

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

Oncology

In June, Cancer Care Ontario identified a variation in practice related to systemic therapy administration, which resulted in a lower than expected dose delivery in several hospitals across Ontario. The drugs were high concentration, low volume treatments. Depending on the pump and IV tubes used, there could be a material amount of drug left in the tubing at the end of the treatment therefore not reaching the patient.

Twelve patients in Wingham received a smaller dose than ordered. A small variation in dosing (approximately 10%) has not been shown to affect patient health outcomes adversely. It was identified that there was a 12% variance at the Wingham site (2% outside of the acceptable range). An oncologist from the London Regional Cancer Program reviewed all 12 cases and concluded that none of the patients were negatively impacted, and no change in treatment regime was required i.e. no harm identified. We have taken steps to immediately correct the administration process and ensure patients are receiving the full dose.

We disclosed this information to 7 patients and also offered them the opportunity to speak with their oncologist. The other 5 patients were deceased and no disclosure was made. The disclosure information was well received by patients and no further follow-up was required. There was some national press coverage of this issue that mentioned the Wingham Hospital.

We are delighted that Dr. Moores has begun training in oncology and will be taking over for Dr. Gear. Recently we requested an LRCP data team conduct a review to determine if we are missing potential cases in relation to our three-day operating model. The team reported that additional chemo days would not result in any additional volume in Wingham.

Chemotherapy Funding

As expected, Cancer Care Ontario is ending their transition funding program for systemic therapy treatments from which we received \$350,000 per year. Going forward we will only receive \$300 per treatment with which we have to cover all costs of the program. The transition funding will end over the next 3 years although they have not yet provided organizational level impacts.

Professional Practice/ Clinical Informatics

Skills day is booked for four full days in October and November and the schedule is being finalized. Topics will include Trillium Gift of Life organ donation education, airway management,

suicide screening, transfer of accountability, obstetrical care and lab point of care.

There are two sessions for Mental Health First Aid booked. There has been keen interest from within the hospital and there are several seats reserved for the North Perth and North Huron Family Health Teams to participate.

Cerner single encounter training went very smoothly and we saw a successful roll out on September 16th. Single encounter allows a smooth transfer of patient information from the emergency section of their electronic chart into the inpatient section of their chart. The Clinical Informatics team did at the elbow teaching with physicians, in class with registration, and on-line training for nurses.

Mental Health and Addictions

Social work from LWHA and the FHTs have met and are working to identify gaps in resources for mental health and addiction patients between acute and chronic social work involvement, improving access to coordinated care plans, and staff understanding of available community resources in absence of social workers. Grand rounds have been initiated and complex cases will be discussed with the care team to plan for improved experiences and communication in the emergency room department and beyond. We have met with the coordinator of Health Links for Huron and Perth to understand the most accessible way to house and share coordinated care plans for mental health patients.

Naloxone in the Emergency Room

Part of the Ontario Opioid Strategy is making Naloxone kits more readily available to patients at risk of opioid overdose. Naloxone counteracts the effects of an opioid overdose and prompt administration can save lives. Kits will prevent death in patients suffering from opioid addiction, and accidental deaths such as in patients with high dose narcotic prescriptions that have potential to mismanage their medications, and in children that have accessed medications from a family member. Kits can be given to patients requesting them, and caregivers or family members of folks at risk of overdose. We are working with Public Health to support this initiative at both sites. Development of policies are underway and will be going to MAC in October.

Mother Baby Refresh

The Regional Perinatal Outreach Maternal Newborn Child and Youth Network completed a review of our Mother Baby program. The final report was received in July. Leadership has reviewed the recommendations. They will be placed on the agenda of the mother baby quality team to plan for implementation. Overall, we were commended for the ongoing work of the program and steering committee to make improvements in efficiencies and volume. They recognized strengths such as adherence to the baby friendly initiative, overall complete documentation, and facility

improvements.

