

Cultivating quality care that is patient centred, timely, efficient, effective, equitable and safe.

CT Scan

Contracts have been signed and deposits sent for both the purchase of a Siemens CT and the renovation of space to accommodate the equipment. Construction is expected to begin in mid March with the first patient scan occurring by June. The Listowel Memorial Hospital Foundation has had great success in identifying lead donations to support the implementation of this service.

Hospice

The SW-LHIN has received the recommendations from consultants charged with identifying locations for residential hospice services in Huron and Perth. If the recommendations are approved by the LHIN, a 6 bed hospice will be approved for Stratford and 4 beds in Clinton. While this recommendation does not acknowledge the palliative care that currently takes place in hospitals in Huron and Perth, we are hopeful that the creation of a palliative care centre of excellence for Huron and Perth will provide support to care givers providing palliative care services in our communities.

Rehabilitation Care

We have now received a base funding increase of \$276,335 in addition to \$50,000 of one time funding to assist in renewing the rehabilitation services in Wingham. The hiring process for new positions to support this service is well underway. Given that these are now 'system' beds, we can expect patients from hospitals without rehab beds to be admitted to Wingham. This is also a risk for this service as we must maintain defined occupancy levels to retain the funding.

Senior Friendly Hospital Projects

The Senior Friendly Committee has developed a medical directive to support the diagnosis of Delirium in patients that have a positive Confusion Assessment Method (CAM). They have also completed an additional environmental scan to assist us with our capital planning process. The Senior Friendly Action Team will join Cohort 1 and 2 teams from across the province in Toronto at the end of January. Our project focused on delirium screening. Our data shows a sustained uptake in delirium screening at the Wingham site with an increase in recognition of delirium by nurses and physicians. Listowel has also had an increase in screening. Next steps for this project are to engage an acute care champion for responsive behavior management on acute care in Listowel as we work towards a sustained increase in screening and recognition. A guideline for delirium management and prevention will roll out in February.

Maternal Newborn Program

The steering committee met in December to review the recommendations for the program. Next steps will be vetting the recommendations through the physicians, mid-wives and nursing staff for further review in January and finalizing a report for the Board in February

Cultivating a workplace that nurtures individual and collective potential.

Vice President Clinical Services and Chief Nursing Executive Recruitment

First interviews took place the week of January 16th for short listed applicants to the Vice President Clinical Services and Chief Nursing Executive position with second interviews scheduled the week of February 6th. In the meantime, Sandra Albrecht is serving as the VP/CNE.

Executive Compensation Framework

Surveys have been completed and submitted to the Ontario Hospital Association as part of the work necessary to create the mandated Executive Compensation Framework. Preliminary analysis has been completed to identify comparable organizations to the Listowel Wingham Hospitals Alliance. A draft document has also been prepared for presentation to the board sub-committee assigned to provide guidance to this exercise.

Cultivating a sustainable and resilient environment that is here for future generations.

WDH Redevelopment Projects

According to their guidelines, the Ministry of Health and Long Term Care has 90 days to review the tender bids and documents for the redevelopment. We have been advocating to receive additional funding to replace some building mechanical systems that are now at the end of their useful life. These systems were functional when the original scope of work was prepared and over the intervening years, have now reached the end of their useful life. We included the replacement of the systems in the tendered scope of work as we did not want to return to newly renovated areas shortly after completion of the redevelopment project to replace mechanical systems. We are reasonably confident of receiving some incremental funding to support this additional work, however, the approval has been delayed as a result. We hope to receive formal approval by February 10th. In the meantime, Nith Valley are reviewing drawings, determining project phasing and preparing to mobilize their workforce.

Asbestos and hazardous material abatement continues in Wingham in preparation for the redevelopment. We also have staff members in place to support the project.

The timeline for completion of the Royal Oaks Health and Wellness Centre continues to be extended. The elevator installation is several weeks behind schedule. Occupancy will not take place until the elevator is complete.

Research

Sandy Rutherford, the son of Dr. Paul Rutherford, is a mathematician who has done extensive work in creating mathematical models of health care systems. Sandy and an associate spent several days with us in January as part of a project that will create a mathematical model that will determine the cost effectiveness of utilizing bed capacity in rural hospitals to provide Complex Continuing Care service. As the SW-LHIN continues their work in realigning restorative care beds in our area, this model will hopefully assist us in demonstrating the need for these resources in rural Ontario.

Cultivating partnerships to offer a seamless patient experience.

Patients First Act – Bill 41

Bill 41, the Patients First Act received royal assent on December 8, 2016. This legislation will amalgamate the Local Health Integration Networks with the Community Care Access Centres in Ontario. The legislation passed did not include the power for the LHINs to issue operational and policy directives to hospitals. This was a significant win for the Ontario Hospital Association in their negotiations with the Ministry of Health and Long Term Care.

The actual consolidation of LHINs and CCACs is anticipated to take place beginning in the spring of 2017. The actual amalgamations will be staggered with an estimated period of 2 weeks between each transaction.

Chronic Obstructive Pulmonary Disease (COPD) Quality Improvement Plan

The initial Plan Do Study Act cycle started in Wingham. We will be using funding received through the Small Rural and Northern Fund to support education on COPD, inhaler usage, and general management of the disease. Staff from the hospitals and the Family Health Teams (FHT) will be working together on this initiative. We will begin to spread the work that LMH and the North Perth FHT completed around booking primary care appointments for patients within 7 days after discharge. Christine Reyes is working with the physician's staff and WDH clerks to determine process. Education to staff by the pharmacists from the FHT's will roll out in February.

Other Board Highlights

A decade after completion, the Ministry of Health and Long Term Care finally issued a final settlement letter closing the Listowel Redevelopment project. This gives some insight into the speed at which the Ministry Capital Branch operates.

The board approved proceeding with a solution for patient entertainment services in both hospitals.

Long term financing arrangements were approved for the Royal Oaks Health and Wellness Centre.

Tim Lewis, Chief Financial Officer, presented the operating budgets for both hospitals for 2017/2018 to the Board. The draft budget for both hospitals results in a balanced budget in 2017/18.

Draft capital budgets were also presented. Both hospitals have planned capital expenditures that are significantly greater than the normal capital budgets of approximately \$1 million per site. Listowel capital budget is \$2.6 million which includes Diagnostic Imaging equipment replacement and new anesthetic machines. Wingham's capital budget is \$5.5 million which includes redevelopment expenditures, Diagnostic Imaging equipment and an anesthetic machine. The support of the Foundations are a crucial component of our equipment replacement and redevelopment plans.

In addition to the budgets, current year financial results and service volumes were also presented. Listowel is forecast to end the year with a very small surplus while Wingham received transition funding from Cancer Care Ontario that will generate a year end surplus. Clinical volumes remain very consistent year to year.

LWHA Board Highlights January 2017

Brent Boshart highlighted the quality of care provided within the Ontario Breast Screening Program in Listowel. We offer an excellent detection rate for tumours less than 1 cm and have a slightly higher than average rescreen rate.

Brent also highlighted the fact that Listowel and Wingham have a higher level of adoption of Electronic Medical Records than peer hospitals in Ontario.

Cherie Dolmage and Russell Latuskie both noted that Listowel Hospital had several incidents where additional staff and resources were needed to deal with motor vehicle accidents and volume surges. Staff and physicians have gathered to debrief these incidents. Staff and physicians were commended for their response during these exceptional circumstances.

Dr. Rob Annis provided the board insight into the Role of Health Quality Ontario.