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

PAPHR Hoshin #1 (Overview)

- **Appropriateness - 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
- **Decreasing wait time for psychiatry** – 10% reduction from baseline for psychiatry wait times for clients triaged as moderate (T3) and mild (T4).
- **Suicide Prevention** – 100% of all residents will have the Suicide Prevention screening and assessment protocol.
- **HIV Testing** – 10% increase from previous year’s values for completed HIV screening tests.
By March 31, 2018 fully implement a provincial Safety Alert/Stop the Line (SA/STL) in All Acute Care Units provincially. Zero Harm to all patients/staff by Mar. 31, 2020.

PAPHR Hoshin #2 (Overview for Patients and Staff)

Reduce Workplace Injuries by March 31, 2018:
- Implement elements 1-3 of SMS in all PAPHR facilities
- Implement elements 1-6 in HBH, Whispering Pines Place & Birchview

Sick Time Reduction
- 10% reduction in sick time hours from previous years rates.

Hand Hygiene – 80% audited hand hygiene compliance rate across the organization.

Implement SA/STL System in test site by March 31, 2018:
- Roll-out of STL to all Acute Care units
- 100% of incident report actions closed with report writers
- 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, 2018

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

- Improve COPD patients’ access to Pharmacist services.
  \( \Rightarrow \) % of COPD patients readmitted to hospital with 28 days of seeing Pharmacy. (collecting baseline data)
Computed Tomography (CT) Wait - days

September 2017 Vis Wall

Ultrasound Waits - days

September 2017 Vis Wall
Echo Waits - days

September 2017 Vis Wall

PAPHRR Overall Hand Hygiene Compliance Rate by Year

September 2017 Vis Wall
Hand Hygiene Compliance - Acute Care
May 2017

Hand Hygiene Compliance - Long Term Care
May 2017
HAND Hygiene Compliance - Others
May 2017

Senior Medical Officer
ED Waits & Access...by March 31, 2018

- 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

September 2017 Vis Wall
Operational Definition: # of adult inpatients reconsulted by same specialty/total adult inpatients consulted x 100.

Goal is 50% of 2016

Concern

Desired Direction

Appropriateness of Care - Pre-Operative Evaluation Guideline Compliance
By March 31, 2018, there will be 80% compliance with the agreed upon pre-operative evaluation guidelines in the four selected health regions that implemented the guidelines.

Target: ≥ 80% Compliance

Baseline data currently being gathered

Operational Definition: # of surgical patients following the Preoperative Testing Guidelines compared to the total sample of surgical patient charts audited. Charts will be audited following the launch of the Guide.
By March 31, 2018, each RHA will complete implementation of at least two clinical quality improvement projects.

- **Target**: ≥ 2 projects

By March 31, 2018, each RHA will have at least one physician participating in clinical quality improvement training.

- **Target**: ≥ 1 physician(s)

Senior Medical Officer

Safety...by March 31, 2018

- **Target**: Hand Hygiene 80% compliance
Physician Hand Hygiene Compliance by Department

Physician Acute Care

Data Current as of: November 2016
Subject: Hand Hygiene
Department: Physician Acute Care
Operational Definition: Percent of Physicians observed in compliance with Hand Hygiene best practices.

September 2017 Vis Wall
Primary Health Care
ED Waits & Access...by March 31, 2018

• Decrease in hospital utilization for patients managing COPD – 10% decrease from 2016-17 baseline

• Decrease in wait times for psychiatry -- 10% reduction from baseline in psychiatry wait times for clients triaged as Moderate (T3) and Mild (T4)
% of CDM clients at PAPHR PHC Clinics with CDM-QIP flowsheet completed 2016-17

Operational Definitions:
CDM-QIP = Chronic Disease Management Quality Improvement Program
Flowsheets currently available for: Coronary Artery Disease, Diabetes, Chronic Obstructive Pulmonary Disease (COPD) & Heart Failure

% calculated as: # of patients with CDM-QIP visit flowsheet completed / total # of CDM client visits at clinic

Note: Only clients with one of the 4 chronic conditions noted in their EMR profile and have had a scheduled clinic visit are included in this data. Different visit allows pull for data in 6-month cycles, April 1st & October 1st, based on the frequency for routine spot follow-up appointments, once/month.

