

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

### **MyChart**

Patients of the London Regional Cancer Centre will be given the opportunity to have access to their electronic health record through MyChart beginning January 1, 2018. MyChart is an established patient portal, founded and operated by Sunnybrook Health Sciences Centre, and currently used at over 20 acute care sites in the greater Toronto and Ottawa areas. Patients will have real-time, online access to a variety of health information, including:

Medications	Microbiology
Allergies	Pathology
Care plans	Genetic reports
Labs	Discharge summaries

Of note, there will be delays in the release of some types of data, such as lab results and radiology reports, to allow time for clinicians to connect with patients before they are able to view the results online. The long term goal is to have this information available to all patients.

### **Consult with specialists through OTN**

OTN gave a presentation to both physician groups with a consolidated list of specialty e-consults. There are 75 specialists on e-consult in SW LHIN. The response time for a referral is approximately 2.8 days. Services also support TeleHomeCare for remote patient monitoring and health coaching for patients with specific cardiac/breathing problems. This allows patients to be monitored and connected with a nurse in the SWLHIN for follow up and support in order to learn how to self-manage symptoms. Physicians expressed that there are some barriers to receiving reports that OTN will take back and address.

The big white wall for safe and anonymous peer support for mild/moderate anxiety and depression for 16 years is also available. There continues to be difficulty accessing psychiatric services, particularly for adolescents and children in the region.

### **Transfer of Accountability**

The clinical nurse lead quality team is working on updating our transfer of accountability practices, utilizing an electronic tool in Cerner. Transfer of accountability refers to the exchange of patient information between providers that is necessary to safely hand over patient care from department to department, hospital to hospital, and provider to provider. It is imperative that we communicate using a standardized process to ensure the safety of our patients and continuity of care. This will be a focus over the next few months and at skills day.

### **Operating Room Efficiencies**

Quality and risk, management, decision support and the clinical nurse leads in both operating rooms are working together to identify opportunities to improve efficiencies. We are looking at barriers to starting and ending on time and booking practices, so that we can generate solutions to ensure we are optimizing our utilization. We are also focusing on opportunities to reduce overtime.

### **Diagnostic Imaging**

Listowel received the Mammography Quality Management Program Facility Report recently. Our callback rate is higher than provincial targets. This rate of callback does result with a majority of the cases being negative; however those we do catch are early stage cancers. Over the next year, we will continue to monitor how tomosynthesis is changing our practice and the number of callbacks.

The new Picture Archiving and Communication System) PACS is forecasting an onboard late fall/early winter.

Listowel digital radiography room had a delay in start. Removal of the old equipment occurred on Sept 20<sup>th</sup>. Delivery of the new equipment is expected the last week of October with applications starting November 6<sup>th</sup>.

### **Laboratory**

Interfacing of microbiology with London Cerner and Stratford meditech system continues. This will allow results to flow directly into the Cerner chart as opposed to technicians transcribing a faxed result into the system.

Inter hospital lab sites continue to move forward with the interfacing of the new blood bank equipment to be live by December 2018.

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

### **Teeswater Clinic**

Dr. Gear will be retiring effective December 1, 2018 after 38 years of service to Teeswater and Wingham. Dr. Gear filled many roles both on hospital and Family Health Team committees. We are highly appreciative of her level of engagement in hospital activities over the course of her career and wish her a happy and healthy retirement.

Dr. Regina Mbuva will be taking over the Teeswater medical practice as well as providing inpatient and emergency coverage in Wingham. Dr. Mbuva has been practicing in Englehart, Ontario for close to 10 years following work in both Newfoundland and Nova Scotia. We look forward to having Dr. Mbuva as part of our team.

### **Cannabis**

The use of recreational cannabis is legalized in Ontario for anyone over the age of 19 years as of October 17, 2018. The use of cannabis (smoked or vaped) in hospitals or on hospital grounds within 9m from the entrance or exit of hospitals and on the outdoor grounds of the hospital is not permitted. Consuming

recreational cannabis in the workplace is illegal. Workplace rules and regulations remain in effect including the need for supervisors and employers to address hazards in the workplace under the Occupational Health and Safety Act, as well as the requirement for employees and workers to be fit for work, able to perform their work safely and report any hazards to their employer or supervisor. If a staff member is deemed unfit for work, we would follow our current workplace policies that would support the employer.

