



Board of Directors

Highlights

October 2019

Enriching life's journey together.

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

Diagnostic Imaging

Efforts are being made with some significant changes to schedules prior to fiscal year-end to reduce the number of CT callbacks. New scheduling changes will result in being able to provide one evening shift per week for Ontario Breast Screening Program bookings which will enhance patient satisfaction.

Mother Baby

The Obstetrical (OB) Clinic Rounds commenced on September 3rd and we are moving into phase 2 on November 12th. This will improve the flow of patients and procedures in the department, reduce uncertainty in nursing staffing and allow patients to meet various providers who may be at their delivery. When the clinic reaches maturity, all pregnant patients will rotate into the clinic at 36 weeks. We are in the process of developing referral instructions for external partners. The changes include:

- Patients of LMH providers over 32 weeks will be seen in clinic as opposed to the office
- Preadmission meetings will be booked on clinic days
- Procedures such as non-stress tests will be booked on clinic days and results reviewed by the on call physician

Oncology

The Oncology unit trial of four day per week received a further extension to Mar 31/20 with a regular review evaluation from a patient, staffing and an incremental financial perspective based on continued patient volume growth.

Overtime

Overtime is continuing to be monitored by an organization oversight committee as well as a committee for each of the clinical programs and support programs. There have been improvements achieved.

Health and Safety / Emergency Response:

The LWHA Workplace Violence Steering committee continues to meet on a regular basis, focusing on a few key areas including: Code Silver environmental assessment and policy development; organizational security; Supervisor competency training; and specific workplace violence program elements, including Domestic Violence and its potential implications in the workplace.

Listowel Vulnerable sector evacuation is due this Fall. This will be scheduled with the North Perth Fire Department in the near future. This evacuation assesses the organization's capacity and timing to evacuate the maximum number of patients in a patient care area with the lowest level of staffing. Newly installed steel hollow doors have replaced the former wooden doors in these patient areas. This change meets the requirements of the Fire Code and affords the staff and organization a greater period of time to evacuate beyond one set of fire doors after they have cleared out the initial 'hot room'.

Cultivating a workplace that nurtures individual and collective potential.

Omni-Assist

In response to the National Association of Pharmacy Regulatory Authorities (NAPRA) guidelines Wingham Environmental Services staff have been trained on the new Omni-Assistant process for documenting activity within the pharmacy space. This documentation verifies the adherence to policy and procedure for cleanliness of the space. This program will assist in reducing the risk of harm as a result of inadequate equipment onboarding, maintenance, and disposal.

Labour & Employee Relations

LiUNA (formerly Ontario Federation of Healthcare Workers (OFHCW) - (WDH):

- Following two days of collective bargaining, the parties have agreed to move forward to conciliation. The date has not yet been finalized. Thank you to the bargaining team members: LiUNA (Christine Gulutzen, Kelsey Smolenaars, and Shelby Ross) and Hospital (Rhonda Scheeringa, Christine Reyes, and Cherie Dolmage).

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

Building Improvements

Asbestos abatement in the attic space at the Royal Oaks, Wingham is completed. Repairs to the existing plumbing, reinsulating of the plumbing and reinsulating of the attic space continues. This work is in preparation to avert any potential flooding from existing or old plumbing in the space freezing. Redevelopment continues at the Wingham site with the current Post Anesthesia Care Unit under construction. The move in date for this area is forecast for the beginning of December with full surgical program ability by mid-December.

Listowel Laboratory

The Listowel Laboratory successfully moved into a temporary space August 12th, 2019 to allow for the beginning of the laboratory renovations. Listowel Laboratory Renovations began on September 3rd, 2019. Manager of Facilities along with the Listowel maintenance are providing project supervision, consultation with the architect, coordination and ordering of building materials, electrical work, and plumbing work.

Air Sampling

After an incident in April 2019 which resulted in the release of dust and debris that revealed asbestos containing material, a duct cleaning plan was carried out on Tuesday July 30th for the restart of Air Handling Unit 2 and air sampling clearance of the duct was completed. This work was conducted as per a plan which was approved by Joint Health and Safety Committee and shared with the Ministry of Labour. Air sampling was completed by Safetech pre, during and two weeks post duct cleaning. Conclusion of the air sampling determined that the air supplied from Air Handling Unit 2 and the subsequent ductwork presented no increased risk to health and safety of occupants after duct reconnection.