% of GPs & NPs using the CDM-QIP with minimum of 2 or more visits submitted & saved in the CDM Repository - by month for PAPHR PHC Clinics

Operational Definitions:
CDM-QIP = Chronic Disease Management Quality Improvement Program
Flowsheets (visits) can be submitted for the following chronic conditions: Coronary Artery Disease, Diabetes, Chronic Obstructive Pulmonary Disease (COPD) & Heart Failure

% was calculated as follows: total # of clinicians with 2 or more visits submitted & saved / total # of clinicians with clinic days that month
Wait times for Adult referrals to Psychiatry not meeting benchmark by Triage Level - August 2017

Wait times for Child & Youth referrals to Psychiatry not meeting benchmark by Triage Level - August 2017
Primary Health Care
Safety...by March 31, 2018

• Increase Childhood Immunization Rates -- 1%
  increase from 2016 RHA coverage rate for:
  • Pertussis – 1 valid dose by 91 days of age
  • Measles – 1 valid dose by 2 years of age
  • Measles – 2 valid doses by 5 years of age

• Increase in # of HIV Tests performed – 15% increase
  from 2016-17 Ministry Target

• Promote Take Home Naloxone Kit (THNK)
  distribution within region

May 2017 Vis Wall

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September 2017 Vis Wall
Integrated Health Services
ED Waits & Access...March 31, 2018

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

- Target: 100% of all LTC residents will have the suicide prevention screening and assessment protocol.
ED length of stay: non-admitted: CTAS IV/V: 90th percentile in hours

For patient safety, the 5K target is capped at 4 hours rather than a 60% reduction from 2013-14 base.

September 2017 Vis Wall

ED length of stay: admitted patients: 90th percentile in hours

Ushuwiya data starts Sep 2016 and does not include Jan 2017. North Battleford data is not included in Dec 2016 or Jan 2017. Malden and Turtledove data starts in Dec 2016.

September 2017 Vis Wall
Integrated Health Services
Safety...March 31, 2018

- Target: Implementation of Safety Management System
  - By March 31, 2018 continued implementation of elements 1-6 of Safety Management System at Herb Bassett Home, Whispering Pine Place, and Birchview.
  See Human Resources

Human Resources
ED Waits & Access...by March 31, 2018

- 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

New Manager Training

September 2017 Vis Wall

PAPHR MONTHLY WDP (Wage Driven Premiums) HOURS

Total Hours:
2014/15 - 98,640.58
2015/16 - 94,914.19
2016/17 - 95,628.98
2017/18 YTD - 21,559.70

Source: 3s Health
Brenda Felske
Human Resources
Safety...by March 31, 2018

Target: Reduce Workplace Injuries:
→ 50% of accepted WCB shoulder and back claims
→ 100% of accepted WCB shoulder and back claims investigated to Root Cause Analysis (RCA)
→ 75% of accepted WCB workplace injury claims

Target: Safety Management System (SMS):
→ 100% of SMS implemented – Herb Bassett Home
PAPHR

Outcome: By March 31, 2020, Zero Workplace Injuries
Workplace Injury Claims - 75% Reduction in 2017-18

- 2011-12 WCB Baseline - 239 injury claims
- 75% reduction in 2017-18 (not exceeding 60 accepted injury claims)

PAPHR

Outcome: By March 2020, Zero Workplace Injuries
Accepted WCB Shoulder and Back Injury Claims - 50% Reduction in 2017-18

- 2016-17 Baseline - 71 shoulder & back injury claims
- 50% reduction in 2017-18 (not to exceed 35 shoulder & back claims)
Corporate Services

ED Waits & Access...by March 31, 2018

- 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, 2018
  - # of unresolved helpdesk tickets on the first day of each month
Operational Definition:
Diet errors (defects) 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.

September 2017 Vis Wall

IT Services
Monthly Unresolved Deskside Tickets

Operational Definition: Chart represents # of unresolved helpdesk tickets. Target is to reduce unresolved tickets.

50% Reduction Target =
Corporate Services
Safety...by March 31, 2018

• Target: XX% preventative maintenance and planned work on beds and lifts region wide.
  → % of PM on beds and lifts
  → % of work order for equipment breakdown for beds and lifts
  (graphs under development)

• Target: Complete cleaning procedure audits on 100% Environmental Services staff by March 31, 2018.
  → # of completed audits of cleaning procedures at the end of each month
  → # of staff who passed the audit of cleaning procedures (mark of 85% or higher) each month

Operational Definition: This graph shows the number of completed audits of cleaning procedure by ES staff. The goal is to audit a min of eight (8) staff per month so as to completely carry out the audits on all 90 ES staff complement before the end of the PAPHR 2017/18 ES Audits.

