

HNHB LHIN Quality Guidance Council (QGC) Meeting Minutes

Tuesday, March 29, 2016 – 1:00 p.m. – 3:00 p.m.

Boardroom, HNHB LHIN*

*** Meeting changed to teleconference/webinar format due to number of individuals calling in**

Present: Melody Miles (co-chair) (teleconference), Donna Cripps (co-chair), Emily Christoffersen, Winnie Doyle (teleconference), Linda Boich (teleconference), Shirley Thomas-Weir (teleconference), Beth Belder (teleconference), David Montgomery (teleconference), Ingrid Bagnariol (teleconference)

Regrets: Mike Benin, Steve Sherrer, Jan Narduzzi, Henri Koning, Brother Richard MacPhee

Item	Discussion	Action
1. Welcome	Group welcomed by Donna Cripps, CEO, HNHB LHIN.	
2. Sharing of a Patient Experience Story	<p>Patient experience story shared by Steve Sherrer*, CEO, Thrive Group- St. Peter's Residence and AbleLiving.</p> <p><i>*Regrets sent by S. Sherrer- patient experience story sent in and shared on his behalf by E. Christoffersen.</i></p>	Patient experience story to be shared by Beth Belder for July 6, 2016 QGC meeting.
3. Review and Approval of January 14, 2016 Meeting Minutes	Minutes from January 14, 2016 reviewed and approved as circulated.	
<p>4. Business Arising:</p> <p>4.1 Patient Experience Indicators Update</p> <p>4.2 NHS Quality Symposium Update</p> <p>4.3 Patients First Update</p>	<p>4.1 Patient Experience Indicators Update – On March 3, 2016 an email went out to all health service providers (HSPs) with the Survey Monkey reporting tool for collecting patient experience data. To-date, 18 complete submissions have been received. Another 10 HSPs have gone in to test, or view the survey. Deadline is June 30, 2016. By the July 6, 2016 QGC meeting, the HNHB LHIN will have received this information and will have an early analysis of these results.</p>	

Item	Discussion	Action
	<p>E. Christoffersen asked the survey pilot group to re-submit their information within the Survey Monkey data collection due to changes in the tool.</p> <p>A suggestion was made for QGC members to discuss how their organizations will be collecting patient experience data in 2016-17.</p> <p>4.2 NHS Quality Symposium Update –The Health Quality Symposium will be held on April 6. Approx. 260 registrants at this point in time. Interesting keynote speakers and great breakouts. 42 posters being presented.</p> <p>4.3 Patients First Update – The Patients First discussion paper was released December 17, 2015 with a request for feedback to ministry by February 29, 2016. HNHB LHIN engaged well over 1200 participants, including approximately 600 physicians, and other stakeholders and members of the public. A variety of engagements occurred. A lot of good feedback was received. A summary of the engagement results is posted on HNHB LHIN website. Some further discussion about how organizations are considering the Patients First paper in their planning and strategy development.</p>	<p>Include Patient Experience Data Collection as a discussion item on upcoming agenda.</p>
<p>5. New Business/ Updates: 5.1 Regional Quality Tables 5.2 Overview of LHIN Performance Indicators</p>	<p>5.1 Regional Quality Tables (RQT) – building on what was discussed at June QGC and September QGC meetings. -Looking to evolve QGC into a RQT. It is a good time for HNHB LHIN to refresh the QGC mandate to reflect its current purpose and objectives as well as those</p>	

