

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

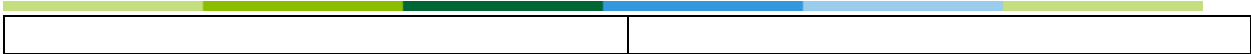
Clinical Documentation Project

London Health Sciences Centre (LHSC) have informed their Cerner Hospital Information System partners that they are unable to initiate the Clinical Documentation project in 2018/19. They have a new CEO and are currently working on a strategic plan to prioritize their projects and initiatives. This is disappointing news for the other 10 hospitals in this arrangement. LHSC is accountable for over 50% of the budget for the system. Without LHSC's participation, the project will be delayed. We anticipate learning more from London in early June.

Accreditation Follow-up

A leadership debrief was held 6 months post accreditation to ensure that important patient safety work that was incomplete is continued, and changes put into place are sustainable. We reviewed lessons learned and opportunity for improvement for our next cycle. Accreditation is an expensive and intensive process. It is important to us that we are getting the most out of the results and striving for sustained excellence. Of note, the Accreditation Canada Survey is one of many reviews and legislative oversight requirements. Others include pharmacy accreditation, diagnostic imaging accreditation, and lab accreditation. We reviewed outstanding items to be addressed, which are as follows:

Opportunity for Improvement	Plan to Address
Patient partnerships and governance: understanding culture, partnerships and patient priorities	This year we are working on a video project to share common goals and improvement opportunities at all levels, to gain insight into patient perspective, and continue to work towards enriching life's journey together. We are also telling patient stories at various meetings to support ongoing work and continue to focus our efforts on the quadruple aim.
Patient and family input lacking in several areas including resolution of ethical issues/dilemmas, quality improvement initiatives, participation in the development of job descriptions, roles and responsibilities, job design, and program changes.	We will develop a Patient and Family Advisory Committee (PFAC) in collaboration clients and their families. This committee will allow us to collaborate with patients/families through information sharing, consultation, discussion and partnering on program on areas identified, aligning with our 2017 LWHA Patient & Family/Caregiver Engagement Framework .
Preventative maintenance	A more robust preventative maintenance system is currently in planning phases.
Surgical services: locked doors, wooden shelves, faucet taps instead of foot pedals	Some of these concerns will be addressed through redevelopment and other identified structural changes will be prioritized.



Professional Practice

Christine Reyes, the coordinator of professional practice will be joining the quality teams to ensure projects are supported with education and access to best practice standards. Clinical managers and Christine will be meeting to assess projects, working groups, and quality improvement initiatives to reduce duplication of meetings, data sharing, and stakeholder time.

Mother Baby

The labour and delivery room renovations are complete with new paint, flooring and cupboards. An Instagram account has been opened (lmh_mother_baby) and Facebook has been updated with the before and after pictures.

Recently we had a program review with the Southwestern Ontario Maternal Newborn Child and Youth Network (MNCYN). The team onsite included a professional practice nurse specialist, a neonatologist, and an obstetrician. They evaluated the program and spent the afternoon reviewing cases with our physicians, nurses, and midwives. This event was very well attended and participants expressed value in the exercise. Overall, our practices are well aligned to current standard for a level 1 facility.

Our team is excited to be starting the Managing Obstetrical Risk Effectively (MORE OB) program this fall, with planning well underway. This evidence-based program will ensure standard levels of knowledge amongst staff, effective crew resource management in times of crisis, and support a continuous focus on quality improvement.



Pharmacy

We recently had an Ontario College of Pharmacy inspection. We are working through some

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recommendations to improve safety and meet standards specifically around narcotics. We will be looking at our processes regarding narcotic access, waste, and discrepancy follow up. There are new guidelines surrounding the compounding of hazardous sterile preparations effective January 1st, 2019 that will have significant impact on our operating processes and monitoring systems in WDH.

Laboratory

The new blood bank testing equipment is installed in both Wingham and Listowel. Training has been completed and validation studies have begun.

