

# Board of Directors Highlights November, 2020

# Enriching life's journey together.

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

# **Clinical Documentation**

On November 30<sup>th</sup> our nursing and allied health staff will begin completing their patient care documentation electronically. This project has been in the works for several years and is a significant change in practice. LWHA has funded this work through Small, Rural and Northern grants. There are many staff looking forward to being able to utilize electronic tools to capture this documentation. Others are less enthusiastic about change long-standing practices. LWHA has a team of staff trained to assist those who are using new methods to document along with physicians and others who will find information in the electronic chart rather than paper. The next stage of the project will include electronic physician documentation.

# COVID-19

Cedarcroft, a 85 bed retirement home in Stratford, suffered a significant COVID outbreak amongst patients and staff resulting in the need to decant a large number of residents from the facility. Over half of the residents and staff tested positive. Listowel and Wingham, along with hospitals in Stratford, Goderich and Woodstock accepted patients. Staff from London Health Sciences Centre and Stratford were reassigned to work at the facility.

The residents admitted to Listowel and Wingham were COVID negative with complex medical conditions. This situation has resulted in plenty of conversation about the health system approach to outbreaks. All facilities in Huron and Perth are experiencing staffing challenges which makes it difficult to reassign staffing to an outbreak facility. Moving residents from a facility in outbreak also presents infection control risks. This situation highlights some of the vulnerabilities within the health care system.

Incremental COVID Expenses have been submitted to the Ministry of Health to September. The agreement for COVID Incremental expenses to be reimbursed has now been approved to August 2020. There is a verbal commitment for expenses Sept and onward. The Ontario Hospital Association continues to be a great advocate with the government on the needs of hospitals on incremental expenses and lost revenue.

The Purchaser continues to commit time and effort to keeping a safe supply ahead for regular and expected COVID-19 use. This department continues to be on track with capital purchases, flood related purchases along with a change to routine practices as a result of the flood.

### **Surgical Services**

Numerous conversations have taken place across the South West in an effort to re-allocate resources, including funding, in order to address the surgical backlog created by the shutdown of non urgent surgical services during the first wave of the pandemic. There are facilities with funding but no backlog of cases and other facilities with an extreme backlog of cases and no

extra OR time or staff to manage. In order to provide surgery, an open OR, specific instruments, anesthetist, surgical nursing team, medical device reprocessing, surgeon and surgical assistant must all be available along with the funding to pay for everything. Few facilities have all of the required elements available and moving resources between facilities is complex. We remain uncertain if any of this regional surgical volume will be allocated to Listowel and Wingham.

#### Oncology

The Oncology unit continues successfully with the four day per week program. The data included with the report demonstrates the continued program growth. A fifth day is being added on a temporary basis to address the volume, while a review assesses the business case to move to a 5 day per week program.

On November 9, 2020 Karl Ellis, Kelly Finlayson, and Sheri DiGiovanni hosted Tom McHugh, LHSC Regional Vice President, Brenda Fleming, LHSC Director Cancer Services, and Dr. Adam Dukelow, LHSC Chief Medical Officer. The objective for the site visit was to review regional achievements and goals for the coming year and a focus on how we can better care for our patients through alignment with our regional partners. The visit also included a tour of the Wingham and District Oncology unit and Pharmacy. Thanks to Sheri for preparing an excellent summary presentation of the Oncology program and achievements and for touring our guests through the units she leads.

# **Conservable Discharge Days**

Conservable discharge days' initiative continues with results moving towards the Hospital Services Accountability Agreement targets. The project goal is to have the patient stay only as many days as their clinical need requires. When a patient stays longer than the clinical need the extra days are referred to as conservable.

# **Information Technology Governance Committee**

The Information Technology Governance Committee will have their first meeting on Fri Nov 20<sup>th</sup> to address Terms of Reference, Standing Agenda and overarching Information Technology policy. The Regional Cybersecurity Committee is working on a Security Incident Response Plan. The team has updated the windows 7 operating system to windows 10 on all but 1% of units. There are no outdated windows servers. All are compliant to 2023. Our Information Technology Team has been supporting the implementation of polar imaging for the Health Records department and the Omni Assistant launch. Recently both an on-line form to book a COVID test and an on line screening tool for staff have been implemented. With the on-line staff and physician screening tool, the card access to doors can be expanded. This will allow staff/physicians to enter a greater number of doors safely in the winter months. A grant has

been approved to refresh the video conference equipment. Digital signs have been added to the Wingham cafeteria and Listowel ER wait room to facilitate timely communication.

