

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

Change Day Ontario – *The Difference is You!*

Change Day Ontario is a movement to improve quality passionate care within our province. The campaign is designed to empower members of the health care sector to pledge a positive change – big or small – to improve care. To aid in the health care experiences of others, providers are encouraged to make a pledge online at www.changedayontario.ca. There has been over 600 pledges to date! At LWHA, several ambassadors and pledges have been brought forward, from frontline staff and leadership alike. The picture below is a pledge from WDH registered nurses, Janice and Mady.



Visiting Hours

Preliminary discussions regarding establishing an open visiting policy are underway. Staff and patients will have plenty of opportunity to provide input into the implications of removing visiting hour restrictions. Open visiting hours acknowledge the importance of family and friend support in each patient's care journey. How to best manage the time necessary to provide direct patient care is a key area requiring staff input.

Clinical Documentation

Listowel and Wingham have been working closely with other regional hospitals on expanding the electronic health record. Recently, vital signs along with "ins and outs" have been incorporated into the electronic record. Additional data is being incorporated into the electronic record in an incremental, phased approach in order to minimize the impact of change. Some users would like to move quickly to eliminate our hybrid paper/electronic chart by consolidating patient records into a single electronic record. Others appreciate a slower pace of change. The regional project team has worked hard to develop a balanced approach while also acknowledging the significant cost of these projects.

Accreditation

Preparations continue for the accreditation survey in November. We are a little more than 3 weeks away from our on-site survey. Interview teams have been identified and staff preparations are well underway.

Patient Entertainment

After an extended period without televisions, we now have new televisions installed at both sites. Due to a turnover in staff that initiated this project, there remain some logistical issues to work out such as access to remote controls and billing procedures. It was challenging to address all of the requirements for patient tvs (infection control, cable packages, mobile arms etc.) at an affordable price. In the interim, we will not be charging patients for access to televisions.

Redevelopment Program Planning

In pharmacy we are currently determining the new work flow for mixing chemotherapy medications under our new hood with an added clean anti-room, as well as investigating a narcotic vault. Oncology move meetings have commenced and we will be bringing pharmacy and oncology together to map out new processes. The Oncology group is checking equipment with the architect's drawings.

The Medical Device Reprocessing Department's drawings are being modified to accommodate equipment specifications and workflow. We are working on planning and scheduling for the temporary procedure room.

The Operating Room will be closed during construction to second and third floor. Tentative arrangements are being made to develop a procedure room to allow continuation of endoscopic practice. Regular scheduled meetings for this working group will commence in December.

We are in the process of planning the WDH Ambulatory Care move to a temporary space. We are also in the early stages of planning for the future Ambulatory Care. We have mapped stakeholders and designed an engagement approach. We will look to many groups of people for feedback regarding desired/necessary services, patient flow, hours of operation, and supports needed.

Maternal Newborn Steering Committee

The physicians who practice obstetrics at LMH have met to discuss a potential call schedule/model of care that will improve efficiencies and sustainability of the program. Anesthesia has developed a call schedule including first, second, and third call which will improve timely access to care in all programs and improved physician quality of work life. The amount of \$75,000 will be invested in remodeling the existing space through painting, cabinetry, esthetics, and a call bell system.

Emergency Department Rapid Assessment Zone

A team has met to plan the initial plan-do-study-act cycle of a rapid assessment zone in the Emergency department at LMH. A project charter has been drafted and the initial trial mapped out. Many stakeholders have been enthusiastically involved in planning. The initial trial will likely begin in January 2018. The clean utility room is being transformed with supplies streamlined elsewhere. Two chairs with a privacy screen will accommodate stable patients who can be safely assessed in a chair and who will likely be discharged in relatively short order (triage levels 4 and 5). This is anticipated to improve patient flow, improve overall efficiency, preserve stretchers for sicker patients so they can be seen more promptly, and improve wait times for patients to see a physician.

Cultivating a workplace that nurtures individual and collective potential.

Chief Financial Officer Recruitment

Our preferred potential candidate for the Chief Financial Officer position declined our offer due to family circumstances. We have revisited the applications received for this position and anticipate conducting interviews again before the end of October.

Physician Recruitment

Wingham physicians met with a geriatrician regarding the need for local geriatric services. The discussion evolved into logistical details regarding how a regional geriatric service might be supported locally. This conversation will continue as this would be a highly valued service locally.

There have been a number of positive developments with respect to physician recruitment resulting in site tours and inquiries about practice opportunities.

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

Wingham and District Hospital Capital Project

Structural issues with the original hospital construction have been addressed with new structural steel installed and temporary shoring removed. Various planning teams are working to ensure smooth transitions into their new space. Temporary space for ambulatory care is also being assessed.

