

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

Listowel Outbreak

It was a huge relief to have the influenza and Respiratory Syncytial Virus (RSV) outbreak on the complex continuing care unit in Listowel declared over after 18 days. Our staff deserve acknowledgement and thanks for working through the many impacts the outbreak had on the hospital. Staff schedules were adjusted to avoid crossing sites and units, endless cleaning was completed, meal service was impacted and patients had treatments and therapies affected. Admissions and discharges in the entire hospital were also interrupted. Staff and physicians remained professional and dedicated to the care of patients throughout the outbreak. Thank you to everyone and especially Pauline Daugherty, our infection control coordinator who led our response.

Falls

We are examining our falls prevention practices as we have reviewed several cases recently where patients experienced harm from falls. We will be having a falls quality review to examine current practice and factors contributing to falls with harm. Recommendations will be developed based on current best practice. The regional professional practice group is currently examining our falls risk tool and associated interventions for effectiveness. Falls remains a risk identified on our integrated risk management matrix.

Mother Baby Program

We have been working on a project since April of 2017 and the final phase of that project ends June 30, 2019. Completed change ideas include the implementation of MORE OB, recruitment of Dr. Cameron, a complete refresh of the labour and delivery rooms and the communication station, anesthesia and OB family doctor call schedules, increased social media presence regarding the program, cross training of delegated staff, and orientation program revamp. We will be highlighting the physical space improvements at the Listowel 100th year anniversary celebration with tours. The development of a clinic is underway in collaboration with the medical staff. A marketing plan will commence with the implementation of the clinic model and surgical coverage.

One of our aims was to increase the number of births to 200 by June of 2019. It has been difficult to ascertain the increase in births we would have had with surgical availability since October of 2018. We delivered 147 infants in the fiscal year of 2018/19. We know of 18 inpatients that required transfer to Stratford due to lack of surgical coverage, and there are an

unknown number of patients who chose to deliver elsewhere in that time period, knowing that we did not have surgical coverage. Outstanding work around reducing our length of stay (LOS)/conservable days will be transitioned to the quality team. Our current average LOS is 2.98, where 1.82 is the average estimated length of stay.

Cultivating a workplace that nurtures individual and collective potential.

Professional Staff Recruitment

The North Perth Health Professional Recruitment Committee and the Wingham and Area Health Professionals Recruitment Committee are jointly working on recruiting another surgeon for the Listowel Wingham Hospitals Alliance.

Lake Huron Learning Collaborative

Through the efforts of Rosemary Rognvaldson and the generosity of the Lake Huron Learning Collaborative, the Wingham and District Hospital has received \$9,000 dedicated to providing educational opportunities for personal and professional growth. The money is intended to assist any staff member improve their knowledge and skills particularly if the costs for upgrading are a barrier.

Nursing Skills Days

We will be hosting nursing skills day April 30 and May 1 in Listowel, May 23 and 24 in Wingham. We will be covering

- MORE OB – team work, communication and postpartum hemorrhage
- Rolling out the new Inpatient care plan
- Point of care sign off for the lab
- Diabetic/ insulin education
- Swallowing assessment and management
- Medical records coding and importance of estimated length of stay

Recognition

Senior staff are highly engaged in analyzing, putting into perspective, and communicating the influx of information regarding the changes to our healthcare environment (Bill 74). There are many regional activities underway to support the advancement of new priorities and system changes. Advocating for LWHA, our partner family health teams, and the patients we serve is an important role to perform during this period of change.

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

Ontario Budget 2019

The Ontario budget was tabled on April 11th. Overall health care expenditures are budgeted to increase 2.2% with the hospital sector receiving a total increase of 2%. After investments in the operating budgets of new hospitals and provincial priority programs such as hip and knee replacements are accounted for, we do not expect the general increase to be significant. The Ontario Hospital Association had requested an overall increase of 3.45%. Hospital funding letters are expected from the SW-LHIN within the next week.

Wingham Redevelopment

Engineers are currently assessing options to address a problem with the air handling system in Wingham. Existing duct work serving numerous areas of the hospital was significantly smaller than reflected on decades old drawings. When an air unit was started, the volume of air directed through a smaller than expected duct had the effect that would be the equivalent of putting your thumb over a streaming garden hose. Several departments and staff were impacted by the dust etc. expelled from the ductwork. An occupational hygienist has been engaged to assist with the investigation and perform testing of the particulate and a debriefing of this event will be held. Final results and a report should be available to share with impacted staff very soon.

The Medical Device and Reprocessing Department (MDRD) is near completion and confirmed to move the week of May 6, 2019. This area is critical to hospital activities and procedures, and responsible for adhering to many legislated and accredited standards. The project team and staff have worked hard to plan a seamless transition. The team is excited to work in the new space with many updated pieces of equipment; rigorous testing is required prior to use. The operating room will exercise their summer shut down during this period to allow for the move, equipment set up, and extensive testing.

Coverage for Wingham

Sheri DiGiovanni has accepted an interim role as the Manager of Wingham Oncology Department along with her role as Pharmacy Coordinator. Sheri joined LWHA in January of 2018 as our Pharmacy Coordinator and has experience in project leadership, clinical pharmacy, and course development and lecturing at several other organizations. Sheri is looking forward to continuing to working together to collaboratively treat oncology patients close to home.