# **Lab Update**

The laboratories at both sites have implemented new equipment for coagulation. This equipment replaces 10 year old equipment and is faster and more efficient for results. The system allow for auditing and trending of results to ensure validation and accuracy of results.

#### **Snow Removal**

Snow removal contacts have been negotiated with local vendors for each site. This year we will be contracting 100% of snow, salting, sanding and sidewalk maintenance to the vendors during the months of December, January and February. This is part of our falls mitigation strategy for the facilities and we will be evaluating the effectiveness of this type of a contract over the year.

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

A locum physician reported for work in one of our emergency departments recently and we were unable to fit test him for an N95 respirator due to facial hair. This has resulted in some further discussion with respect to the credentialing process and the suggestion for a mandatory section on the form to include an acknowledgement of fit testing completion, which mask, or what alternative is considered or required. Further, we are assessing if we could or should stock alternative options, such as a Powered Air Purifying Respirator (PAPR), and what would be our risks, benefits, processes etc.

A local Retirement Home has reached out to us with respect to N95 fit testing. We plan to support the home as able to assist them with a safe approach and response to managing their residents with COVID-19 as applicable.

I participate weekly in an Ontario West HR Workforce Planning Team meeting. We have had the opportunity to share learnings about the Health Human Resource and Health & Safety approaches that facilitated a coordinated effort by many hospital partners to support a Stratford Retirement Home during its COVID-19 outbreak. I wish to recognize the HPHA Human Resources team and staff for their extraordinary effort to assist and support this vulnerable population. This week, it is recommended that our Workforce Planning team review and provide input into the establishment and opportunity for a Mobile Enhancement and Support Team (MEST). This team is intended as a pre-established, trained team who would be available to mobilize with relatively short notice.

Under an amendment to the Ontario Regulation 364/20, the Chief Medical Officer of Health requires pre-entry COVID screening for all workers and "essential visitors" in all businesses, regardless of sector, as of September 26, 2020. At LWHA, this includes employees, contractors, students, volunteers, and any essential visitors who are not employees but provide service in the workplace. As we consider permitting staff entry through more doors, we are revisiting our documentation processes, and some staff have been trialing a screening App. We are aiming to provide communication about intended changes in the next week or so.

#### **Patient Story**

"Dear patient experience coordinator,

I am writing to sincerely thank and congratulate the staff of the outpatient surgery unit. I had surgery there this past Monday, September 28th. Due to COVID restrictions, my husband could not be there with me. And yet, from the moment I entered the unit to the moment I left, I felt incredibly well cared for and supported. Nurses Shelley and Tracey, and Drs. Warren and Kalos, provided not only quality care but were incredibly compassionate, clear, and patient-centered care. I never thought a surgery that I had dreaded is now a positive memory. I felt empowered about my health and also surrounded by professional and compassionate healthcare staff in a moment of great vulnerability. My recovery has also exceeded my expectations and I think it is because of the quality care I received. I wish there was a way I could thank these members of staff personally, but if you are able, would you pass this on to them?"

# Cultivating a workplace that nurtures individual and collective potential.

# Recognition

Long service award recipients will be receiving their awards in their work unit with their peers present. Some funds budgeted to support the annual Christmas party are being used for a "12 days of Christmas" draw for local gift certificates along with a donation to local food banks on behalf of hospital staff. Staff luncheons, pizza snacks and special coffee and treat days are also planned. Although these activities will not replace some of the festive traditions we look forward to, we are hopeful that several smaller initiatives provide some Christmas joy this season.

# **Physician Recruitment**

Dr. Raji Sextus has made a commitment to establish her medical practice in North Perth. Dr. Sextus has already been with us for several months as a locum and her decision to stay is great news for the community. Recruitment efforts will continue as Dr. Sextus will be taking a portion of the patients formerly served by Drs. Warren and Davies. In addition, Dr. Vito Sanci is agreeable to stay for the long term in an exclusive anesthesia role. Dr. Sanci is a welcome resource for our surgical and obstetrical programs.