### **Ministry of Labour**

As a result of a Ministry of Labour order earlier this year, Managers have completed risk assessments and controls for each of their units / departments. We utilized a standardized assessment tool through Public Services Health and Safety Association website. Some organization-wide items that we have been assessing are the ability to 'lockdown' areas of the hospitals in the evening/night that are not necessary for patient access; the use of walkie talkies, companion phones and personal alarms to summon immediate assistance; assessing our policies to identify gaps and improvement opportunities (e.g. Visitor Code of Conduct, Domestic Violence, and Code Silver).

### **Joy in Work**

We have developed a one-page document to describe the reasons that the organization has decided to focus on improving joy in work as a quality initiative. The change ideas and theory supporting them, as well as various ways of measuring joy in work and associated balancing measures are also presented. Staff appreciation lunches at both sites included short presentations of this information. In an effort to increase awareness of the initiative, focused information has been posted on the intranet homepage.

### **Legislation**

Bill 148, Fair Workplaces, Better Jobs Act 2017: The legislation requires employers to pay for the first two personal emergency leaves per calendar year per employee. From January until the end of September, we have seen 59 full-time, 64 part-time, and 4 casual staff, across the Alliance use one or more personal emergency leave days. This has led to the payment of approximately 100 PEL days at each site with a cost impact to Listowel and Wingham of \$30,716 and \$28,662 respectively. We remain aware of the premier's commitment to repeal Bill 148. Should this occur, we will revisit our policies to ensure alignment with any implemented changes.

### **Joint Health and Safety Committee**

For the past few years, we have been meeting as two health and safety committees at one time as we shared common policies and processes. This was an opportunity to create some efficiencies with respect to communication and education, however it posed some drawbacks due to the differences in the two sites with respect to environment as well as some of the hazards and controls. As such, we developed a terms of reference that would result in each committee meeting separately, providing a greater opportunity for in-person meetings as well as to enhance the effectiveness of the committee and the meetings. We started this in September and by all accounts so far, the committees have found this helpful with respect to engagement and tackling some of the site-specific safety concerns.

### Recruitment Activity

	2018/19 (6 months so far)	2017/18 (annual)	2016/17 (annual)
Wingham	37	60	74
Listowel	64	45	79

As shown above, 2018 has been an active year for recruitment at each site! To support this activity, human resources staff have been working with Managers and Leaders to enhance the efficiency of our recruitment and onboarding initiatives. We have a number of standard processes including posting, application, interviewing, reference checking, onboarding and orientation.

### Employee Health and Wellness

LWHA is committed to the health of our employees both physically and mentally. Our Employee Family Assistance Program offered through Homewood Health provides a variety of services in a range of delivery methods. Our employees can access counselling, coaching and support 24 hours per day and 7 days per week both online and by phone. Lunch and learn opportunities are beginning to provide staff with opportunities to access support in the building both from occupational health and co-workers. Mental Health First Aid Training is being offered to interested employees. This training will be beneficial to everyone in their personal lives as well as increase comfort for staff helping patients in the hospital setting.

Employee physical health will be the focus of our upcoming flu vaccination program. Pauline Daugherty will provide travelling clinics in the hospital for staff and our emergency nurses will also be providing the flu shots to staff while at work.

### Recognition

Service pins will be provided at this year's annual Christmas party. There will be 19 recipients for the Wingham site and 24 recipients for the Listowel site. Of note, 4 of the 43 staff are cross-site employees and a few more hold a position at each site.

### Operating Room Staffing

We continue to struggle to recruit trained and experienced operating room nurses. Working in the operating room requires a nurse to have a certificate course, which involves months of classroom work and practical training. We are looking at opportunities to "grow our own" LWHA OR nurses by financially closing the gap between professional association funding and course costs.