Budget Preparation

Nov 29th is the due date for the 2020/21 budget submission to the SWLHIN. Although behind by two weeks, we are confident this deadline will be achieved within our operating budget processes. Budgets will be presented at the January Board meeting. Due to 0% increase and program realignments, internal discussion will be required to achieve a balanced budget. Preliminary work has been completed on the 2020/21 capital equipment budget, including estimates for a 5 year capital plan. The final is expected to

meet deadlines. LWHA has not yet received HIRF fund confirmation which includes the submission for the LMH Lab renovations.

Total Rewards Program (Compensation/Benefits):

As previously reported, Health and Welfare Benefits transitioned to a new carrier, Green Shield Canada, effective July 1, 2019, and Accidental Death and Dismemberment (AD&D) coverage has transitioned to SSQ Financial. Overall, the transition was quite smooth. We will continue to monitor for any concerns and assess for trends over time.

Recognition Program:

We have revised our Service Awards program and replaced with a comprehensive Organizational Recognition Program. The new program has been designed to formally recognize employees for their respective contributions in a variety of ways including: a Long Service Awards Program for part-time and full-time employees; Public Recognition for 25 year recipients; Work anniversary acknowledgement and celebrations; and Organizational staff appreciation events on a quarterly basis.

Cultivating partnerships to offer a seamless patient experience.

Safety Improvements

The Municipality of North Perth installed a new crosswalk in front of the hospital across Elizabeth Street. Maintenance modified the guardrail in the paid parking lot to help direct visitors to the crosswalk.

PACs

Regional Picture Archiving and Communication system (PACs) implementation and remains on track for a December go-live. Currently the Diagnostic team is in the midst of the LWHA build and testing in Agfa. There has been successful testing of the Philips portion of migration.

Specialists Clinics

Health Records has been working with Ambulatory Care to update processes for Specialists Clinics that will provide both the specialist and hospital staff with improved administrative efficiencies. This includes all physicians moving to the new dictation system, Nuance.

OneChart

On October 7th, our regional OneChart (Cerner electronic health record) project kicked off. Phase one of the project will see implementation of electronic documentation for nurses and allied health in our inpatient units. Phase two will bring in physicians. Dr. Stephen Vander Klippe is our physician representative and will be working with regional partners to design the physician documentation elements of the electronic health record. Internally, the ePractice committee is working through project steps to ensure readiness and safe implementation strategies for go live in May of 2020.

Home Care

Cathy Browne is the Director of Innovation and Integrated Care at Care Partners, the home care provider that delivers the majority of nursing care in North Huron and will be providing care in our home care project, and will be joining us as the lead for the North Huron Neighbourhood of Care project. We are in the process of documenting current state from hospital admission to discharge from home care in preparation for designing new transition and care delivery processes with a broad stakeholder group. We are excited about this opportunity to test a significant change of practice in the home care sector.

Code Grey – The Impact

The ransomware attack occurred on September 25th, effectively shutting down our IT system. Our partner hospitals, SWLHIN, EOC Operations (MoHLTC), Deloitte, IT Vendors, HIROC and OPP were all quick to respond to our requests for assistance. Deloitte lead the forensics investigation with the restoration effort following closely behind. The investigation is still ongoing, however to date, **we have not identified any evidence that personal health information or personal information on our systems was accessed or disclosed.** The forensics work allowed us to have an early understanding of the attack and informed restoration.

The Active Directory required complete restoration which was then followed by a structured process to bring programs and services back online from the Disaster Recover and backups tapes which were not impacted by the RYUK virus. The current infrastructure allowed for a successful recovery without ransom payment. During this time a full assessment of our system is being completed, along with monitoring to identify abnormal behavior on the network.

