

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

**Clinical Documentation**

Draft budget numbers have been received for Phase I of the Cerner Clinical Documentation project and have been incorporated into capital plans for 2018/19. Phase I will involve incorporating nursing documentation into the electronic medical record. Phase II has not been fully planned or costed and includes physician documentation.

LMH and WDH physician groups have both been clear that they do not desire to utilize the system until it has been fully implemented and stabilized elsewhere. They also have a strong interest in having representatives from London and Cerner attend to Wingham and Listowel to discuss the local needs of the system.

**Accreditation**

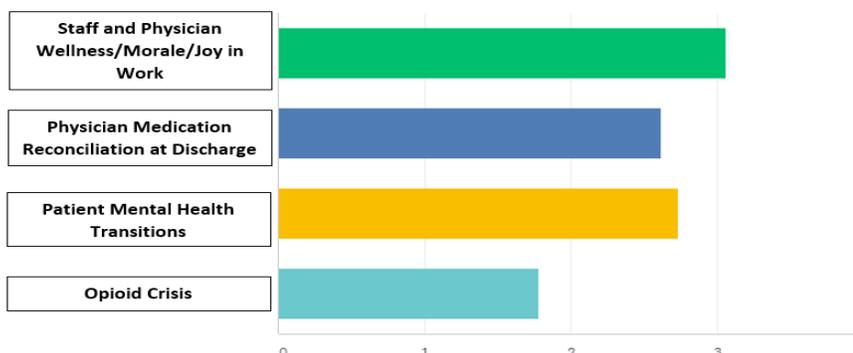
It is worthy to note once again the impressive results from Accreditation Canada's survey in November. We achieved 97.9% of the required standards. The current award is Accreditation with Commendation. An appeal was sent to Accreditation Canada as they cited us on a technicality for not meeting one of the required organizational practices.

**The 2018/19 Quality Improvement Plan**

We launched a survey to staff, patients, physicians, board members and the family health teams (FHTs) to help us understand what quality indicators we should be working on. We received 157 responses, 80% were hospital staff. There was also some patient, physician, and board member input. We have discussed potential indicators at both Medical Advisory Committees and with the family health teams (FHTs). The results indicate a strong interest in joy in work, which fits with our quality goal of improved provider and staff satisfaction. We are also looking at a collaborative indicator with the FHTs. Managing the opioid crisis is a potential shared goal.

Please rank the following indicators from MOST Important (1) to LEAST Important (4) to help us identify areas of opportunity :

Answered: 156 Skipped: 1



### **Integrated Risk Management (IRM)**

We have reviewed our integrated risk management (IRM) process, the previous risk registry, and updated the risk registry for 2018. Feedback from leadership and Quality Council has been incorporated. Mitigation strategies for 12 high level risks have been outlined.

### **Family Presence and Visiting Hours**

LWHA is committed to creating an environment that is supportive of patient/family centered care, and strives to provide an excellent patient experience. We welcome and recognize families as partners in patient care and believe that they are integral to patient safety, comfort, medical and psychological well-being, and the healing process. We are committed to providing a safe, secure, and comfortable environment for our patients and staff. We are excited that as of January 29, visiting hours will be flexible to accommodate the patients' circumstances; there will be no prescribed hours. We will assure patients that their families are welcome at their side regardless of the time of day. The guideline supports staff and patients to limit visitors when appropriate for the purposes of rest, care delivery, outbreak, privacy, and safety/security issues.

### **Informatics Sepsis Screen**

**Sepsis** is a potentially life-threatening complication of an infection. **Sepsis** occurs when chemicals released into the bloodstream to fight the infection trigger inflammatory responses throughout the body. This inflammation can trigger a cascade of changes that can damage multiple organ systems, causing them to fail.

On December 13, 2017 LWHA's emergency departments implemented the Electronic Sepsis Screening. This uses data already entered into the system to screen and identify patients who may be septic or at risk for sepsis. This screening takes place automatically in the background of the system upon triage and produces an alert to the nurse when a patient meets severe sepsis criteria. This electronic screening will help to identify septic patients early in their presentation to hospital to ensure appropriate triaging and enable faster execution of treatment. Studies have proven that early detection of sepsis leads to overall better outcomes for septic patients including shortened hospital stays and reduced mortality rates.

