



## LWHA Board Highlights

March 2019

*Enriching life's journey together.*

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

### **South West LHIN Local Obligations**

The South West LHIN is focusing on reducing the number of “conservable days” patients spend in hospital beds across the region. Conservable days occur when the actual length of stay exceeds the expected length of stay for the patient’s diagnosis. In addition, they are also focusing on reducing unplanned readmissions. The Listowel Wingham Hospitals Alliance has historically had sufficient inpatient bed capacity to allow flexibility in discharge practices when timing or patient circumstances resulted in a longer than expected length of stay. In order to meet our accountability agreement obligations, in the year ahead we will have to focus additional efforts on:

- Ensuring complete patient documentation is available on a timely basis to code diagnosis.
- Maximize health information coding to ensure maximum inpatient days available
- Discharge patients as appropriate within the expected length of stay guideline
- Monitor hospital readmissions to ensure patients are not being sent home too early

We are currently in the process of compiling data to determine where to focus our efforts.

### **Pharmacy**

Our construction in pharmacy is finally complete and all of our air testing is meeting standards. This is a great step towards excellence in sterile compounding safety. The pharmacy has celebrations planned to acknowledge this momentous occasion.

In response to several cases where staff ran out of medication on route to a tertiary center, pharmacy will be developing transfer kits to ensure the transferring nurse/physician has access to appropriate meds during a transfer. This change will incorporate safe and accurate procedures for wasting and documentation in the case of narcotics.

### **Oncology**

Our weekly number of treatments continue to rise. Starting in April, we will trial a four-day model for six weeks, to help us predict volumes, and understand costs and staffing changes to this model. The lab, pharmacy, oncology, and physicians are all impacted by this decision and are excited to work towards this program expansion. Our funding is a per treatment funding model. In response to this, we will be working to standardize our booking processes, in-chair efficiencies, and team communication practices to ensure we are functioning as efficiently as possible. Balancing measures we will consider are cost, patient satisfaction, treatment outcome and staff satisfaction as we move through changes.

### **Infection Prevention and Control (IPAC) Outbreak Surveillance/Management**

Daily surveillance is completed by IPAC regarding all new admissions as well as any virus testing completed. When a positive swab has been received our IPAC Coordinator Pauline Daugherty:

- Investigates proper isolation precautions as well as any additional control measures that need to be instituted.
- Follows up with staff in the affected area regarding any additional support or education that may be required. Support is also provided to communicate need for personal protective equipment with family and or visitors.
- The investigation of the positive swab requires detective work to see where the pathogen originated from. If the infection is hospital acquired, increased vigilance is necessary to identify patients or staff that could be infected.

Positive swabs (influenza) must be reported to Public Health and they require details regarding immunizations. Public health assists in outbreak management and communication. An outbreak management meeting occurs to ensure internal and external plans in place and takes place as soon as a potential outbreak is suspected. Unions, JHSC, WSIB and Ministry of Labour (MOL) are contacted regarding any employees who are affected. Updates to MOL every 4 days is required to be compliant.

### **Health and Safety / Emergency Response:**

The Workplace Violence (WPV) Quality Improvement Plan (QIP) for 2019-20 highlights seven change ideas and areas of focus including:

- programs to support the WPV policy;
- sustainability of Code White (aggressive persons) simulations;
- promotion of reporting incidents to facilitate improvement and learning opportunities;
- development and communication of department-specific plans and controls from each of the risk assessments;
- formalization of an organizational security plan;
- supervisor competency training for all managers and leads; and
- Code Silver (active shooter) policy including environmental assessment.
- The 2019-20 WPV QIP steering team is: Danielle Bean, Pauline Daugherty, Steve Baxter, Sandra Albrecht, Laura Jewitt, Christine Reyes and Cherie Dolmage.
- Cherie is attending WPV Investigation Training in April to support our legislative obligations. Will share learnings and process with leaders as appropriate and send other leaders for training as necessary.
- Supervisor Competency training is scheduled for the Leadership team in April and May and will be further disseminated to other applicable staff including clinical nurse leads, team leads, and lead hands.

### **Lab Accreditation**

The laboratories will be participating in Institute for Quality Management in Healthcare accreditation. Wingham core lab will be evaluated on March 19<sup>th</sup>, the Secondary Collection Center at the Royal Oaks on March 21<sup>st</sup>, and Listowel core lab on March 26<sup>th</sup>. A wrap up evaluation summary will be held on March 27<sup>th</sup>.

### **Information Technology**

The network refresh and telephony update are underway with supplies on site and project planning underway. The combined upgrade provides implementation efficiencies and network and telephony reliability. Both organizations have aging equipment and we have a need to support new applications and devices on a secure and reliable network.

Information technology is progressing with hardware, server and software updates along with providing help desk calls/e-mail assistance.

