy with injections/eye trays/eye drops travelling to the physician clinic.
- Improvement Events:

RPIW # 58
Goal: Design and Implement Suicide Screening Process for LTC
Major Changes Implemented:
- Created process for screen when triggered by MDS
- Created SW for all staff when noticing behavioral changes
- Created education package handout and PowerPoint presentation for all LTC staff
- Created LTC specific safety plan
- Altered Care Plan to include discrete indicator for suicide risk

RPIW#59
Goal: Reduce lead time from Lab notified for collection to results released to ED (No patient in ER will experience delays in receiving their lab results)
Major Changes Implemented:
- Development of effective communication mechanism between MLAs through the provision of Vocera
- Development of MLA work assignment to ensure load levelling
- Role clarification between MLAs and ER Nurses with regards to performance of ECGs
- Creation of central location for completed ECGs in the ER
- Formalization of role of porter in transporting patient blood samples from ER to the Lab
- Creation of a specific location and tray for stat blood samples in the ER
- MLAs no longer handwrite on tubes, ER Ward Clerk now print “demographic” labels

RPIW #60
Goal: All Palliative Care Clients will have seamless transitions to and from hospital to home.
Major Changes Implemented:
- Trigger for Palliative clients added to ACAP assessment form - will result in all Palliative clients being assigned a PCC to assist in transition/discharge planning.
- Every discipline will be responsible for faxing their information for the client to home care upon client discharge - will allow for earlier notification of Home Care and allow Intake process to begin sooner
- Palliative Passport developed - ensures all relevant information travels with the client.
- Ministry Palliative Drug Coverage form linked with Home Care Palliative Referral form in Acute Care -will ensure earlier support for palliative clients by the palliative team at Home Care.
- PCC will no longer be doing weekly and discharge updates in Procura (reduces duplication/ rework).

Mistake Proofing
Goal: Eliminate defects in morning medication administration in houses B & C, Pineview Terrace
Major Changes Implemented:
- Developed communication between RN and staff using Vocera to indicate medication admin
- Improved safety practices around med cart
- Created lockable space for med cart that freed storage space to reduce interruptions of RN
- Reduced walking distance and travel time by relocating fax machine
- Reduced missing signatures on MAR

5.5 Participate in the Annual Development and review of the Region’s Draft Strategic Plans
5.6 Recommend to the Region Quality and Safety Related Organizational Goals

- Darci Blahut, Manager of Planning, Quality and Patient Safety provided an overview of the draft Strategic Focus for 2017-18.
5.7 Review Control Weaknesses Detected in the Prior Year’s Audit and Provincial Auditor’s Report and Management’s Plan to Address Them

- Provincial Auditor 2016 Report – Volume 2
  The Senior Management team has outlined current/future regional processes that should proactively address issues related to recommendations directed to:
  - Cypress Regional Health Authority – Delivering Accessible and Responsive Ambulance Services
  - Prairie North Regional Health Authority – Hospital-Acquired Infections
  - Prince Albert Parkland Regional Health Authority – Home-Care Services

5.8 PAPHR Organizational Wellness

- Don McKay, Vice President of Human Resources provided an update on the following:
  - PAPHR Safety Hoshin (for Patients and Staff)
    Reduce Workplace Injuries by March 31, 2017:
      - Implement elements 1-6 of SMS in all PAPHR facilities
      - Achieve 75% on self-audit in Pineview Terrace Lodge
      - 75% reduction in the number of accepted WCB claims
      - 50% reduction in Accepted WCB Shoulder and Back Injury Claims
      - 100% of shoulder and back injuries investigated to root cause
    Implement Safety Alert/Stop the Line System by March 31, 2017:
      - Implement Safety Alert/Stop the Line System (in Level 4 test site)
      - 100% of incident report actions closed with report writers (Level 4)
      - 10% Increase of “Near Miss” Reporting vs. Actual Harm
      - Operationalize Safety Huddles across Region (daily for key clinical areas)
  - Safety Management System
  - Works Compensation Board (WCB) Claims
  - Sick Hours
  - Wage Driven Premium (WDP) Hours

5.9 Long Term Care Quality Indicators

[There will be two indicators featured each quarter. This quarter is Antipsychotics Without A Diagnosis and Residents in Daily Physical Restraints.]