Both laboratories participated in a provincial Mock Blood Shortage exercise on May 16th-17th. In addition to the internal lab department response, a LWHA incident management team was formed to review a hypothetical response. Reports of the exercise will be filed with Canadian Blood Services. A summary of the findings will be reviewed with the Leadership team and Medical Advisory Committees.

We now have a preferred plan (internally drafted) for the renovation of the LMH lab. We will be looking externally to complete final drawings and cost estimates in time for capital planning in early Fall.

Diagnostic Imaging

Installation and applications are complete for the new digital radiography room in Wingham. The Listowel Digital Radiology room is planned to begin in June.

Christie Innomed has developed a case study report about the LWHA installations of the GMM Opera Swing (fluoroscopy) to use for publication on their website as well as a promotional tool. With the LMH Opera Swing installation, we had early issues with motor failures, the last one occurring December 2017. We have been informed that this has resulted in a new and improved QA at both the European motor manufacturer as well as the GMM facility in Italy.

We are considering the decommissioning of the older mammography unit. Its quality does not match our other unit. We are still working with Christie (vendor) to see if there are any further improvements we can make before making this final decision.

Regional PACS installation has been delayed by London from June to fall of this year.

CT one year anniversary will be June 12th. We will have performed just over 2000 exams by that date. We are very proud of the quality of our cases, as well as our improved patient care that it is providing to our communities. For the period of January to April 2018, the total CT department cost divided by the number of ER/Inpatient CT exams is \$255/exam. The previous referral cost was \$375/exam. This is a \$55k savings in the four month period.

Health Records and Privacy

No privacy breaches were detected in our electronic systems for the months of March to mid-May. Since January 1, 2018, we have been tracking minor breaches for statistical reporting to the Ontario Privacy Office. To date, we have experienced several minor breaches, most involving misdirected faxes.

Mental Health & Addictions

We are working with our EMS partners in both Huron and Perth to improve transitions for patients experiencing a mental health crisis who have been placed under a Form 1, due to being at risk of harming themselves or others. We are looking for ways to connect with patients in order to understand best approach for improving experience, and to get them transported quickly and safely to a schedule 1 facility for expert psychiatric care.

We are offering to support champions from the Emergency Room (ER) to attend Mental Health First Aid to help us identify areas of opportunity for improving care and outcomes for patients experiencing a mental health crisis. We are looking to build frontline capacity and expertise in providing high quality care to our mental health and addictions patient population.

IT and ER leadership has developed a process to test and maintain Ontario Telehealth Network for quick/reliable access to Crisis support.

Workplace Violence

We continue to work on the QIP Driver Diagram and workplan for preventing incidents of workplace violence. Our current work is focusing on promoting reporting into the RL6 risk reporting system and understanding if there are any barriers to reporting – this helps us to understand our risk and any trends. Further, we are surveying managers/leaders to understand their processes for investigating and following up on incidents with a goal to provide education where gaps arise and establish standard investigation processes. These items will be reviewed with the Joint Health and Safety Committee and we will trial and evaluate any of these related change ideas over the summer. Additionally, in early June, the Health and Safety Officer and HR Assistant are meeting to develop a plan that will ensure that any staff who have not completed the Non-Violent Crisis Intervention training refresher course are enrolled in a course this year and that any new staff are enrolled in the initial training program. Refreshers for this course are required every 2 years.

The Workplace Violence Quality Improvement Plan (WPV QIP) also included a target to complete departmental risk assessments for workplace violence by March 31/19. Earlier this month the Ministry of Labour completed a field assessment at the Wingham site and we received a planning order to submit by May 31. A second order is expected in the future whereby the full assessment and controls document will need to be completed. The Planning order requires that we have a plan for each area and that this is reviewed with and agreeable to a worker representative of the Joint Health and Safety Committee. With the JHSC and the Managers, we have a well-established plan and commitment to completing the preliminary risk assessments by May 31 and then we will establish our departmental controls, such as education, policy/process work, equipment or reconfiguration, resource support etc. in efforts to comply with the second order when received.