Managing Obstetrical Risk Effectively (MORE OB program) has kicked off and the initial orientation of the core team begins on October 16th. An open house will be held to celebrate the renovations in the New Year.

Falls

We have revamped the falls policy and streamlined reporting by decreasing the number of available contributing factors, a mandatory field in our reporting system. We have added environmental, equipment, and human factors to the management section of the tool for trending purposes. Online education will be rolled out. We continue to audit and review falls charts with the clinical teams and are looking at emerging research around mobility and falls prevention.

Cultivating a workplace that nurtures individual and collective potential.

Physician Transitions

Drs. Puntillo and Henderson settled into the Lucknow Medical Clinic for a few weeks before moving into space in Royal Oaks in late August. Renovations to the Lucknow Medical Clinic started September 4th. These renovations are being supported by the Townships of Ashfield Colborne Wawanosh and Huron Kinloss.

Dr. Shubat was presented with a retirement gift on behalf of the Wingham and District Hospital and had good attendance at a come and go reception in Lucknow.

Work continues in assisting Dr. Gear with her retirement plans later this year. An announcement is expected shortly identifying Dr. Gear's replacement.

Dr. Davies has settled into his practice in Listowel. Drs. Davies and Gateman have assumed the roster of Dr. Rex Warren who has retired.

Physician recruiters Jan McKague Weiser and Kim Kowch along with Family Health Team Executive Directors Barb Major McEwan and Mary Atkinson deserve acknowledgement for the work undertaken to assist with the physician transitions.

Chief Financial Officer

The plans to allow Barb Major McEwan to transition to the role of Chief Financial Officer are almost complete. Barb will gradually divest of her responsibilities with the North Huron Family Health Team and assume her new responsibilities with the Listowel Wingham Hospitals Alliance. We expect the transition to be fully complete by mid December.

Chief Information Officer

After over 30 years of continuous service, Brent Boshart will be retiring September 28th. While Brent is very modest, his impact on the hospitals and Alliance is almost immeasurable. Leading by example, Brent's calm manner will be missed. He is clearly looking forward to spending time with his family. We all wish Brent the best in retirement.

Pharmacy Sterile Compounding Lead

Due to significant changes to pharmacy guidelines effective January 1, 2019, we have implemented a new role for a pharmacy technician. The Sterile Compounding Lead role will be starting on September 24th. Sandra Morrison is a full time pharmacy technician and will be supported through the training. Though this is a mandatory role, it is also a great opportunity to build capacity in safety and support excellence in medication preparation delivery in our new oncology space.

Nursing Recruitment

LWHA has been busy recruiting nurses at both sites this summer. We are excited to report that we have on boarded seven nurses in Listowel between the emergency department and medicine, several being trained in multiple units. In Wingham we have hired six multiple unit nurses. This will help fill maternity leaves and retirements, and assist us in reducing our overtime costs.

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

Redevelopment

We have moved into the new oncology space and pharmacy. The oncology space has been described as the nicest clinical space in the hospital. The Foundation is in their new office and the Auxiliary are excited that their gift shop will be re-opened shortly. Visiting specialists are settled into space just beyond rehab on the first floor. A community open house of these areas along with the team station and new diagnostic imaging equipment is planned for October 18th.

A delay in the team station construction has been a disappointment for many of us, although it is nearing completion. Now that asbestos abatement is completed on the second floor in advance of the medical device reprocessing department construction, the contractor has expressed some concerns about the building structure in this area. This is disappointing for us as the structural issues identified on the first floor caused a significant project delay and increased costs. We must wait on the architect's solution for the structural issues identified on the second floor before knowing the impact.

Information Technology Infrastructure

We have had several incidents in the last 6 months where connectivity to our internal network and linkages to other hospitals were lost. With our reliance on electronic medical records, these outages are a significant event in the hospital as well as for our physicians and family health teams who share the same network infrastructure. The construction in Wingham in and around the main network closet has been a challenge. Procedures have been put in place to protect the network during the remainder of the construction. The wireless network will be updated in both hospitals this fall and we are currently preparing plans to upgrade the other components of our IT network in fiscal 2019/2020.

