

## In Brief

- Dr. Mark Moores presented the need and challenges faced by Wingham in recruiting new physicians to the community. The rent model for the Royal Oaks space was also discussed with the board.
- Listowel kitchen renovations are complete. Nutrition and Food Services staff along with maintenance staff are to be commended for keeping the department running smoothly and safely during construction.
- Ontario Federation of Health Care Workers bargaining took place May 16th and 17th. A tentative agreement was reached.
- New Patient Experience Surveys were implemented per department April 1. In the month of April, 60 surveys were completed cross site. Most surveys have positive remarks. Survey data will be reviewed per department through the care committees.
- Several nursing position vacancies exist in Wingham.
- Linda Bross of BDO Canada presented the auditor's report for both hospital. Clean audit reports were received with Listowel recording a \$95,000 surplus and Wingham a \$620,000 surplus. The Wingham surplus was primarily driven by one-time Cancer Care Ontario transitional funding.
- We were not significantly impacted by the large worldwide ransomware attack that sought to exploit vulnerabilities in computer systems. This type of attack will be an ongoing risk.
- The Wingham Hospital phlebotomy service (Lifelabs) will move to the Royal Oaks Health and Wellness Centre on the afternoon of May 25th.
- Our laboratories are participating in a regional RFP to replace the current blood bank testing equipment.
- Listowel Hospital has a high rate of after-hours laboratory call-backs compared to Wingham. Data analysis of ER volumes show the evening and night time volumes of emergent and urgent patients to be significantly higher in Listowel – reflective of the call-back rates.
- No privacy breaches were detected in our electronic systems for the months of mid-March to mid-May.
- In May, we went live with auto-authentication of discharge summaries. The time from in-patient discharge to the availability of a final discharge summary report is a LHIN measured indicator. We anticipate a marked improvement in our times with this change of process.
- The Wingham hospital and staff will be hosting Western medical students the week of May 29. They will be working with the local physicians and hospital staff to obtain a rural medical experience.

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

## **Oncology Staffing**

As a result of recent resignations, creative staffing models will be necessary throughout the summer for the oncology clinic in Wingham. Several strategies for staff coverage have been explored in partnership with ONA as well as neighbouring hospitals and the South West Regional Cancer Program.

### **Workplace Violence:**

We have a revised Workplace Violence Policy in September 2016 to comply with the new Sexual Harassment legislation. Flagging parameters for patients at risk of violent behavior were amended and further discussion with representatives from ONA bargaining units is underway to ensure we effectively assessing and flagging patients at time of triage / entry into the facility.

### **Maternal Newborn Steering Committee**

A steering committee meeting was held to prioritize recommendations and develop a work plan to present to the Board in June. Planned next steps for moving forward with initial changes which will focus on improving efficiencies and increasing the number of deliveries.

### **Bridges Out of Poverty**

The North Perth Early Years Centre, in partnership with the Perth District Health Unit, recently offered the Bridges Out of Poverty program in Listowel. This well attended event was an insightful learning experience into the challenges of poverty. Income is the number one social determinant of health and the impact of poverty has a significant effect on hospital services. We are currently investigating how we can offer this program to more of our hospital staff.

### **CT Implementation**

Our CT Scan implementation remains on time with the first patient scan expected to occur on June 15<sup>th</sup>. Both medical staffs have received documentation on the CT scan operation and process. They will have an opportunity to ask further questions about the equipment's capability at an open house the week after go-live. Public tours will be offered at a later date.

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

### **Hospital Auxiliary**

The Hospital Auxiliary Association of Ontario regional conference was hosted in Wingham recently. The Wingham and District Hospital Auxiliary did an excellent job and featured speakers on cancer care, diabetes and respiratory disease along with a motivational speaker. Attendance was 108 from across southwestern Ontario. Our hospital auxiliaries do an excellent job of supporting patient care through the operations of gift shops, patient support, equipment donations and numerous fundraising activities. This was an excellent opportunity for them to celebrate together.

### **Attendance Support Program**

The Attendance Support Program was implemented April 1, 2017 to replace the Attendance Management program. The Support program clearly outlines triggers for entry and exit from steps within the program. Managers and Occupational Health have had discussions with staff members on the program to reinforce the newly outlined supportive elements and intent of the program.