Report Contact: Terry Fjeld
Refresh Cycle: Monthly
Operational Definition: This graph shows the number of ES staff who have been audited per month as well as the number who passed the cleaning audits which is over 85% mark. Goal is that every audited staff will achieve at least 85%. Less th
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)

1. Call to Order

- The meeting was called to order by Don Code, Chairperson at 9:30 a.m.

2. Consideration of the Proposed Agenda

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

3. Approval of Previous Minutes

Motion:
“THAT the Board Finance Audit Committee meeting minutes dated June 26, 2017 be approved as circulated.”
M. Bender/L. Fladager.....................................................................carried

4. Business Arising from the Minutes

- None

5. Work Plan

5.1 Monthly Financial Statements

- Ministry of Health has provided all health regions with a new template that is to be used to submit monthly financial information. The previous template started being used by PAPHR Board’s Finance Audit Committee 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.”
M. Kreese/A. Tanchak.....................................................................carried

Motion:
“THAT the Board Finance Audit Committee move out-of-camera at 10:00 a.m.”
L. Fladager/M. Bender.....................................................................carried
Prince Albert Parkland Health Region has an operating deficit of $1,317,587 for the four months ended July 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 $1,668,926. The region is forecasting an operating deficit of $3,112,000 for the 2017-2018 fiscal year based on year to date operating results this deficit will increase to $4,163,200 after required transfers to capital.

Statistical information (April to June 2017 and Prior Year Actual) was provided for Acute Care, Laboratory and Radiology, Addictions and Mental Health Community Programs, Long Term Care, and Community Health Programs.

5.2 Changes in the Financial Systems and Control Systems

The region has no significant changes in control systems to report.

5.3 Major Financial Risks Faced and the Appropriateness of Related Controls to Minimize their potential impact

At this time the region is expected to incur a financial deficit in the 2017-2018 fiscal year unless significant savings are achieved. The region needs to successfully recruit many clinical classifications to fill vacancies in 24/7 services that are currently filled at overtime. New hires also impact cost until fully oriented; in some departments it takes a year for a staff member to be capable of filling senior roles. Increased sick time and ongoing injury rates are also impacting many departments’ ability to stay within their budget. This portion of the deficit is not related to lack of financial controls but ongoing clinical demand.

5.4 Monitor and Evaluate the Performance of the External Auditor

MNP has been the auditor for the Health Region since its inception in 2002. This has resulted in the auditor having a very good understanding of the region’s business and systems allowing them to complete the audit work with minimal disruption to the region’s staff. MNP is very conscious of having staff on the audit from year to year so that there is continuity of staff and the audit work can be completed efficiently.

The Board Finance Audit Committee receives three Audit Reports from MNP. These reports provide assurance that Prince Albert Parkland Health Region’s internal controls, financial information and compliance with legislation is adequate within materiality limitations. Any exceptions are noted in the reports.

The Saskatchewan Health Authority has decided there will be no interim audit completed when the amalgamation takes place so the region will need to inform MNP that PAPHR will not require their services this year. The Saskatchewan Health Authority will have the Provincial Auditor complete the 2017-2018 audit.

Motion:
“THAT the Board Finance Audit Committee recommend to the Prince Albert Parkland Regional Health Authority that formal communication occur with MNP indicating that their services will not be required for 2017/2018 and thanking them for their past service.”
M. Bender/L. Fladager..........................................................carried

Motion:
“THAT the Board Finance Audit Committee recommend to the Prince Albert Parkland Regional Health Authority that Bevra Fee, A/Chairperson seek clarification from the Saskatchewan Health Authority Board of Directors in regards to the lack of an interim audit being completed when the amalgamation of PAPHR into the Saskatchewan Health Authority takes place. Clarity should be sought regarding the liability of the PAPHR Board of Directors.”
M. Bender/M. Kreese..........................................................carried
5.5 Affiliate Financial Statements

- July 31, 2017 financial statements for Mont St. Joseph Home Inc. (MSJ) were provided for information. Year to date the home is experiencing an operating surplus of $88,034 as compared to $34,980 in 2016-2017. MSJ resident fees are much closer to budget as at July 31 than they were last year when the region supplemented the shortfall.