### **Redevelopment**

The Wingham inpatient Medical/Rehab/CCC team has moved into a temporary team station, medication room and kitchenette in order for construction to begin on the new team station. Later in the project, ambulatory care will be temporarily located between rehab and health records in space most recently used for Human Resource/CEO offices. This is necessary to accommodate a temporary procedure room when the OR is under renovations. Our next step is to share drawings of the space with our visiting specialists and plan minor changes needed. Our intention is to maintain current visits in a space that is accessible to our patients and providers.

In Listowel, plans are in place to update the first floor palliative care waiting room thanks to a generous family donation. This space will also be used as a gathering space for other families, patients, and

visitors. New furniture, a small kitchenette area, new paint, floors, and windows will improve patient and family experience on the first floor.

The Mother Baby refresh group met early in January. Cabinetry measurements and design are underway. A new call bell system is being ordered which will improve patient safety by tying the call bell into the medical floor system. Purchasing and manager of facilities are working on determining a construction schedule. Mitigation strategies are being developed to work around our inconsistent and unpredictable patient census.

### **Rapid Assessment Zone (RAZ)**

Supply chain standardization in the Listowel Emergency Department is underway. The RAZ go live date has been pushed back to the end of March. Staff felt that workflow changes would be difficult if they coincided with clinical documentation and medication barcode scanning starting at the beginning of March.

### **Health and Safety / Emergency Response:**

#### **Workplace Violence:**

The Ministry of Labour performed a proactive field visit regarding the prevention of violence in acute care hospitals at the Listowel site in November 2017. One order was issued with respect to the need for a risk reassessment in the emergency department following a Code White violent incident. The order was completed and there is ongoing efforts to ensure that the appropriate controls are implemented to protect workers.

Workplace Violence is a new mandatory indicator on the annual Quality Improvement Plan. We are in the process of determining what the best indicator will be and ensuring that we have appropriate change ideas identified that will continue to support a safe environment for staff, patients and visitors.

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

#### **Chief Financial Officer Recruitment**

The executive compensation freeze continues to be a barrier to the recruitment of a Chief Financial Officer. Various options with respect to the scope of the portfolio and recruitment assistance are being explored.

#### **Physician Recruitment**

In the absence of Dr. Shubat, the Wingham physicians continue to be committed to ensuring the needs of Lucknow patients are met. The North Huron Family Health Team is also stepping up with leadership support and 16 additional nurse practitioner days dedicated to Lucknow in February and March. Recruitment efforts have been successful at filling 21 days of physician support in Lucknow for February and March. The WDH emergency department feels the direct impact if primary care services are not available in Lucknow.

Listowel continues to plan for a future retirement and a maternity leave. The Emergency Department Locum Program will be providing some physicians for ER coverage in Listowel in January and February.

### **Pharmacy Coordinator Recruitment**

Our pharmacy coordinator Sheri DiGiovanni began working at LWHA early this month. She is bringing experience and energy to the team as she learns our systems and processes. We continue to have some overlap with Northwest pharmacy costs as we tweak our schedule and Sheri learns our verification processes. Processes that pharmacy are reviewing over the next few months include narcotic safety/ discrepancies, as well as medication backorder tracking and communication.

### **Nursing Resources**

We are currently recruiting for a cross site Clinical Manager of the Emergency Department, Perioperative Services, MDRD, and Ambulatory Care. We are looking for a leader who can manage these specialty programs across both sites.

Two nurses have been completing their Oncology training. One is part time and will be independent at the end of January. The other will be casual in oncology and is completing her training in London this week. She will then have additional departmental orientation. This will help to stabilize staffing concerns and mitigate risk in that department.