### **Skills Days**

Skills days in Wingham were well attended with positive feedback and Listowel skills days took place on May 16 and 17. Topics for discussion were: 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.***

**Emergency, Laboratory and Registration**

A preliminary discussion took place with Dialog Architects to outline some of our challenges with current space and functions within the registration/ER/triage area as well as the laboratory. The laboratory requires new benching and layout to meet current standards. Issues in registration/ER and triage include patient privacy, appropriate triaging space, additional examination space within ER and the development of a patient safe room. Planning funds were set aside in the 2017/18 capital budget for this work.

**Wingham and District Hospital Capital Project**

Work has been halted recently on the Wingham Capital Project to allow the hospital and contractor an opportunity to address the management of designated substances (asbestos) in and adjacent to the work area. The contract specifications indicated that all asbestos would be removed prior to construction. While this has mostly been accomplished, there have been situations where asbestos was still present in adjacent spaces or uncertainty remained with the contractor regarding the removal within work areas. There have also been discussions regarding interpretation by abatement and testing contractors of the applicable regulations. Having two designated substance inventories for some areas of the hospital also created some confusion. The hospital has been very diligent in the management of designated substances in compliance with all regulations. A new designated substance inventory for the entire building is currently being prepared to eliminate any confusion. A new site supervisor has also been appointed by the general contractor. The general contractor is expected back on site Tuesday May 23<sup>rd</sup>.

**Small Rural and Northern Hospitals**

We were fortunate to receive a 2% funding increase in the recent provincial budget. This is excellent news for small hospitals and should allow us to achieve balanced financial results in 2017/18. Larger hospitals were not as fortunate as the minimum 2% announced in the budget also included funds previously announced or expected as part payment for patient volumes.

We were also pleased to hear that the province is continuing the small, rural and northern transformation fund. This \$20 million fund has allowed small hospitals across the province to advance our IT systems and invest in change projects.

Dr. Bob Bell, Deputy Minister of Health and Long Term Care recently addressed the small, rural and northern hospitals and indicated the MOHLTC recognizes the need to invest further into rehabilitative care in the province. He also spoke to the need to increase resources targeted towards mental health and addictions.

**Research**

Listowel has been fortunate to have been chosen by Dr. Sandy Rutherford and his group from Vancouver. They studied Complex Continuing Care and its capacity and relationship to other services such as Long Term Care in the area. There were a number of interesting results including the notion that 4 more beds on the Complex Care Unit would be required to satisfy the demand in this area and accommodate the number of patients we see. It was also noted that there is a lack of Long Term Care Beds to receive patients and that this is a widespread issue for the Health System. It is to be hoped that this kind of scientific study meets with some interest at the LHIN and Government levels as it provides a much more solid basis on which to build decisions.

*Cultivating partnerships to offer a seamless patient experience.*

**South West Local Health Integration Network**

The amalgamation of the South West Local Health Integration Network and the South West Community Care Access Centre (CCAC) will take place on May 24, 2017. The expectation is that there should be no impact to CCAC or home care services as a result of this transition. Listowel and Wingham are within the Huron Perth Sub-Region.

Hospitals in the SW-LHIN continue to work together on a Mental Health and Addictions Capacity Plan as well as further refining stroke care in the region.

The SW-LHIN held their monthly board meeting recently in Wingham. Between committee meetings, the entire SW-LHIN Board took a tour of the Royal Oaks Health and Wellness Centre including primary care space, OneCare and Huron County Public Health. This was an excellent opportunity to showcase the facility and communicate the vision of a single campus of health care providers in the community. They were impressed with the reuse of a surplus school for health care and believe we have a solid core of health care providers in the facility.

**London Health Sciences Corporation**

Senior staff of the London Health Sciences Corporation have made a concerted effort recently to reach out to hospitals within the region to discuss how they can be a better support. London is the tertiary hospital and academic health sciences centre within the SW-LHIN. However, they also function as the community hospital for the City of London and surrounding area. Sometimes these roles conflict with each other. It takes a significant time to change culture and attitudes within an organization. There are strong indications from the senior leadership of London Health Sciences that they want to improve the support they provide to regional hospitals and patients.

**Royal Oaks**

Dr. Antoniadis will be moving over to the new clinic space at Royal Oaks on May 19<sup>th</sup> with his new office re-opening on May 23<sup>rd</sup>. Drs Marshall, Dr. Moores, Dr. Shuffield and Dr. Vander Klippe will be moving the following week on May 24<sup>th</sup> and 25<sup>th</sup> with their new offices re-opening on May 29<sup>th</sup>. The Clinic Lab will be closing early on May 25<sup>th</sup> in order to pack and move to the new facility and will re-open on May 26<sup>th</sup>.

A public open house and grand opening will take place at June 15<sup>th</sup> in the evening.