Health and Safety Officer Recruitment

We are pleased to announce that we have hired Danielle Bean as our Health and Safety Officer. Danielle is settling in to her role quickly and has plans in place for Vulnerable Sector evaluations at each site over the next month as well as completing the NVCI train-the-trainer program. She is quickly trying to understand pertinent safety programs, such as Code Red response (Fire), WHMIS, and workplace violence. She is a great addition to our organization and to the HR team.

Cultivating a workplace that nurtures individual and collective potential.

Recruitment

We are excited to welcome new physicians to the Listowel Wingham Hospitals Alliance. Dr. Justin Puntillo and Dr. Sean Henderson will be working together in the Lucknow Medical Centre. They will also be providing inpatient and emergency care at the Wingham and District Hospital beginning in July.

Dr. Anthony Davies will be providing family medicine services at the Fisher Family Primary Care Centre and emergency, inpatient and anesthesiologist services at the Listowel Memorial Hospital starting in July.

Our physician recruitment efforts will continue as we have additional physicians actively planning for retirement.

Internal / external recruitment remains active. Some vacant positions include: Storekeeper (LMH), Skilled Trades / Maintenance (each site), health records transcriptionist (LMH), nutrition assistant (WDH), and registered nurses and registered practical nurses (temporary and permanent across the 2 sites). We are pleased that recent efforts have secured a Manager of Clinical Services, 5 part-time RNs between Wingham and Listowel, RPN (Wingham), Scheduler (Listowel), Health Records Technologist (Listowel), and Medical Lab Tech (LWHA).

Joy in Work

Surveys will be conducted throughout the year to measure improvements in joy in work. The May survey had over 120 participants answering the short survey. The Joy Meter came in at 71% which is an improvement from the original survey results of 65%. A Joy in Work calendar has been created to actively plan upcoming events and recognition activities.

Research has shown that a significant contributor to joy in work is the conversations that managers and coordinators have with front line staff regarding “what matters”. The leadership team recently spend time discussing the importance of these conversations and building some capacity to have more of these conversations with their staff. These conversations will be carefully planned to help us collectively understand purpose in work, impediments to experiencing joy in work, and to brainstorm local improvement ideas that can enhance processes and systems that could address barriers to work

Medicine/Inpatient Emergency Clinical Nurse Leads

We have implemented the new clinical nurse lead position in both Listowel and Wingham to improve patient flow, increase access to quality care, maintain efficiencies, enhance communication between

departments, and continue to standardize care and support nursing leadership across our two sites. We are happy to announce that Jenn Beyersbergen at LMH and Zak Ashley at WDH are the successful candidates for the new roles. Working together with our teams, we will develop standard work and processes that will support excellent patient care delivery to our communities. Expectations will be developed and modified over time as we work out the details.

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

Finance

Both hospital corporations had modest surpluses from hospital operations and breakeven financial results once all building and capital amortization is accounted for. Although, the capital expenditures in both hospitals have been challenging cashflow, both hospitals are financially stable. Clean audit reports will be presented to the Board.

Redevelopment

Anticipation continues to increase as we get closer to move day for some significant departments and functions.

We are still on track to meet the following move dates:

- Move to temporary ambulatory care and specialist space – June
- Move to new Oncology, Pharmacy, Gift Shop and Foundation Office – late July, early August
- Move to new Team Station – August
- We have discovered some items that must be upgraded or replaced as part of the redevelopment that were detailed in the construction documents as ‘owner responsibility’, which were not captured in our project budget. We are currently determining the extent of these items, the costs and potential financing sources. One example is the nurse call system in the team station.

The schedule for the operating room shut down at WDH was extended to 11 months. Though disappointed, we are working on plans to optimize services and improve efficiencies during the shutdown. We are working on a plan to redirect surgical cases to Listowel and investigating opportunity to perform additional procedures safely in our temporary space. We will dedicate time during the shutdown to assess current processes that may be leading to higher overtime costs and opportunity to reopen with improved utilization metrics.