### **Negotiations / Labour & Employee Relations:**

#### **Ontario Nurses Association (ONA) - (WDH and LMH):**

We are preparing for local bargaining with Wingham and Listowel ONA bargaining teams. Proposals will be exchanged February 5 and 9 respectively and 2 bargaining dates with each site have been set between March and April.

#### **Canadian Union of Public Employees (CUPE) - (WDH)**

We have completed two days of bargaining with CUPE on January 9 and 10 and have a third day of bargaining scheduled for January 23. I would like to recognize and thank our hospital bargaining committee for their work to date: Rhonda Scheeringa, Brent Boshart, and Barb Major-McEwan. The CUPE bargaining committee was comprised of Ron Baird, Carolynne DeBoer, and Debbie Jefferson.

#### **Service Employees International Union (SEIU) - (LMH)**

We have completed three days of bargaining with SEIU in December and January. There are a number of agreed to items, including scheduling language changes, call-in language clarification, an increase to lead hand and clinical nurse lead premiums for the selected positions, and an increase to uniform allowance where they are required. There is one SEIU coordinated proposal, RPN wage adjustment, that SEIU has forwarded to arbitration. We have notified the Ontario Hospitals Association (OHA) who will represent the hospital at the arbitration. I would like to recognize and thank our hospital bargaining committee: Rhonda Scheeringa, Steve Baxter and Justine Leslie. The SEIU bargaining committee was comprised of Bobbi Loughran and Danielle MacDonald.

### **Recruitment:**

In Human Resources, we have received a resignation from the Listowel site Scheduler; therefore, our Human Resources Assistant will continue to cover for that position until we can successfully recruit. The HR department has struggled to maintain a full staffing complement over the past year due to a

retirement, a pregnancy leave, and a temporary position, so we are hopeful that this recruitment will stabilize our department staffing.

### Legislation:

Bill 148, Fair Workplaces, Better Jobs Act 2017, received Royal Assent on November 27, 2017. A number of changes were required for implementation on December 3, 2017 and January 1, 2018. We have reviewed our policies and made applicable changes where necessary, specifically related to the new and enhanced leaves of absences. We have implemented processes to track the paid and unpaid Personal Emergency Leave days through our payroll system (ten in total; 2 paid and 8 unpaid). Further, we have assessed our collective agreements and non-union policy to ensure that we are in compliance with the 3 weeks of vacation entitlement after 5 years of service. With respect to the changes in holiday pay, we are following collective agreement language, taking the position that we provide a greater right or benefit.

### Staff and Provider Surveys – Excellent Care for All Act (ECFAA):

The Excellent Care for All Act (ECFAA) requires that the organization surveys staff and providers every 2 years for their input and feedback with respect to satisfaction/experience working with or in the hospital and their views about the quality of care provided by the organization. In the past, we have utilized Accreditation Canada's Worklife Pulse and Provider Worklife Pulse surveys to obtain this data. The Leadership Team has not found the results to be specific or sensitive enough to understand potential changes that could enhance satisfaction and quality of care. As such, we will be developing a short survey this year that is intended to provide a greater understanding of our workplace culture and potential options for improvement. This survey will be implemented shortly to provide baseline results for our 2018-19 Annual Quality Improvement Plan and will be repeated in this upcoming fiscal year.

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

#### **MPP Engagement**

Representatives from the hospital and Family Health Teams including board members met with Randy Pettapiece and Lisa Thompson to discuss local and provincial health care issues. As always, it was a cordial and open discussion. Both MPPs take a strong interest in health care within their ridings. They were particularly interested in the financial and capacity challenges currently being experienced by hospitals in the province. Advocacy information from the Ontario Hospital Association was shared with the MPPs.

#### **Budget Preparations**

Draft capital and operating budgets will be presented to the Board in January. Approval is expected in February. Both operating budgets are balance for 2018/19 and capital budgets are approximately \$1,000,000 per site.