### Diagnostic Imaging

Legislation in the Province of Ontario has changed to now include Registered Sonographers (technologist who perform ultrasound) as a legislated healthcare profession. Practicing sonographers must be accepted by and join the College of Medical Radiation Technologists of Ontario by January 1, 2019 or not practice within the province of Ontario. LWHA has only ever hired registered sonographers who have completed the required courses from an accredited educational facility. Therefore, all of our employees are eligible for admittance to the CMRTO and applications have been submitted.

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

**Redevelopment**

We are still waiting on the engineering and architectural assessment of the structure within the second floor of the Wingham redevelopment area. Construction work continues within the Medical Device Reprocessing Area.

**Accessibility Award**

The Royal Oaks Health and Wellness Centre received an award for accessible design from the Huron County Accessibility Advisory Committee. The nomination mentioned the design of the primary care space, signage, adult change table and general accessibility. Barb Major-McEwan accepted the award on behalf of the hospital, North Huron Family Health Team, physicians and staff involved in the design.

**Unanticipated Fire Alarms**

There is always a risk with construction of unanticipated fire alarms. The building has both heat and smoke detectors and each are susceptible to alarming depending on the nature of the construction or environmental changes. We have received notification from the North Huron Fire Department that we have exceeded their limit of 2 false alarms in any 12 month period and can anticipate being charged for any further false alarms. Since receiving the letter we have incurred at least 1 additional false alarm. The construction contractor is aware we will be seeking reimbursement from them for any false alarms that they are accountable for.

**Non-Emergent Transfer (NET)**

High costs and poor response times related to non-emergent transfer (NET) has been an operational concern over the past number of years for LWHA and the region. We recently met with our NET service provider, Voyago (previously Voyageur). The hospital expressed that our service expectations are not being met consistently. We reviewed the contract commitment to response times and discussed opportunities to capture service failures. We are developing an algorithm to support staff to apply the contract language and escalate concerns quickly, in order to avoid accessing valuable community emergency resources to transfer patients who are stable. We will be meeting with the service provider regularly as we work to ensure adequate response times.

**Human Resources Information System Implementation (the Virtual HR System)**

As part of the organizational objectives and workplan, we are continually applying a human resources philosophy that recognizes the Alliance as one organization for the purpose of recruitment, retention, succession and talent. One enabler for this goal is the system implementation of a common HRIS across the Alliance. Listowel has utilized the VHR system for approximately 4.5 years and we are just finalizing the implementation at the Wingham site. Having a common system across the alliance will support the HR team in developing new and common reports, and it supports our tracking of a number of data elements including employee education and training, performance appraisals etc.

**Overtime/Sick Time**

	Overtime YTD	Sick Time YTD
Listowel	3.73% (target <2.2%) Overtime budget allocation is \$50,000 over YTD	1.18% (target <1.8%) Sick allocation budget \$25,000 under YTD
Wingham	5.89% (target <3.5%) Overtime budget allocation is \$60,000 over YTD	1.08% (target <2%) Sick allocation budget \$28,000 under YTD

**Benefits**

19 hospitals of the SouthWest LHIN undertook a Request For Proposal over the summer. Cherie Dolmage participated on the Sub-committee evaluation team and then was part of the presentations to the full SW LHIN Benefits Committee. It is a privilege to be part of a broader scope initiative such as Benefits RFP evaluation as this provides a great opportunity for networking with some of our hospital partners. The evaluations have been completed. We await the final results and outcome which should be released by the end of October.

**Organizational development**

Non-violent crisis intervention training: One way that LWHA is investing in staff safety is by providing Non-Violent Crisis Intervention (NVC) training for all staff. Our employees are required to participate in a full day session at the time of hire and then every two (2) years they must take a half day refresher session. We have four in-house NVC facilitators who have developed a training schedule and have further included the concepts and terms into standard processes for incident follow-up as well as policies and emergency codes as applicable. Our trainers are: Debbie Ritchie, Sharon Hudson, Nikki Lobsinger, and Danielle Bean. They are doing a great job!