New boardroom and meeting (terrace room) space will be available in the former clinic in late October. A number of administrative staff will move then as well.

Accessibility Directorate of Ontario

The Accessibility Directorate of Ontario periodically conducts file reviews on selected organizations to confirm that they are in compliance with the Accessibility for Ontarians with Disabilities Act, 2005 and its associated accessibility standards. The Wingham and District Hospital was selected for a file review. While we have accessibility policies in place, we were unable to show a clear linkage between a board approved organizational commitment to addressing accessibility and the current policies. It was apparent that our accessibility policies were developed individually as new accessibility standards came into place. We will be developing a document outlining our organizational commitment to addressing accessibility and redrafting applicable policies.

LMH Facility Improvements

The LMH laboratory is in need of improvements to meet current laboratory accreditation standards. The location of the laboratory in an older section of the building adjacent to one of the busier corridors increases the complexity of the project. Since we will not be relocating the laboratory, consideration is being given to an alternative design approach that utilizes laboratory staff knowledge of local laboratory requirements supplemented by industry expertise and design consultants.

Budget Preparations

The SW-LHIN has provided November 24, 2017 as the deadline for submitting preliminary budgets for fiscal 2018/19. Final, board approved, budgets are due January 31, 2018. Work is well underway locally to prepare both capital and operating budgets for 2018/19. Finance staff are doing an admirable job of maintaining our required MOHLTC, board and management reporting in the absence of a Chief Financial Officer.

Cultivating partnerships to offer a seamless patient experience.

North Perth

The municipality of North Perth is preparing plans to improve the site lines and reduce the curve at the Davidson Street bridge. We are working closely with them as there are both municipal and hospital services currently located in that corner of the hospital property.

The municipality is also considering a new provincial standard for non signaled cross walks. Providing a safe means of crossing Elizabeth St. from the visitor parking lot to the main entrance of the hospital is being considered by the municipality.

St. Mary's Hospital Cardiac Services

Clinical leadership from St. Mary's Hospital, Kitchener met with both medical staffs regarding the services provided by St. Mary's for cardiac care. St. Mary's is particularly interested in how they can better support regional hospitals that rely on St. Mary's for cardiac care.

Community Hub

With the assistance of the Perth Huron United Way, a meeting was held in Wingham to gauge the interest in additional usage of space at Royal Oaks. While there was a good discussion with participants, attendance at the meeting was disappointing.

Professional Practice and Informatics

Electronic documentation of vital signs, intake and output and a number of screening tools have gone live across both sites on the inpatient units. This change to practice will streamline communication, reduce double documentation and improve patient safety. The provider feedback has been positive.

Dr. Tom Janzen attended an LMH Friday education session via video to discuss some challenges in the electronic transfer of patient information upon change in bed status, as well as future Cerner plans for reducing difficulties. Feedback from physicians was welcomed. He will be attending a meeting remotely with the WDH physicians in the near future as well.

Home First

We have begun our first trial for the Home First refresh project. Cycle one of trial is focused on identifying patients early for a possible Home First discharge. CCAC, managers and social work will be leading this work at discharge focused rounds. The group will be evaluating this trial by collecting data related to Alternative Level of Care rates, the number of Home First Discharges and service availability in the community. The trial will be evaluated in one month.

Best Possible Medication History (BPMH)

We are currently trialing the pharmacy techs completing BPMHs in Wingham, with input from LMH pharmacy staff, the pharmacist, WDH pharmacy techs, nurses, informatics, and physicians. We have encountered some barriers to having pharmacy techs connect with patients and working this into their daily activities, especially on chemotherapy days. Patient feedback is that repetitive questions are being asked of them as they are first questioned on admission to the emergency department, again on admission to the inpatient unit, and again by a pharmacy tech. We are looking to reduce redundancy and improve patient experience by providing triage nurses with more detailed and standardized questions, while the pharmacy techs will connect with the community pharmacies and resolve discrepancies after

admission.

Other Board Highlights

Laboratory

A regional RFP to replace the current blood bank testing equipment in both Laboratories continues. The regional laboratory courier system is undergoing a review before the issuing of a RFP. Proposed changes to the courier routes and times would be advantageous to LWHA, of special note is improving transportation times and expense of sending breast biopsies to London for special testing. Both laboratories are now fully staffed, the first time in over a year.