#### **Facilities Activities**

Replacement of the roof at both sites is currently in progress and must be completed by March 31<sup>st</sup>. The Hospital Infrastructure Renewal funding will be lost if not spent by the deadline. While this necessitates replacing roofing during winter, the contractors are held to the same warranty standard. Approximately \$5,000 of costs for damaged supplies and air testing were incurred in Listowel when excessive dust was

disturbed during the demolition of the old roof over the stores area. This amount is less than our insurance deductible.

Listowel and Wingham are each receiving \$25,000 under a new provincial Hospital Energy Efficiency Program. Once again, the funds must be spent by March 31<sup>st</sup>. New over bed and over sink lighting will be installed. These funds are part of the province's carbon tax revenues.

A plan will be developed to address recent issues with overhead water lines at Royal Oaks. A new accessible shower and tub room will be completed in Wingham before the end of January. This project was completed by hospital maintenance staff as part of the work to prepare for larger renovations on the 2<sup>nd</sup> floor.

### **Improving Efficiencies**

We continue to focus on understanding overtime costs in the Wingham inpatient care area. Overtime costs are due to a combination of missed breaks, sick replacements, and staying late. We are having a staff meeting on January 29 to brainstorm process changes that will support our staff to care for their patients and themselves, prevent burnout, and improve overall efficiencies.

With a special thank you to Kerri Steven for developing the reports, we have the ability to review sick time and overtime by department within the organization as part of our monthly financial statements.

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

#### **Huron County Airport Review**

Huron County has commissioned a review of the Goderich and Wingham Richard W. Levan airports. Our feedback to the consultants was the need to maintain capability at Wingham for Ornge air ambulances. The recommendations in the draft report include suggestions for expanding and improving the operations of the airport in Wingham including the long term development of a helipad.

#### **Wingham Police**

The Township of North Huron is currently evaluating an OPP proposal for policing compared to the current Town of Wingham force. We did not state a preference for which patch is on the shoulder of the officers as we currently receive an excellent response from the Wingham Police Service to the Wingham and District Hospital as well as an excellent response from the OPP to the Listowel Memorial Hospital.

It is very important to us that the response times remain timely. Like most small hospitals in Ontario, we do not have security services on site and rely on local police. Patients with mental health challenges, violent patients and visitors, missing patients, safety and security concerns are all reasons that we call police and require a timely response. In the absence of a responsive local police service, providing on-site security services 24/7 would impact our budgets by at least \$500,000 per site annually. The only specific question that was expressed following the public meeting was needing to understand better how the OPP could maintain a timely Wingham presence from a Huron County headquarters located in Clinton. We have communicated directly with council on this issue.

**Clinical Informatics**

Clinical documentation will begin in the LMH ED on March 1 and in the WDH ED on March 15. ED nursing staff are looking forward to a cohesive patient record. Education for clinical documentation is scheduled for February. Cerner will be on site to assist our informatics team to implement changes. Vital signs integration will occur concurrently, where the patients’ vital signs will flow directly from the monitors into the patients chart in both the emergency departments and the inpatient areas. This will reduce duplication and risk of incorrect transcription.

**Laboratory**

The regional RFP to replace the current blood bank testing equipment is completed and a contract signed. The instrumentation will be interfaced to the Cerner Hospital system eliminating the possibility of transcription error when reporting results. We will be the first labs in North America to interface this particular instrument to Cerner (previously interfaced to Cerner in the UK). The new instrumentation is expected to be operational in April 2018.

LWHA and South Huron Hospital received Small and Rural Funding to further develop interfacing of orders and results between our Cerner Laboratory System and HPHA’s Meditech system. LWHA had previously implemented orders/results interfacing for blood testing, but not for Microbiology testing. There was some concern about London’s capacity to build the Microbiology interface. This has been resolved and the project is actively underway, with go-live expected in April 2018. The interface will improve reporting times.

In my previous report, I noted significant downtime with one of our core lab instruments. It has been resolved and is stable with no further issues.

