

## **Board Discussion Highlights**

- Both Chiefs of Staff informed the board about recent challenges having sufficient internal medicine specialist support available for our inpatients. Internists from Stratford have not been providing the level of support required or expected.
- Dr. Greg Antoniadis relayed a recent patient success story for the inpatient rehab program in Wingham. A patient was admitted a day prior to the 4 day Easter weekend following joint replacement surgery. The patient received rehab services each day of the 4 day long weekend and was able to be discharged home the following Tuesday. Prior to the rehab staffing enhancements, this patient would have spent a minimum of 4 days longer in hospital and may have required an even longer hospital stay if their recovery regressed without access to rehab services.
- The Wingham and District Hospital Foundation was pleased to present \$1,573,617 of funding in fiscal 2016/17 to the Wingham and District Hospital. The largest contribution was \$1.5 million as part of the Foundation's commitment to the redevelopment.
- The Board authorized a \$1 million loan agreement between the Listowel Memorial Hospital and the Wingham and District Hospital as well as a \$4 million loan from the Royal Bank of Canada. Both loans are part of the Wingham redevelopment financing.
- The Board authorized a research proposal sponsored by Dr. Barb Matthews to investigate the risk of injury for rural children in Perth County with a focus on trauma prevention in Anabaptist populations.
- Ainsley Morrison reviewed the 2016/2017 Quality Improvement Plan outcome with the Board. Improvements were noted in the number of medication incidents reaching patients and the reporting of medication incidents that did not reach the patients. No significant improvements occurred in the length of stay for admitted patients in ER. Our Alternative Level of Care rates remain high in Wingham and we also had more injuries associated with falls that what was expected.

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

## **Ontario Special Needs Strategy**

We recently received a letter from the Ministry of Children and Youth Services informing us that as part of the Ontario Special Needs Strategy, funding for hospital based preschool speech and language services will be transferred from the Ministry of Health and Long Term Care to the Ministry of Children and Youth Services. Across both sites this amounts to \$192,000. We do not expect any immediate changes to services or funding as a result of this. Fiscal 2017/18 has been defined as a planning period for new service models for children and youth with special needs after which we will have a better idea of the local impact. We will keep involved in the planning process to ensure access to services remains local.

### Quality of Care Information Protection Act (QCIPA)

There are some changes effective July 1, 2017 to the Quality of Care Information Protection Act. This Act was designed to encourage health care professionals to share information and have an open discussion about improving the quality of care delivered. Information can be shared in a QCIPA review without fear that the information would be used against you. There were some concerns that the original act, passed in 2004, was being used by organizations to prevent patients and families from being fully informed about what went wrong and what will be done to improve care in the future.

The Act remains mostly intact and will continue to allow protected reviews. There is now a mandated disclosure of results of the investigation including what happened, why it happened and what measures are being taken to prevent future incidents. Thankfully, QCIPA reviews are not a frequent occurrence in our organization. QCIPA reviews and incidents would be disclosed to the board.

### Senior Friendly Hospital Projects

- Incontinence program under evaluation
- Surveys completed on delirium knowledge.
- Education being developed based on results. Education will be focused on understanding delirium by nursing staff to identify the correct patients.

### Rehabilitation Program

- Staff are becoming more familiar with new definitions for various rehabilitative care beds.
- The patient letters to notify patients of a referral and bed location have been rolled out.
- Recreation Program has been implemented.
- 0.5 FTE social worker has started completing staff complement for Rehab Program.
- A kitchen and bath gym is in process of being developed.
- Steering Committee met with communication resource to start to develop marketing materials and strategy.

### Accreditation Update

- Program leads continue to monitor and implement standards and changes into practice
- March Data:
  - Required Organizational Practices are 75% complete (must have completed prior to on-site survey)
  - Red Flags from Program action plans are 59% complete (must have plan in place for each item prior to on-site survey)
- Monthly topics to be sent out in “The Pulse” newsletter.

### Patient Experience Surveys

Departmental Patient Experience Surveys have been developed for

- LMH Mother + Baby
- WDH Oncology
- LWHA Emergency
- LWHA Inpatient
- LWHA Outpatient (includes DI, Lab, Outpatient Clinics)
- LWHA Surgical Services

Surveys may be completed by patients and/or family members, either via paper or using the online link

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provided on our website.

Paper surveys will be collected and data entered into survey monkey for ease of reporting. Black drop boxes have been delivered to various LWHA departments for collection of surveys.