Overtime/Sick Time

Listowel: To the end of April, organizational overtime was at 1.22% with organizational sick time at 2.29%. Targets for each of these are less than 2%.

Wingham: To the end of April, organizational overtime was 10.15% with organizational sick time at 2.41%. Targets for each of these are less than 2%. Primary contributors to overtime were in the nursing areas related to staffing and sick time. Recruitment efforts, regular staffing assessments, and cross-unit orientation are focused strategies to mitigate costs in the short-term and longer-term.

Benefits

The Shared Benefits Committee, comprised of 16 hospitals from the South West LHIN are undertaking a Request for Proposal (RFP) for group insurance services (i.e. Group Benefits). Current agreements end on March 31, 2019. It has been 6 years since we have undertaken the RFP process for group purchasing of benefits and at that time, all hospitals were on individual plans. At the time of this RFP, the participating hospitals are already on one provider and have committed to the same arrangement moving forward. The RFP closed on May 11, 2018. The evaluation committee is rating the submitted RFPs and will meet on May 30 and June 1 for presentations from the providers.

Cultivating partnerships to offer a seamless patient experience.

Wingham Community Support of Recruitment

The greatest challenge encountered in welcoming Dr. Sean Henderson, his wife Mandy and 4 children to Wingham was finding suitable housing. Appropriate rental accommodation was not found. The Wingham and District Hospital Foundation and private investors worked together to arrange a creative solution that allowed the Hendersons to purchase a home in Wingham. From the Foundation's perspective, the mortgage investment is consistent with the requirement for investments that a prudent investor would consider.

Lucknow Medical Clinic

The Hospital and North Huron Family Health Team continue to manage the operations of the Lucknow Medical Clinic. Locum and Nurse Practitioner coverage is arranged through mid July. The timing of renovations in Lucknow has not yet been determined.

Ontario Election

Once an election writ is dropped, a lot of government activity and all government announcements cease. We will not receive final funding allocations for the Hospital Infrastructure Renewal Fund, the Small, Rural and Northern Transformation Fund or the Hospital Energy Efficiency Program. Announcements are not expected until the fall. Delayed announcements make it challenging to meet the procurement requirements and complete projects by the March 31st deadline.

South West LHIN Leadership

Ron Sapsford has recently been appointed as the Interim Chief Executive Officer of the SW LHIN. Ron has held many executive health care roles in his career, including Chief Executive Officer of the Ontario Medical Association, Deputy Minister of Health and Long-Term Care, Executive Vice President and Chief Operating Officer of Hamilton Health Sciences Services Corporation, and Chief Operating Officer of the Ontario Hospital Association. This appointment follows the recent departure of Kelly Gillis, Vice President, Strategy, System Design and Integration as well as Cathy Faulds, Vice President Clinical. The significant changes in Leadership at the LHIN have been impacting initiatives intended to improve patient care in the region.

Clinical Informatics

Single encounter testing is complete with input from clinicians. We will go live with this enhancement in September of 2018. It will allow the physicians to transfer orders for the patients once admitted without

duplication in order entry. This will significantly reduce clerical burden and duplication. In terms of patient safety, this will reduce the risk of orders not crossing over onto an admitted patient's admission record and enhance staff/physician trust in the system.

Other Board Highlights

Linda Bross of BDO Canada presented the auditor's report for both hospitals. Clean audit reports were received with Listowel recording an operating surplus of \$462,137 surplus and Wingham a \$462,699 surplus. The surpluses are relatively minor compared to our total revenue and were primarily driven by a 1% funding increase provided by the Ministry of Health and Long Term Care and by a lower amortization expense due to timing of capital projects. The surpluses will be invested in capital improvements.



**Corporation of the Listowel Memorial Hospital
Corporation of the Wingham and District Hospital**

WEDNESDAY, JUNE 13, 2018

**ANNUAL MEETING & ELECTION OF DIRECTORS
7:00 PM**

**WINGHAM AND DISTRICT HOSPITAL
BOARD ROOM
285 CATHERINE STREET
WINGHAM, ONTARIO**