**CT**

On December 8<sup>th</sup>, 2017 we started with consistent 24x7 CT availability. In the chart below, the CT Department Costs include staffing, supplies and the \$13,000/month vendor maintenance costs (actual maintenance costs do not start until June 2018 – end of warranty period). Utility costs are not included as they are difficult to ascertain for CT only. If we attribute all CT operational costs to ED and inpatient exams only, the cost per exam is \$292 and \$350 for Nov/17 and Dec/17. Prior to CT implementation the South Bruce Grey Health Centre (Walkerton) invoicing for a CT referral was \$375/exam. In addition, LMH is saving the transportation and nursing accompaniment costs which in our CT business case, averaged \$29,000/yr. WDH is also saving some nursing costs which have not yet been quantified.

	Nov 2017	Dec 2017
LM ED, IP CTs at LMH	53	43
WD ED, IP CTs at LMH	31	28
Total CT Department Costs	\$24,529	\$24,876
Cost Per ED/IP Exam	\$292	\$350

### **Diagnostic Imaging**

Mammography tomosynthesis (3D breast imaging) is installed and training is complete. This technology is used on all breast callback exams.

The new Listowel fluoroscopy unit has been well received for its improved image quality. Initially, we had some re-occurring issues with motors failing but this seems to be resolved. We have hosted two site visits from other hospitals considering this unit. As specified within our contract, Christie Innomed pays us \$1500 per visit. Christie Innomed is working on marketing material, and will be hiring a local photographer to work with their marketing coordinator to produce images of our equipment. The Wingham fluoroscopy unit is installed and training is underway. The Wingham general radiology room will be de-commissioned the end of February and asbestos abatement will follow in preparation for the installation of the new digital radiography equipment.

Stratford General Hospital is upgrading their CT unit and we will take some of their referrals during their 3 week downtime (Feb/March). Hanover has requested our assistance with CT tech training in the spring. Starting January 31, 2018 a new South West LHIN MRI requisition will be mandatory when ordering a MRI. This is a result of the Medical Imaging Integrated Care Project which has a mandate to improve both patient access and the appropriateness of imaging services within the LHIN. A standardized CT requisition is expected to follow with the next six months.

### **Health Records, Privacy, Security**

No privacy breaches were detected in our electronic systems for the months October to December. The Information and Privacy Commissioner of Ontario Office (IPC) has released details on the now required privacy breach statistical reporting. We are updating our Incident management system to capture the required details. A more serious breach requires immediate action and detailed reporting to the IPC. A less serious breach only requires annual statistical reporting to the IPC.

Ransomware is the fastest growing cybercrime which uses malicious software to encrypt your data and then demands payment in bitcoin to recover files. As social engineering is a common tactic used, staff education is one of the best lines of defense. Previously, we created staff awareness through email and the hospital newsletter. This past November, we conducted a “phishing” exercise in which we sent a bogus email to all staff, which attempted to trick them into providing their email account credentials. We were able to monitor staff response and 20.8% of staff entered their credentials in our bogus link. This exercise illustrated the need for further education. Recently, employees have been sent a more comprehensive Cybersecurity course in our online learning system. We will conduct another phishing exercise looking for improvement. We assisted both Family Health Teams in conducting a phishing exercise and shared our course with them.

In addition to education, the IT department has been working through additional planning in preventing and recovering from a cyberattack. Some of the completed work includes: redundant SAN (disaster recovery), new backup solution, review and limit account file permissions, updated firewalls. Work in progress includes a wireless network assessment, upgraded malware software at the desktop, cyber security incident response and business continuity plan. Future plans include various policy work, and

other hardware upgrades. Our hospital insurer, HIROC recently distributed a whitepaper on cybersecurity which is a helpful resource.

### **Other Board Highlights**

Kerri Steven, Financial Analyst, reviewed quarter 3 financial results for the Board. Both sites are currently in a surplus position as a result of a late announced funding increase from the Ministry of Health and Long Term Care.

The 2018/2019 operating budgets and capital budgets for both sites were also presented to the board. These budgets will be reviewed and approved at the February meeting. Both budgets are balanced and have been submitted to the SWLHIN.

Shannon Maier provide an accreditation debrief as the board education. The board congratulates all staff of the Listowel Wingham Hospitals Alliance on a job well done.