Pharmacy/Oncology Efficiencies

New pharmacy guidelines and oncology funding changes will affect wastage costs particularly in our oncology program, related to beyond use dating practice changes. Pharmacy, finance, and the oncology manager are working together to better capture waste and unfunded drug costs in the oncology program, so that variances are easily detected and reviewed. We are also investigating current adherence to processes around the checklists and communication between nursing and pharmacy that triggers the preparation of oncology medications. Professional practice and management will be putting an education plan in place to ensure clarity around these procedures and impact of communication failures on wasted medication.

Cultivating partnerships to offer a seamless patient experience.

New Provincial Government

The new provincial government continues to study the financial and capacity issues within health care. They repeatedly use language such as:

- Transformation
- Innovation
- Ways to operate more efficiently
- Restraint
- Address capacity – end hallway medicine
- Commitment to find \$2 billion in “efficiencies”. Health is 40% of the provincial budget.
- Hospitals are community assets, operating 24/7 and the expertise in hospitals needs to be leveraged to support health care outside hospitals.

The provincial government cancelled the Hospital Energy Efficiency Program shortly after taking office and the Small, Rural and Northern funding appears to be at risk of also being cancelled.

I had the opportunity to meet with both Randy Pettapiece and Lisa Thompson subsequent to the election to discuss local health care issues. They are both very supportive of local health care. The freeze in government activities before and after the election was delaying a significant payment from the province for their 90% share of the Wingham redevelopment. Randy and Lisa were both helpful in getting this money released to us.

South West LHIN

LHINs are impacted by the freeze that occurs during the election period and until the new government has assumed office. This, combined with an interim CEO in place at the SW-LHIN as resulted in a period of unusual quiet in terms of our interactions with the LHIN.

100th Anniversary

Plans are underway to celebrate the 100th anniversary of the incorporation of the Listowel Memorial Hospital in June 2019. The event will be acknowledged with a community BBQ and commemorative newsletter. Mark Tarbush and Gary Moon have volunteered to assist with compiling content for the commemorative newsletter.

Royal Oaks

We have provided tours and started discussions with two potential tenants for the Royal Oaks Health and Wellness Centre.

Aggressive Behaviours Strategy

With what seems to be growing volumes of patients demonstrating aggressive behaviours related to dementia, disease processes, mental health etc., a strategy that addresses staff safety, prevention of injury, and delivery of high quality care is a priority. Efforts through the workplace violence QIP indicator are helping to raise awareness, improve safety, and build capacity in staff to prevent violent behaviour. We are exploring ways of understanding the volumes and demographics of this patient population. We recognize that patients demonstrating responsive behaviours are difficult to care for, especially in a rural setting with limited on site specialty resources. A standardized approach and equitable access to supportive regional services will help to ensure we are giving high quality care to this cohort of patients, which will be increasingly important as long-term care placements become more difficult to access.

Other Board Highlights

At his last board meeting of his career Brent Boshart made a presentation on the Laboratory Services provided at both the Listowel Memorial Hospital and the Wingham and District Hospital. He noted some of the successes that the labs have had including the Institute for Quality Management in Healthcare Accreditation. Listowel was 99.8% compliant and Wingham was

LWHA Board Highlights – September 2018

99.5% compliant with 433 requirements and at Accreditation Canada survey LWHA laboratories were 100% compliant with 172 standards.

The Board of Directors presented Brent with a departure gift and commented on how much he will be missed and wished him well in his retirement.

Ainsley Morrison, Quality and Patient Experience Coordinator, presented the Quality Improvement Plan results to the Board for the first quarter of the fiscal year. Updates on Risk Management and Patient Feedback were also presented.