

St. Joseph's Health Centre's Board of Directors

It's all about Patient Safety and Quality

In September of 2009 the Board of Directors set an objective to spend at least fifty per cent of their time on Patient Safety and Quality related matters. This decision was taken as a way to underpin the importance of patient safety and quality to St. Joe's. The Board did not have a specific plan on how that time would be filled - it was initially more of a directional statement. As it turned out, the Board had no problem in achieving this goal.

"I don't think you can ever spend enough time on patient safety and quality. We are constrained, though, by the fact that the Board has a lot of other responsibilities in areas such as oversight over our financial position, redevelopment project and succession planning. We strive to find the appropriate balance and I think we achieved that this year," said Richard Ross, Chair of the Board of Directors at St. Joseph's Health Centre.

In order to achieve this objective we also realized we needed to increase the amount of time we spent on reviewing quality outside of the boardroom. One example of this is the Board recently spent time on 4East, the unit that kicked off the Releasing Time to Care initiative.

"I hope that the Board's presence gave our staff the feedback that what they are doing is very important. The Board is very supportive of the significant amount of time and effort that goes into initiatives such as these," said Richard. "We were inspired by what we saw on 4East and encouraged by the fact that our front line care providers have that kind of commitment and ownership of our quality agenda."

In order to get a gage of Board best practices in quality Carolyn Baker, Tom Harmantas, John DeMarco, Nick Leyland and Ted Rogovein, joined Richard in an Institute for Healthcare Improvement Conference on the Board's role in quality. One of the key messages that came out of that Conference was that leading boards are focusing their organizations on a few very meaningful, substantial and specific tasks. Part of the challenge of quality is that there are so many factors involved. By focusing our resources and attention on those areas that can have the biggest impact on improving patient safety and quality we can

quickly make big strides. This also helps demonstrate that meaningful improvements are achievable.

The Big Aim of reducing adverse events by 50% by March 31, 2011 is our attempt to focus all of us on a few key high impact areas of patient safety and quality. To support the Big Aim, we changed the Charter for the Quality Committee and the patient safety and quality indicators that the Board will monitor. We know that if the Board is focused on this, our management and medical leadership will follow suit and the whole organization will be better positioned to achieve this very audacious goal.

To help the Board to understand how well we are progressing on our patient safety and quality initiatives, the Board invites to its meetings a broad cross section of our leaders to discuss what they are doing to help us to achieve our Big Aim. One of the most recent presentations was from the Surgical Program about the new Surgical Safety Checklist.

"We were very pleased to hear directly from the staff representing our Surgical Program that there has been wide acceptance of the Surgical Safety Checklist and that it is a meaningful tool to minimize risk and therefore to better serve our patients," said Richard. These discussions also help the Board to experience the depth and breadth of leadership talent in our organization.

The impact of the changing legislative environment

Recently, the government tabled a very important piece of legislation designed to improve quality and patient safety. Bill 46, the Excellent Care for All Act will receive royal assent in the very near future. On review of the Act, we are reassured that we are absolutely on the right track, if not leading the charge with respect to the Board's role in quality. Although we do not know the specific aspects of many of the regulations that will be developed in the coming months, we feel we are in excellent shape to respond to any requirement.

At the same time that Bill 46 was announced, the government made changes to the Public Hospitals Act regulations. A key change that will be effective in January 2011 prevents hospital staff or credentialed physicians from being voting members of the Board. There is a concern that this may

disenfranchise our management staff and physicians. Our Board is committed to finding the best way to ensure that our leaders – both staff and physicians - continue to have a strong voice at the Boardroom table. Without their leadership and ownership of the many initiatives we have in front of us we will flounder. “We will keep you informed of progress in this and other areas of the Act as they develop,” said Richard.

“We should never find ourselves in a situation where we are reacting to what the government believes good organizations should do. As an organization we need to lead based on our vision of what is best for St. Joe’s and our patients,” said Richard. “We respect the fact that change does not come easy, but standing still in this environment is not an option. We cannot expect St. Joe’s to thrive when costs are escalating at higher rates than our funding base. By reducing adverse events, demanding more accountability for our patient care and being smart about the utilization of our resources, we will make sure our community is well served”.

Our future strategic direction

“I don’t think you could ever come up with a strategy for St. Joe’s where quality isn’t front and centre. Management will be leading the charge in a process in the coming months on getting feedback from as many people as possible on the changes we need to make to our strategy,” said Richard.

The process to engage staff, physicians, communities and other stakeholders that was followed the last time we renewed our strategy exemplified everything good about strategy formation – the Board setting the big picture and then the leadership – both medical and physician - engaging in a broad discussion, seeking input, building consensus and ultimately coming up with a strategy where everyone is on-side - it just doesn’t get done any better, Richard shares.

“When you look at the five success factors that came out of the process last time around, it is amazing to see how well they have stood the test of time. In fact I would say that they were almost prescient in anticipating the government’s eventual legislative requirements,” said Richard. “We are looking forward to our upcoming strategy retreat in September where these discussions will be front and centre.”

Our thanks

“We know we have asked a lot of the organization and we’re continuing to ask more. We also know that there are a lot of hurdles in front of us to achieve our goals, not the least of which is our funding constraints,” said Richard. “The reality is that health care will continue to cost the province more and more – particularly with an aging population. As a result we are going to find ourselves with an ever declining funding base and increasing demands on the health care system that normally accompanies an aging population.”

We saw this challenge played out this year when we had to make difficult choices about the services that we provide, resulting in the reduction of some ambulatory clinics and reductions in staff in several areas. These were very hard decisions to make, as we know they impacted real people - our staff and our patients. The choices we made, and the choices we will make in future when faced with limited resources, will be based on our commitment to ensuring that we continue to provide high quality and safe care while ensuring that we Use our Resources Wisely.

“The press and others less informed about what is going on within health care organizations have directed some of their negative views of the system to the very people who have made it work in spite of all the constraints... the doctors, nurses, service, support and administrative staff. I am sure at times this must be very de-motivating. For those of us in the know, like your Board, we have a tremendous amount of respect for all our staff who continue to put in long hours and give of themselves so selflessly to our patients. This exemplifies what is great about St. Joe’s.” said Richard. “Our thanks go out to you for the great work you do.”

“In spite of all the changes and the challenges, I hope you all continue to be motivated by what attracted you to health care in the first place,” said Richard. “No matter what your role is in St. Joe’s, you are part of a very noble cause of helping people when they need you the most. I hope you continue to get great personal satisfaction from what you do and to support us in achieving our Mission, which was founded in the legacy of the Sisters of St. Joseph. I hope you are proud that we are able to continue their tradition of care that reflects the universal values of respect, dignity and compassion.”



St. Joseph’s Health Centre’s Board of Directors.

Front Row (left to right): John Spekkens; Sister Roberta Freeman; Michael Lang; Kathryn Bouey; Shoba Khetrapal

Back Row (left to right): Tom Harmantas; Joe Calderone; Marko Duic; Richard Ross, Chair; John Hinds; Almerinda Rebelo; Ellen Malcolmson; Carolyn Baker

Missing from photo: Rev. Nino Cavoto; John DeMarco; Barbara Franklin-Martyn; Umesh Jain; Paula Jourdain-Coleman; Ivan Silver.