**Laboratory**

Planning of the laboratory renovation in Listowel is moving forward. The hospital has partnered with the engineering team of Walter Fedy to prepare schematic drawings. A kick off meeting was held on September 26<sup>th</sup> with Walter Fedy. A temporary space for the laboratory has been selected and the project working group is planning internally for this move in advance of any construction.

**Facility Improvements**

Maintenance at both sites continue to work on moving the LED lighting project to completion.

A new chiller at the Wingham site has been installed that supplies cool air to the second floor. The unit replaced a unit that had been failing over the summer months.

The kitchenette and washroom renovation in the north wing on the second floor inpatient unit in Listowel are now complete. The renovation included new flooring, new ceiling, new lights, paint and new cabinets. Along with this new cabinets were also installed on the first floor inpatient unit in the kitchenette and second floor palliative sunroom.

### Fire Inspection

The Annual fire inspection was completed at the Listowel Memorial Hospital on September 27<sup>th</sup> with no major citations.

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

#### Royal Oaks

The Child and Family Centres and Community EarlyON sites are a place where parents and caregivers of children (from birth to six years of age) can:

- Participate with their children in a range of age appropriate programs and activities.
- Discover answers to questions on child development.
- Find information about programs and services that are available for young children and families in their area.
- Talk to EarlyON Professionals, as well as other parents and caregivers in their community.

Draft plans have been prepared to renovate 2 former classrooms at Royal Oaks to accommodate the Huron County EarlyON program and a lease is being finalized. A family/unisex/accessible washroom will also be created in an existing washroom space.

#### SW-LHIN

The SW-LHIN has issued its draft Integrated Health Services Plan for 2019-2022 entitled Action for Impact. Strategic Priorities and Directions for the South West LHIN:

1. Improve the Patient experience
2. Address health inequities by focusing on population health
3. Reduce the burden of disease and chronic illness
4. Build and foster healthy communities through integrated care closer to home
5. Drive innovation through sustainable new models of care and digital solutions.
6. Drive efficiency and effectiveness.

The LHIN will be looking to see activities initiated at the sub-LHIN (Huron Perth) level to support their priorities.

The LHIN is also undertaking a review of their Home and Community Care operations. This has been significant concern recently regarding the effectiveness of Home and Community Care. The review is expected to be complete this fall.

#### Repatriation

Through a LHIN wide agreement, we are committed to repatriate patients back to the organization from which they were transferred or “home” hospital organization, provided that the hospital can meet their clinical needs, as soon as it is clinically appropriate to do so. We are currently working with the inpatient managers and clinical nursing leads to develop an algorithm/checklist to improve the experience of both patients and providers in the repatriation process. This checklist will also help us to standardize the communication, transfer of accountability, and roles and responsibilities associated with repatriation. This

will reduce unnecessary waiting for the patients and reduce regional access and flow barriers.

### **Regional Chief Nursing Executive (CNE) Initiative**

We are welcoming more new graduate nurses to the profession and they are filling vacancies in specialty and general areas. The nursing programs have changed over time with less focus on clinical skills, and greater attention to research and critical thinking. Nurses are well prepared for the profession, but may need additional support to be comfortable and safe practicing in busy clinical areas. Since hospitals can no longer access the new graduate initiative, which financially supported lengthy mentored orientation of new graduates, there is increasing financial burden on the hospitals to onboard new graduates. The CNE group is working on collaborative approaches to support education and orientation of new staff in the region through coordination and sharing of professional practice resources and education plans.

### ***Other Board Highlights***

Kerri Steven, Financial Analyst, presented the year to date financial summary.

- The Listowel Memorial Hospital currently has a surplus and is projected to be on budget at year end
- The Wingham and District Hospital currently has a slight surplus and is projected to be on budget at year end
- Overtime continues to have a financial impact and is over budget year to date at both sites
- All staff vacancies have been filled which has increased orientation cost but is expected to help reduce the overtime in the upcoming months
- Maternity leaves in Wingham are higher than we have historically seen which has proven difficult to budget

Shannon Mercer, one of the co-founders of Mental Health Matters in Wingham, provided the board education speaking about Mental Health Services to Support Local Youth.