On Feb 22/19 some of the regional hospitals (including LHSC, St. Joes and Vic Hospitals) experienced a serious malware outbreak. In our case, no systems were impacted. The best defense is education and not opening anything suspicious. As such, all LWHA users received an e-mail reminding them not to open any email attachments from unknown sources or sources deemed suspicious; not to share their username and password under any circumstances; to change their password if there is a suspicion that it has been compromised; a reminder to ensure systems are regularly patched and are up to date with anti-virus (IT will regulate this); to be careful what is shared and how much information is shared on social media sites and public forums (don't be an easy target for cybercriminals) and to contact the Helpdesk x6111 to report any suspicious emails. IT verified computers had the latest patches and antivirus. Staff were asked not to open home email on their work computer. IT has added a disclaimer to all e-mails coming from an external source so that the receiver will know right away to be careful with links and attachments.

### **Hospital Services Accountability Agreements**

The H-SAA's for 2019/20 have been received and reviewed. The content reflects the budgets presented to the LWHA Board in February. This year the H-SAA does include a target for conservable days. Heidi Dupuis has been able to confirm the data presented in the H-SAA and has determined a process to pull conservable days in order to present to the appropriate teams to understand our current results and contribute to conversations where there may be opportunities for improvement.

### **Capital Budget**

The majority of the capital purchases approved for the 2018/19 year are complete with the remaining scheduled for completion in quarter two. The Capital Purchasing policy is being

updated to tighten accountabilities and lead times to ensure approved purchases are completed within the fiscal year.

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

#### **Professional Staff**

The Medical Staff and Medical Advisory Committees at both hospitals have had open discussions about the professional staff required to support robust surgical and obstetrical/gynecological programs across the Alliance. It is clear that specialty programs remain more active when supported locally by resident specialists.

#### **Managing Obstetrical Risk Effectively (MORE OB)**

The first MORE OB module will be centered on eliminating hierarchy, improving teamwork, and postpartum hemorrhage. This learning is applicable to both sites and incorporates useful strategies related to communication and crew resource management in emergent situations, as well as clinical practices related to postpartum hemorrhage. The core team is confident that staff will find this milestone applicable and engaging.

#### **Recognition**

Ainsley Morrison has done a fantastic job organizing, supporting teams to develop ideas, and documenting our plans for the 2019-20 Quality Improvement Plan. Thank you to the leaders and teams overseeing each initiative and the enthusiasm they have demonstrated in finishing this QIP while moving into the next.

Thank you to the staff, physicians, and admin staff who responded to a Code Orange recently. The participants were well organized, supportive, and highly effective in caring for critically ill patients. This was an amazing demonstration of teamwork and collaboration by highly skilled and dedicated people.

#### **Labour Relations**

We have one set of negotiations that will be upcoming this year with LiUNA who represents our Registered Practical Nurses in Wingham. We have not received notice for bargaining as yet. Mandate will be presented for consideration in camera.

#### **Organizational Development / Talent Management**

As previously reported, Karl and Cherie are participating in the development of a Regional Talent Management Strategy framework with Tilsonburg District Memorial Hospital as supported by the Small Rural and Northern funding application. We participated in the Request for Proposal evaluations and provided preliminary information to the successful bidder (Optimus / SBR). There is a working session of the partners and Optimus on March 20 in preparation for a finalized

framework towards the end of March.

### **Laboratory Video**

A video to promote laboratory technologists role in rural facilities was completed in Listowel in January. The video will be released by the Canadian Society for Medical Laboratory Science (CSMLS) during National Medical laboratory Week which is April 21-27, 2019.

### **Lab Recruitment**

Recruitment of Medical Laboratory Technologists remains a challenge for LWHA and across all 12 sites within the Inter Hospital Laboratory Partnership (IHLP). Several organizations within the IHLP are looking at new staffing models, geographical shared services, and service reductions as a result of this staffing shortage.

### **Financial Reporting Software**

Financial reporting software is being updated to improve department efficiencies and allow managers to drill down to invoices to understand their financial reports. Overtime is an organization focus and continues to be reported monthly. The decision support software review continues to determine if there is an advantage to updating to a server format.

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

### **Dr. Doug Dittmer**

Dr. Dittmer, a specialist in Physiatry and Sport Medicine has been coming to Wingham for many years. We have been actively discussing the possibility of establishing a pain clinic in Wingham, supported by Dr. Dittmer and his colleagues. These plans have been delayed several months due to the decision by a new recruit to take additional training. Discussions are also underway with Dr. Dittmer to determine how university and commercial research can be supported in small and rural hospitals.

### **Surgical Services**

Stratford surgeons continue to support our surgical program at the Listowel site. Obstetrical patients requiring surgical intervention are being referred to Stratford. Dr. Flower's and Dr. Dilabio continue to perform scopes in our temporary procedure room in Wingham as construction in the Medical Device Reprocessing Department nears completion. The next phase of the Wingham redevelopment will be the post anesthetic care unit. These factors are considerations in our discussions with staff and medical staff to understand the needs at both sites as we contemplate recruitment of a general surgeon.