- For Quarter 3 the ‘auto populate’ feature for MDS assessments was turned off in the region. Previously assessments when started would have the previous results auto populate. Other regions have turned off this feature in the past. Since our completion rates have risen this was felt as appropriate to be sure accurate eyes are on the clients. As a result increased triggers were seen, this has been the typical result in other regions not using auto populate.

Antipsychotics without a Diagnosis without a diagnosis of psychosis

- Target is 28%, the region is 34.17%
- 10 facilities have triggered this QI

<table>
<thead>
<tr>
<th>Facility</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parkland Integrated Health Centre (Shellbrook)</td>
<td>46.43%</td>
</tr>
<tr>
<td>Spiritwood &amp; District Health Complex</td>
<td>45.16%</td>
</tr>
<tr>
<td>Whispering Pine Place (Canwood)</td>
<td>40.00%</td>
</tr>
<tr>
<td>Evergreen Health Centre (Leoville)</td>
<td>38.46%</td>
</tr>
<tr>
<td>Herb Bassett Home (Prince Albert)</td>
<td>36.96%</td>
</tr>
<tr>
<td>Big River Health Centre</td>
<td>36.00%</td>
</tr>
<tr>
<td>Birchview Home (Birch Hills)</td>
<td>33.33%</td>
</tr>
<tr>
<td>Pineview Terrace Lodge (Prince Albert)</td>
<td>33.33%</td>
</tr>
<tr>
<td>Hafford Special Care Centre</td>
<td>31.25%</td>
</tr>
<tr>
<td>Mont St. Joseph Home Inc. (Prince Albert)</td>
<td>28.43%</td>
</tr>
</tbody>
</table>
• The numerator is the residents who received antipsychotic medication over those who have assessments this quarter excluding those with schizophrenia, Huntington’s chorea, delusions and hallucinations and end-of-life residents.
• Quality Indicator Improvement Plans were provided for your information.

Residents in Daily Physical Restraints
• Definition is any manual method, or any physical or mechanical device, material or equipment attached or adjacent to the person’s body that the person cannot remove easily and that restricts the person’s freedom of movement or normal access to his or her body. It is the effect the device has on the person that classifies it as a restraint, not the name or label given to the device, nor the purpose or intent of the device e.g. bed rails.
• Target is 10.36%, the region is 9.32%
• 5 facilities have triggered this QI:

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Restraint Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whispering Pine Place (Canwood)</td>
<td>20.83%</td>
</tr>
<tr>
<td>Parkland Integrated Health Centre (Shellbrook)</td>
<td>20.00%</td>
</tr>
<tr>
<td>Big River Health Centre</td>
<td>17.86%</td>
</tr>
<tr>
<td>Mont St. Joseph Home Inc. (Prince Albert)</td>
<td>11.82%</td>
</tr>
<tr>
<td>Hafford Special Care Centre</td>
<td>11.76%</td>
</tr>
</tbody>
</table>

• The numerator is the residents who were physically restrained daily on their current assessment and denominator is residents with current assessments.
• Quality Indicator Improvement Plans were provided for your information.

Residents who fell in the last 30 days
• Target is 9.0%, the region is 10.88%
• 6 facilities have triggered this QI

Residents whose pain worsened
• Target is 8.0%, Region is 17.25%
• 9 facilities have triggered this QI

Residents whose Stage 2–4 pressure ulcer worsened
• Target is 2.0%, Region is 1.72%
• 6 facilities have triggered the QI

Residents with a newly occurring Stage 2 to 4 Pressure Ulcer
• Target is 2.0%, Region is 1.3%
• 4 facilities have triggered the QI

Residents whose Bladder continence worsened
• Target is 16%, Region is at 22.15%
• 8 facilities have triggered the QI

5.10 Long Term Care Special Care Home Guidelines and Viewing of DVD

• The target for the viewing of a DVD developed for each Care Home in the Province that contains the Special Care Home Guidelines is March 31, 2017 for all care staff.
• Quarter 3 results for each long term care facility in PAPHR were provided for information. The goal is to continue this viewing. Many facilities are nearing 100% for care staff.
• Also provided for information was the percentage of care staff that have viewed the DVD by health authority.
5.11 Provincial Chart Audit

- Provincial audits are done and submitted directly to the Ministry of Health. Work remains in a number of areas particularly nutrition. A corrective action plan for long term care will be compiled.