5.6 Ambulance Financial Statements

- Financial statements for Parkland Ambulance Care Ltd., Blaine Lake Ambulance Care Ltd. and Spiritwood/Big River Ambulance were provided for information. Parkland Ambulance and Blaine Lake Ambulance have the same fiscal year as the region. Spiritwood/Big River ambulance runs on a calendar year.

5.7 Review Board Expenses

- As per the Board Finance Audit Committee Terms of Reference, it is the responsibility of the Board Finance Audit Committee to “review board expense reports quarterly and utilize this information in the development of the annual board budget”.
- The Board is over budget for the four months ended July 31, 2017 by $6,277. These expenditures include $8,079 for Health Excellence Awards. The reduced budget for 2017-2018 is spread evenly over the fiscal year which is resulting in over expenditure for the first quarter.

5.8 Banking Resolution

- Each year the CIBC requests that the Regional Health Authority board approve the region’s borrowing resolution. The resolution sets out the amount the RHA can borrow and the expectations for repayment.

Motion:

"THAT the Board Finance Audit Committee recommend to the Prince Albert Parkland Regional Health Authority approval of the following resolution:

"THAT the Prince Albert Parkland Regional Health Authority approve the following borrowing resolution:

RESOLUTION OF THE Prince Albert Parkland Regional Health Authority to authorize the borrowing of certain monies;

WHEREAS THE Prince Albert Parkland Regional Health Authority (hereinafter referred to as the Board) is a body corporate pursuant to The Regional Health Services Act;

AND WHEREAS the Board appointed under the said Act may, in any fiscal year, by Resolution authorize the borrowing of such sums of money as may be required to meet the expenditures of the Board for operating purposes.

AND WHEREAS the Board will not borrow an amount in excess of any prescribed limits set by Legislation.

NOW, THEREFORE, BE IT RESOLVED by the Board as follows:

1. That the Board be and is hereby authorized to borrow on behalf of the Prince Albert Parkland Regional Health Authority, from the Canadian Imperial Bank of Commerce (the “Bank”) the sum of $1,000,000 to meet the expenditures of the Prince Albert Parkland Regional Health Authority and to pay or agree to pay interest on the monies borrowed both in advance or at maturity and in either case after maturity at the variable nominal rate of a variable per cent per annum, that being a rate 0.50 percentage points below the Prime interest Rate of the Bank in effect on the date hereof; provided that if and whenever the Prime interest rates comes in to effect and without notice to The Board, so that at all times the interest rate thereunder shall be the said number of percentage points below the Prime then in effect.

2. The said sums borrowed and interest thereon is to be paid out of and be a first charge upon the grants and revenues received from The Board.

3. That the said sums may be borrowed from the Bank by way overdraft on the current account of The Board or by way of Bankers’ Acceptances or such other form of borrowing as the Bank may allow and may be secured by way of promissory note or notes and the hypothecation of all grants and revenues to be received by The Board executed on behalf of The Board by the Chairman and Secretary. The Chairman and Secretary of The Board are hereby authorized and empowered to execute and give such promissory note or notes on behalf of the said Board as may be required by the Bank.

4. That this resolution shall carry forward until such time as:
   a. 90 days following a change to the Chairman or Secretary of The Board.
   b. A change in the amount authorized to borrow as stated in point 1.
   c. A change in the borrowing rate that reflects the new rate as less than the variable nominal rate stated in point 1.

M. Bender/A. Tanchak..........................................................carried
6.1 Capital Equipment Purchases

- As at August 31, 2017 fourteen items have been purchased that were not included in the original 2017-2018 capital equipment budget. Some of these items were identified as required purchases through accreditation processes, while others were moved forward due to additional funds made available through the Victoria Hospital Foundation.
- As indicated on the spreadsheet $37,421 of additional funds has been used from the 2016-2017 carry forward.

Motion:
“THAT the Board Finance Audit Committee recommend to the Prince Albert Parkland Regional Health Authority the approval of the 2017-18 amended capital equipment purchases made between April 1, 2017 and August 31, 2017 totaling $217,187.”
L. Fladager/M. Bender

6. New Business

- None

7. Informational Items

- Changes to GST for 3sHealth Services
- Losses of Public Money – 2017-18 First Quarter Report
- 2016-17 Summary Financial Statements

8. Next Meeting

- Wednesday, October 18, 2017; Main Floor Meeting Room; 1521 – 6 Avenue West; 9:30 a.m.

9. Adjournment

- The meeting adjourned at 10:40 a.m.