### **Compensation and Benefits Program**

We have recently completed our non-union job evaluation maintenance reviews. This process allows us to ensure that our non-union positions are fairly evaluated and assessed to maintain internal equity of jobs as grouped on the non-union wage grid. We also monitor collectively bargained wages for competitiveness and appropriateness.

### **Listowel Laboratory Renovation**

Planning continues for the laboratory renovation at the Listowel site. The lab will temporarily be relocated on the inpatient area. We do not anticipate providing community laboratory services during this time. Lifelab community laboratory services will continue to be available.

### **New Curtain System**

A new curtain system will be installed on the inpatient units at LWHA. This system will allow the curtains to be changed without the use of a ladder which greatly reduces the risk of a fall as well as the time required to change the curtain. New regulations require curtains to be changed upon every discharge so the new system will help with this process.

### **Window Installation**

Window installation is occurring at the Wingham site on the 1<sup>st</sup> floor at the North end in offices and hallway. HIRF (Health Infrastructure Renewal Fund) funding was utilized for the purchase and installment of these windows.

### **Health Infrastructure Renewal Fund**

Health Infrastructure Renewal Fund (HIRF) has been approved for both sites and along with the facilities team these projects are on track to be complete by March 31, 2019.

The Senior Team and Managers have made strategic one time investments in a number of areas with a portion of the Listowel surplus, for example, bilirubin lights, vertical carts, promotional items, vacuum attachment for drills, and fax machine.

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

#### **Alcoholics Anonymous**

A local Alcoholics Anonymous group will begin use of the Outpatient Building in Listowel beginning in April.

#### **Bill 74 – The People’s Health Care Act**

Numerous conversations and meetings have taken place in anticipation of passage of The People’s Health Care Act. Provincially, the Boards of the LHINs have been disbanded and

replaced by the board of Ontario Health. Locally, the greatest impact is anticipated to be the formation of Ontario Health Teams. We continue to wait for the criteria and provincial expectations for proposals to form the Ontario Health Teams. Efforts are underway to engage interest in a Huron Perth proposal. Several staff and physicians have taken the opportunity to discuss their experiences many years ago when the Huron Perth Hospitals Partnership was in place.

### **Home and Community Care**

Within the draft strategic plan for the Listowel Wingham Hospitals Alliance is a general theme that looks to the hospital to play a more active role in ensuring patients are well cared for outside of the hospital. One Care Home and Community support services has been enthusiastically receptive to working with the hospital and exploring new models of care and improving transitions for patients from hospital to home. The uncertain future of the LHINs presents both barriers and opportunities for trialing new approaches in our community.

### **Wingham and District Hospital Foundation**

The Wingham and District Hospital Foundation has proposed a new Memorandum of Understanding that outlines obligations for the Foundation and Wingham and District Hospital. Standardized information sharing and defining processes are the most significant items within the Memorandum. Documents of this nature are not unusual for charities and their beneficiary organizations.

### **Emergency and Clinical Informatics**

The Canadian Triage and Acuity Scale (CTAS) is a standardized approach to assigning acuity scores that are valid across the broad scope of emergency department presentations. Assigning a CTAS score helps to understand required resources and prioritize when patients will be assessed and reassessed. On March 26, electronic CTAS or eCTAS will be implemented in both emergency departments. This decision support tool will help to standardize triage levels across the region. There will be some ability for nurses to modify the level; they will be able to increase the acuity manually, but not decrease it. There is additional language and criteria inclusive of mental health situations, which is not in the current CTAS process. This may change our overall statistics in terms of acuity levels.

### **Cerner**

Work continues with Stratford to have interfacing of microbiology results directly from Stratford into the Cerner chart. Currently these results are faxed to the hospital and then entered into the Cerner chart by the lab staff. This project is predicted to be completed by May 2019. This will provide efficiencies for both technologists and more timely results for clinicians.

Testing and validation continues on the Saxo BioRad blood bank equipment integration project with London Cerner. This work will integrate testing results from patients receiving blood transfusions or blood products to flow directly into the Cerner electronic medical record. Currently these results are back entered by lab staff. This project is forecast to be completed by June 2019.

### **Radiology**

We are experiencing delays in Regional Picture Archiving and Communication System (PACs) implementation due to Cerner and Philips. Implementation will still occur later this spring. Both companies are now engaged and committed to do the migration work in April 2019.

The CT department has been actively involved with the LHIN CT Project. LWHA has implemented the new CT requisition and once final approval has been received, we will implement the standard protocols as well. This standardization will result in no patients having a scan repeated if they are transferred to another facility within the LHIN.

### **y**

Regional Cyberrisk/cybersecurity program review draft report will be available March 28; and Regional IT Shared Service Analysis and Optimization Assessment is underway. These will result in information technology enhancements that will be captured as part of the 5 year Information Technology Strategic Plan.

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

The Listowel Wingham Hospitals Alliance auditors, Seebach and Company, attended the Board meeting and informed the Board that the audit is going well thus far and on time.