Christine Reyes has accepted an interim role as Clinical Manager of Wingham Inpatient and Allied Health effective April 19, 2019. Chris joined LWHA in 2003 as a frontline nurse in the

emergency department. Chris is currently our Professional Practice Coordinator and has been in various leadership roles such as CNL, IPAC and Clinical Education, Occupational Health, Interim ER/OR/MDRD Manager, and Clinical Informatics. Chris is looking forward to working with everyone in this new role.

Summer Schedules

Schedulers and managers are working hard to manage summer vacations, sick time, and maternity leaves over the summer. Casual positions have been offered in both Listowel and Wingham to fill gaps and support safe staffing levels. Some schedule changes have been determined to support efficiency and prevent overtime.

Cultivating partnerships to offer a seamless patient experience.

Choices for Change

Obtaining timely access to mental health and addictions support remains a challenge for residents in North Huron and North Perth. Choices for Change provides alcohol, addictions and gambling counselling in Huron and Perth. They are also a member of the Huron Perth Addiction and Mental Health Alliance, a collaborative service model, designed to serve the addiction and mental health population in Huron and Perth Counties. Karl participated in a recent session hosted by Choices for Change to seek feedback on their organization and services. As the health system reorganizes into the new Ontario Health Team model, there will likely be many organizations considering their structure and future role within the system.

Home and Community Care

The SW LHIN Chief Nursing Executive group had the opportunity to meet with Daryl Nancekivell, the Vice President of Home and Community Care in the South West LHIN. He shared with us a recent review of personal support work (PSW) capacity in our region. There is declining availability of PSWs to serve our communities due to wage discrepancies, safety issues in the home (IPAC, violence, harassment), and increase use of PSWs in Hospitals, Long Term Care, and retirement homes. These are seen as a preferred location of employment (no travel, controlled setting, defined work hours), PSWs not feeling part of a care team, and not feeling valued. The logistics of care needs in the South West LHIN also plays a role; the SW LHIN delivers over 4500 visits per day in over 3600 different locations. To mitigate the decreased availability there is an increased focus on building capacity in day programs, assisted living programs, and community nursing clinics.

We also discussed the challenges of efficient discharge and transition from hospital to home considering the lack of home care availability, and the need to examine the current model, to try new innovative models and reduce redundancies for this particular population. The addition

of conservable bed days to our accountability agreements with the LHIN, supports the need to develop trials and implement changes. LWHA continues to work with One Care and look to the LHIN for support to provide home care through direct contract.

Bill 74 – The People’s Health Care Act

Significant discussion continues between health care providers in Huron and Perth with respect to the direction and impact of Bill 74. A large number of health care providers from across Huron and Perth have participated in initial discussions focused on the impact of the legislation. The Listowel Wingham Hospitals Alliance will be part of an exercise to work through the self assessment stage of creating an Ontario Health Team. Participating at this stage of the process is not a commitment to be one of the early adopters to this new approach. It remains crucially important to stay engaged through the exploratory phases in order to assess the potential impact on health care in North Huron and North Perth.

Joint Family Health Team and Hospital Board Meeting

As we enter into the largest restructuring of Ontario health care since the Local Health Integration Networks were created in 2006, it remains important that we also maintain local influence over service and resource allocation decisions. As an organization, we remain convinced that strong partnerships between primary care (physicians and Family Health Teams) and community hospitals along with home and community care will serve us well during this period of system transformation. A joint board meeting between the two Family Health Team boards and the hospital board spent a considerable amount of time reviewing the proposed changes and discussing the potential impact locally. There is a strong desire amongst local governors and board members to have LWHA along with the North Huron and North Perth Family Health Teams entering this system change from a position of cohesion and strength. Further discussions amongst these 3 boards are planned.

The Ontario Health Team Model as envisioned by the Ministry of Health and Long Term Care:

Patient Care and Experience:

- Redesign care to improve access transitions and coordination – transitions are seamless
- Zero cold handoffs
- 24/7 coordination and navigation services available for patients and families
- Self management plans for patients along with health literacy support
- Public information about the Team’s services are available
- Patients will be able to access care and their own health information digitally.

Patient Partnership and Community Engagement

- Patient Declaration of Values in place
- Patient, Families and Caregivers are included in governance structure

- Patient engagement framework and patient relations process and community engagement plan.

Defined Patient Population

- Teams responsible for the health outcomes of a population within a geographic area

In scope services

- Existing capacity to deliver coordinated services across at least 3 sectors of care (especially hospital, home care, community care and primary care).
- Need a plan to phase in the full continuum of care.
- Teams will provide all but the most highly specialized services.

Leadership Accountability and Governance

- Teams have a demonstrated history of working together to provide integrated care.
- Plan in place for physician and clinical engagement.
- Develop a strategic plan for the Team
- Reflect a central brand
- Put in place formal agreements between team members if applicable.
- Teams to determine own governance structure.
- Each team will have a single organization that is responsible for clinical and fiscal outcomes.

Performance Measurement, Quality Improvement and Continuous Learning

- Demonstrated understanding of baseline performance on key measures.
- Identify opportunities for reducing inappropriate variation and implementing clinical standards and best evidence.
- Integrated Quality Improvement Plan
- Standard indicators focused on the Quadruple Aim

Funding and Incentive Structure

- Demonstrated track record of responsible financial management and understanding of population costs and cost drivers.
- Single integrated funding envelope based on the care needs of patient populations.

Digital Health

- Harmonized information management
- Single point of contact for digital health activities
- Increased adoption of digital health tools.
- Streamline number of systems and use data to support patient care and population health management.