LWHA was required to demonstrate compliance to regain access to the LHSC network. This agreement has since been used by all Regional Partners to increase compliance to an increased security standard. This report was key to regaining access to e-health, OLIS and the Huron Perth Network.

LWHA followed the Incident Management System that we have adopted for Emergency Response. Organizational leaders, along with other staff worked long hours ensuring that the risks inherent in operating the hospitals were minimized. Staff were assigned to monitor risks, safety and finances. Long term planning and logistics were addressed. Staging the return to normal processes continues to be resource intensive. Internal communication was challenging without computers and fully functional telephones. Most photocopiers were not functional.

Lab, imaging and pharmacy services are highly reliant on IT systems. Lab orders were on paper and results were manually compared to reference ranges and transcribed. Portable x-rays were the only diagnostic imaging services available and the radiologist manually read exams and hand wrote results. All elective diagnostic imaging procedures were deferred. CT patients were transferred to Walkerton.

Pharmacy put workarounds in place to safely dispense medications and deliver chemotherapy. Rehab staff reverted to paper registration. Two days of chemotherapy treatment were deferred. Longer than normal wait times were experienced in ER and for clinics as historical medical records were not available and clinical documentation processes returned to paper. Hospital staff created a label template that eliminated the need to write and re-write patient information on every piece of clinical documentation. Telephone calls (900 per day) rang at a single switchboard station rather than answered by the system or directed to a registration desk across 5 buildings. Surgical services and most ambulatory care clinics continued. Primary care visits to family physicians and Family Health Team staff were impacted as the electronic medical record system, Accuro, was offline. Appointments were difficult to make and track and historical medical records, test results and referral documentation were not available. There were no critical incidents or patient harm reported as a result of the downtime.

As expected, our biggest risks were around communication, medication delivery, response to critically ill patients, and patient identification. Here are just a few strategies we employed:

1. Linked early with London clinical informatics (CI) team and maintained regular communication; increased regular and on call hours of our CI staff.
2. Daily clinical/operations huddles to address identified safety risks, barriers to service provision, improvement opportunities, and what needs to be communicated.
3. Developed consistent ways of communicating changes to nursing, operation, and physician teams.
4. Leadership circulated departments with specific questions to understand if there were safety risks/barriers to care and worked with staff to develop mitigation strategies.
5. Kept mitigation strategies as standardized as possible across sites to avoid confusion.
6. Improved labeling processes to identify patients quickly and safely according to accreditation Canada standards.
7. Modified medication downtime procedures to support continuity of administration records, avoid confusion or medication error, and ensure no disruption of medication delivery. Back entered all medication and patient care orders for all admitted staff prior to releasing system back to staff.
8. Increased North West pharmacist coverage and worked with them to ensure appropriate verification. Completely changed medication verification and delivery processes. All communications around medications went to fax processes, both internally and externally.
9. Increased staffing where necessary.
10. Supported access to resources through alternative (and sometimes creative) methods.

This incident has been pivotal for LWHA's IT program; however, we are seeing that it is also a catalyst for change in the health care industry. Although a very difficult Code Grey, LWHA's IT system is in a much better place and will continue to be as we work through the post restoration and a new "vigilance normal"! While there are many things that we can learn and improve upon, we can take pride in the entire hospital team's resiliency and professionalism throughout this incident.

Code Grey – Recognition

Our huge thanks to the LHSC team who lead the restoration along with our internal IT Team. The LWHA team of Barb Major-McEwan, Laura Jewitt, Alicia DeJong and Mathew Stangen responded immediately and consistently for the duration of the restoration and continue efforts as we progress through the post-restoration phase. Their dedication, commitment and resilience is recognized! The work accomplished by LHSC and our internal IT Team in 20 days has been unparalleled. The amount of work completed is approximately equivalent to 5 years of planned IT project work.

There was a strong awareness of the impact this outage was having on others, and support staff throughout the facilities provided assistance in many nontraditional ways that allowed others to continue their work.

Staff were exceptionally resilient and innovative during this incident. While the situation was challenging, a strong sense of teamwork was clearly evident. LWHA certainly showed that we are a strong and capable team, keeping patient care and best practice in the forefront.