5.12 Purposeful Rounding

- Purposeful Hourly Rounding was implemented in the last 18 months by PAPHR. This indicates that staff are interacting with the resident on an hourly basis. This includes all staff.
- Following is Purposeful Rounding (Quarter 3) statistics for all health regions:

<table>
<thead>
<tr>
<th>Region</th>
<th>Designated SCHs</th>
<th>Non-Designated *</th>
<th>Total Facilities</th>
<th>Total # of Facilities Implemented</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athabasca Health Authority</td>
<td>n/a</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Cypress Health Region</td>
<td>10</td>
<td>n/a</td>
<td>10</td>
<td>4</td>
<td>40%</td>
</tr>
<tr>
<td>Five Hills Health Region</td>
<td>10</td>
<td>n/a</td>
<td>10</td>
<td>9</td>
<td>90%</td>
</tr>
<tr>
<td>Heartland Health Region</td>
<td>14</td>
<td>n/a</td>
<td>14</td>
<td>14</td>
<td>100%</td>
</tr>
<tr>
<td>Keewatin Yathe Health Region</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>50%</td>
</tr>
<tr>
<td>Kelsey Trail Health Region</td>
<td>9</td>
<td>n/a</td>
<td>9</td>
<td>9</td>
<td>100%</td>
</tr>
<tr>
<td>Mamawetan Churchill River Health Region</td>
<td>1</td>
<td>n/a</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Prairie North Health Region</td>
<td>12</td>
<td>n/a</td>
<td>12</td>
<td>12</td>
<td>100%</td>
</tr>
<tr>
<td>Prince Albert Parkland Health Region</td>
<td>12</td>
<td>n/a</td>
<td>12</td>
<td>12</td>
<td>100%</td>
</tr>
<tr>
<td>Regina Qu’Appelle Health Region</td>
<td>22</td>
<td>1</td>
<td>23</td>
<td>23</td>
<td>100%</td>
</tr>
<tr>
<td>Saskatoon Health Region</td>
<td>31</td>
<td>2</td>
<td>33</td>
<td>16</td>
<td>48%</td>
</tr>
<tr>
<td>Sun Country Health Region</td>
<td>17</td>
<td>1</td>
<td>18</td>
<td>13</td>
<td>72%</td>
</tr>
<tr>
<td>Sunrise Health Region</td>
<td>13</td>
<td>n/a</td>
<td>13</td>
<td>12</td>
<td>92%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>152</strong></td>
<td>*<em>6</em> **</td>
<td><strong>158</strong></td>
<td><strong>127</strong></td>
<td><strong>80%</strong></td>
</tr>
</tbody>
</table>

*Non-designated facilities with respite beds only are not included

5.13 Interdisciplinary Rounds at Victoria Hospital

- Target for implementing interdisciplinary rounds was met last fiscal year in the region. This was achieved on all medical surgical units. The continued work involved reviewing the rounds in particular the script usage, expanding the rounds and the challenge of physician involvement in the rounds due to the large number of physicians the region has. The region has started in this fiscal year rounds in ICU which is viewed as very positive.
6. Information Items

- None

7. Education

7.1 Process to Assess Individuals for Long Term Care Placement

- Brett Enns, Vice President of Primary and Community Health Services provided information on the process used to assess individuals for long term care placement:
  - Referral for Level of Care Assessment
  - Assessment Process
  - Presentation to the Level of Care (LOC) Committee
  - Criteria Used for Meeting/Not Meeting Eligibility for Long Term Care
  - After the Level of Care (LOC) Presentation
  - The Right to Appeal

8. Next Meeting

- Monday, June 26, 2017 at 1:00 p.m.

9. Adjournment

- The meeting adjourned at 3:00 p.m.