Item	Discussion	Action
	<p>identified by Health Quality Ontario (HQO). Members agree that it is important that the RQT:</p> <ul style="list-style-type: none"> • Does not duplicate roles, but does streamline efforts • Does not becoming too acute/hospital focused • Recognizes the value and contribution from all sectors and clinical/professional perspectives for the quality initiatives and culture within the HNHB LHIN • Remains a strong presence for quality moving forward • Acknowledges that direction around quality improvement and quality care is provided by a number of provincial bodies (e.g. CCO, ORN) <p>-HNHB LHIN quality structures were reviewed, and acknowledged that quality is addressed at many different tables.</p> <p>-The proposed mandate for HNHB RQT reflects the current QGC mandate with the addition of monitoring of key performance metrics and informing system-wide volume allocation models for Quality-Based Procedures (QBP). Members agreed that the revised mandate starts in July 2016.</p> <p>-Membership for RQT was also discussed. HQO has requested that each RQT have a clinical lead. Dr. Jennifer Everson will fulfill this role within the RQT for HNHB LHIN. This clinical (physician) lead role will serve as a liaison between RQT and the HQO provincial structure.</p> <p>Other membership ideas or discussion included:</p> <ul style="list-style-type: none"> • Is there a need to standardized approach regarding the chair role for RQTs across the province? 	

Item	Discussion	Action
	<ul style="list-style-type: none"> • Additional Primary Care representation would be helpful • Consider other physician representation- for example, the LTC medical directors and/or physicians practicing within this sector. • Hope to have equal representation amongst all partners in healthcare. <p>5.2 Overview of LHIN Performance Indicators –</p> <p>-Important to consider the performance of the health system broadly and recognize that providers from all sectors must collaborate and contribute to system improvement and performance. As part of new RQT mandate, the indicators will be monitored and that improvement ideas might be generated.</p> <p>-An obligation was included in the 2016-17 Service Accountability Agreements such that all providers will <i>strive to meet the targets for health system performance indicators. Engage in activities, including LHIN-wide initiatives that result in the demonstrated improving performance trends on relevant MLAA indicators.</i></p> <p>-E. Christoffersen provided an overview presentation on Ministry-LHIN Accountability Agreement (MLAA) indicators.</p> <p>-MLAA indicators came into effect April 1, 2015. Includes 23 indicators (14 performance, 7 monitoring, 2 developmental).</p>	<p>Next QGC meeting – July 6, would be first RQT. Asking group to think about representation and membership and forward any names to the LHIN (specifically to E. Christoffersen or A. Bolduc)</p>

Item	Discussion	Action
	<p>-Most recent set of data shows that the HNHB LHIN is not hitting the provincial targets on any performance indicators. Recognize that good and important work is happening, but not always translated into system-metric.</p> <p>-The presentation slides describe current performance, trends, and how this translates into data at an individual person level (“peoplizing the data”). Big dot indicators are TBD – and would like to take on this work in the next year. E. Christoffersen invited group to email directly should any clarification or more information be needed on particular metrics.</p> <p><i>Group Discussion:</i></p> <p>- QGC discussed a number of the indicators in detail. It is important to focus on demonstrating improving trends of performance.</p> <p>-E. Christoffersen notes that these slides are public as they are shared with our QSC of the board and can be shared among organizations.</p> <p>-Could we be leveraging strategies and work from other LHINs and committees that are doing well on these metrics. There is an opportunity for LHINs to be sharing better, and this was a comment made by the Auditor General of Ontario to LHINs.</p> <p>-Opportunities to improve the slides and communication about performance were discussed. Ideas included:</p> <ul style="list-style-type: none"> • Telling the patient story and the impact of when performance targets have been met. 	<p>Discussion at the next meeting about which indicators QGC should monitor more closely and which would benefit from the breadth of perspective on system-wide quality at this table.</p> <p>E. Christoffersen will revise the slide related to the indicator for Readmissions within 30 Days for Select HIG Conditions and send to group after meeting.</p>

Item	Discussion	Action
	<ul style="list-style-type: none"> • Show the spread between the top and bottom performing LHIN to better understand the provincial ranking. • HNHB LHIN open to receiving more information around the 'peoplized' section of each slide, in addition to all comment/ideas/areas for improvement. 	
<p>6. Summary of Actions/Next Steps</p>	<p>-E. Christoffersen will add definition to HIG slide and resend to group. -HNHB LHIN asking for any ideas/comments/ or membership for RQT to be sent to E. Christoffersen and A.Bolduc</p>	