### Maternal Newborn Steering Committee

- Initial meeting with the Steering Committee was held with external resource to plan marketing strategies.
- Initial work will focus on updating LWHA website information.
- Further marketing will occur as other strategies are realized eg. Social Media presence for LWHA
- Steering committee meeting to prioritize recommendations and develop a work plan to present to the Board in June

### *Cultivating a workplace that nurtures individual and collective potential.*

#### Small Rural and Northern Hospitals

The Small, Rural and Northern Hospitals group of the Ontario Hospital Association continues to address issues impacting small, rural and northern hospitals in the province. One of the more recent issues that they have been concerned about is the change to the Nursing Graduate Guarantee program. The program requires the guarantee of a full time position for nurses entering the program. Previous rules required the guarantee of a permanent position which could be part time. With relatively small pools of nursing staff, it is very difficult for small hospitals to guarantee a full time position when there could be significant numbers of other staff with more seniority in the position.

Additional topics at a recent meeting included:

- LHIN transitions and Bill 41
- Pre-election (2018) advocacy
- Pre-budget advocacy
- Hospital Infrastructure Renewal Funding
- Small, rural and northern transformation fund
- Small hospital funding formula
- Outpatient laboratory services in small communities
- ER staffing levels in small hospital emergency departments.

#### Clinical Skills Days

Skills days will be occurring May 1 and 2 in Wingham and May 16 and 17 in Listowel

Topics for discussion will be: wound assessment, palliative patient care standards, cardiac and IV code review, delirium, oral chemo and precautions, MDRD cleaning of equipment, glucometer and urinalysis point of care testing.

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

#### Royal Oaks Primary Care Clinic

The North Huron Family Health Team has moved most of their staff into the primary care clinic of the Royal Oaks facility. The nurse practitioners will move to the clinic when the physicians move. We are currently finalizing lease arrangements with the physicians and will have a move date selected soon.

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There is a surprising volume of traffic into the parking lot and building with the present tenants. I would encourage anyone coming to the building for service to utilize the North parking lot.

### *Cultivating partnerships to offer a seamless patient experience.*

#### **Family Health Team and Hospital Board Collaboration**

The boards and leadership from the North Huron Family Health Team, North Perth Family Health Team and the Listowel Wingham Hospitals Alliance met together recently for the first time. While we already share many resources and serve the same population of citizens, we have not historically discussed our local health care system from a governance perspective.

Facilitated by Jim Whaley, many ideas for further collaboration and sharing were explored at the gathering. Opportunities exist to improve our communication between the organizations and with our patients about the health care services available within our communities. Jim summarized the conclusions as follows:

- More collaborative board education sessions – with a focus on better understanding of what each partner organization does and what could be done better together
- Establishing a single Quality Committee (that reports to all 3 Boards) to collaborate on shared quality indicators & data sharing and explore the potential for submitting a shared QIP to Health Quality Ontario
- Shared recruitment of a marketing/communications specialist to support all three organizations
- Process mapping for at least one program area (e.g. Diabetes) to examine opportunities for further sharing, collaboration and integrated program delivery

There was a strong consensus to have future discussions between the Boards for these three local health care entities.

#### **Municipal Mayors**

Each year the Board Chair and hospital CEO along with the Executive Directors from the Family Health Teams meet with the local Mayors and Reeves. We typically discuss local health care issues that impact the broader community. The topics of discussion this year included:

- Wingham redevelopment – hospital and Royal Oaks health hub
- CT Scanner
- Hospice and Palliative Care in Huron and Perth
- Patients First Act – Bill 41
- Physician recruitment

This is an excellent opportunity for a dialogue with community leaders about local health care services and the role of the Hospital as a core element of a vibrant community.

#### **Sub LHIN Integration Tables**

Health care providers were tasked by the South West LHIN to select an individual to represent their sector at the newly formed LHIN Sub-Region Integration Table. We are part of the Huron Perth Sub-Region and Andrew Williams of the Huron Perth Health Alliance was selected to represent hospitals. The province has indicated that:

LHIN Sub-Regions will ...

- Provide health system data and information for the population of the sub-region
- Bring together health system and community partners, as well as clinical leadership, at the local level in health system planning and improvement.
- Enable more focus on population health needs and service capacity.

LHIN Sub-Regions won't ...

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- Result in more bureaucracy. Sub-regions will utilize existing LHIN staff in more effective ways - no new organizations are being formed.
- Impede ministry or LHINs' obligations to engage with provincial and regional partners and patients. These will continue.
- Infringe on traditions or established jurisdictions in the planning, delivery or improvement of health services

### **Vital Sign Integration Post Anesthesia Care Unit**

- New monitors are in the PACU at both sites
- Training is completed on the new monitors.
- Testing connectivity in the next few weeks with London for a Go live possibly in May.