The Listowel Laboratory experienced some significant downtime of one of its core instruments (down 8 of 12 days). The Wingham Laboratory provided backup testing which resulted in delays of reporting because of travel time. Parts availability contributed significantly to the prolonged down time and this has been addressed with the company Abbott. Other hospitals within our regional Interhospital Laboratory Partnership experienced similar situations recently, and we will also engage Abbott as a group on this issue.

Diagnostic Imaging

CT is experiencing a slight increase each month in our daily average. We have no waitlist at this point. By December 2017, we will begin consistent 24x7 CT availability. By the end of March, we will have a full complement of technologists trained. CT staff are in the early stages of planning our Virtual Colonoscopy program. Our goal is to be ready to accept orders early in 2018. We are involved in LHIN-wide CT discussions around inter-facility ordering and CT program requisitions and protocols.

We have finally received Ministry approval for the addition of Mammography Tomosynthesis. We hope to have this fully functional in November. Dr. Erenberg and staff will be visiting Markham-Stouffville this week to review their tomosynthesis program and a visit to our Regional Breast center at St. Joseph's is already completed. These visits have and will confirm the excellence of LWHA's program.

The new Listowel fluoroscopy unit is installed and staff are currently training with applications. The Wingham fluoroscopy unit is scheduled for de-commissioning the week of October 16th. This room will require asbestos removal as well as renovations. The installation is expected to be completed mid January 2018. All fluoroscopy cases will be booked in Listowel during this timeframe.

Our partnership with London X-ray Associates has been a successful venture as we now offer our physicians 24 hour access to radiology consultations and reports. A recent report from London has indicated that we have reduced our turn-around-time for reports by 50% due to our partnership with LXA and improvements with voice recognition reporting.

Health Records and Privacy

Effective October 1, 2017, a regulation comes into effect for mandatory reporting of certain privacy breaches to the Ontario Privacy Commissioner office. This was required by Bill 119 which was passed in the Ontario Legislature in May 2016. The prescribed reporting is quite reasonable and reflective of our voluntary reporting in the past. Reportable breaches include - use or disclosure without authority, stolen information, patterns of similar breaches, breaches involving discipline to employee and significant

breaches due to volume or sensitivity. An example of non-reportable breach may be faxing patient information to the wrong physician (unless it's a re-occurring issue). Starting January 1, 2018 we will be required to collect statistics on all breaches and report annually to Ontario Privacy Commissioner Office. Details of the required statistics have not been made known yet.

Workplace Violence

The organization has begun working through 3 of the 4 self-assessments from Public Services Health and Safety Association (PSHSA) in relation to workplace violence. Security, Physical Environment Risk Assessment, and Unit-specific work settings or practices assessments are the initial ones selected. The organization has completed an organizational risk assessment earlier this year and we are in compliance with the Occupational Health and Safety Act. The requirements under the Act are to reassess as often as is necessary to ensure that the related policy and program are sufficient to protect workers from violence. The PSHSA assessments are more comprehensive and can offer a standardized assessment approach for moving forward for applicable reassessments. The fourth self-assessment is related to providing direct care of potentially aggressive / responsive patients. In relation to the latter area of concern, London hospitals have developed a new "Violence Assessment Tool – Acute Care" which will serve as one element of the high risk flagging system. This new tool is reportedly aligned with the PSHSA guidelines and will be demonstrated to an e-Practice group in November. This will continue to be a strong focus of the Joint Health and Safety Committee

Overtime/Sick Time

The organization continues to assess overtime and sick time data on a regular basis. We have set a target of less than 2% of total compensation in overtime. Finance regularly runs reports by departments that help to highlight areas of concern and opportunity. Recently, a Run Time report has been developed to assist with the assessment of variability and/or sustained change. The Listowel site has demonstrated 6 months of data below 2%, whereas the Wingham site continues to demonstrate variability above and below 2%. The overtime meeting group has been meeting since July 2016. Change initiatives have included: Float nurse model (minimize call-ins for sick relief, workload, transfers etc.), focus on recruiting and cross-training where able, development of full-time hybrid positions in nursing to support stabilized staffing while enabling organizational flexibility, closer assessment of bargaining language and arbitrations to minimize OT expectations where feasible, and a concentrated effort on the assessment of overtime requests.

The Attendance Support Program, implemented April 1, 2017, continues to demonstrate positive impacts in sick time utilization. A Run Time report will be prepared to assess for random variation or sustained change over time. Given that the program remains relatively new, we are not suspecting sustained change as yet.

Financial Update

Financial Analyst, Kerri Steven, presented the first quarter financials. Both hospitals are reporting a slight surplus which is good news.

Privileges

Dr. Derek Gateman was granted Courtesy privileges in Wingham and Dr. Christie Han was granted Dental privileges in Wingham.