#### Recognition

Recognition goes out to Steve Baxter, Manager of Facilities for his continued leadership throughout the flood in Listowel. Steve has been valuable in this project for his knowledge and experience of the building facilities. His experience with CSA standards and infection control practices and regulations ensure adherence as work continues to restore the facility to a safe environment.

#### **Omni Assistant**

The preventative maintenance module of the Omni-Assistant platform was implemented in September with the organizations medical equipment. In October education was completed with both maintenance teams and our biomedical providers. This will allow the maintenance

staff to receive notifications around equipment that requires preventative maintenance and be able to complete and document on equipment. Miscellaneous equipment and other items will continue to be added to the system over the next several months. The next step is completion of staff training scheduled for December on the process that allows staff to enter Maintenance Work orders into the system. Recognition goes to Maureen Hengeveld, Manager of Diagnostics who has been leading the organization through this project. Planning and working groups have been established to enter into the next phase of our Omni-Assistant platform which includes the implementation of the Learning Management System and moving our documents off the current system (policies, procedures, forms, medical directives, etc) onto the Omni-Assistant platform. This work is expected to continue until September of 2021 allowing for one platform for staff to access and security of our documents.

#### **Labour & Employee Relations:**

Labour management meetings, ad hoc meetings, and grievance meetings have been held over the past two months.

Each Leader has been requested to establish a departmental / unit communication plan to ensure communication and staff engagement as part of our Joy In Work initiative.

# **Recruitment and Retention:**

Both sites continue to experience significant activity in recruitment. This is a combination of internal and external recruitment activity. We are experiencing challenges with recruitment in a number of positions, including Registered Nurses, Registered Practical Nurses, Medical Lab Technologists, Environmental Services, Skilled Trade (part-time in Listowel) to name a few. Both sites continue to have active orientation for both internal and external positions and there has been a recent review of the onboarding process for external hires to further support efficient and effective onboarding plans.

We are planning to accept a grade 10 co-op student at each site again in the New Year / winter semester. Students provide a great pipeline for future talent and recruitment.

The HR team is reviewing employment contract 'templates' to support consistent and comprehensive offers and onboarding that aims to minimize organizational risk as able. These templates include a number of compensable factors, reference applicable policies, outlines clearance requirements, and termination language to name a few.

Overall performance appraisal metric is at 78% as of the end of October. Each leader is making a concerted effort to meet the corporate target and we are reviewing opportunities for the development of departmental / leader scorecards to cascade specific indicators by unit.

# **Leadership Development:**

Change Management training provided for the Leadership team at the end of September. This training was very valuable as we consider change, small or large. The education lead us through Kotter's 8-Step Process for Leading Change as well Bridges Transition Model of Change.

Combined, these tools provide a guiding process for visioning, planning, engaging, and communicating combined with the recognition of the significance of preparing for the personal and human side of change.

The Regional Leadership Development plan will be shared with the Leadership team in December for feedback and consultation to ascertain if this will support our collective needs and align with our leadership competencies.

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

#### Flood Recovery

Sandra Albecht and Steve Baxter continue to devote a significant amount of time to the flood recovery efforts. As previously reported, we have committed to several small improvements to spaces earlier scheduled for refurbishment including the morgue, physiotherapy and staff locker rooms. Every day brings the discovery of additional mold, asbestos or building deficiency some of which existed prior to the flood. Each example results in a conversation and often negotiation with insurance representatives regarding whether it is part of the claim or a pre-existing condition. At this point, our committed expenditure beyond the insurance claim is approximately \$100,000, most of which would have been spent next year as part of our capital improvements.

Staff and physicians are understanding of the challenges created by the flood and remain creative and resourceful in coping with the building and clinical limitations. As the health care system faces increasing COVID activity, we continue to plan for the increased organizational risk of additional patient volumes in a cramped facility.

The second phase of restoration in this section of the building will begin the week of November 23<sup>rd</sup>. During this week the Emergency Department will be relocated into the ambulatory care area, Diagnostic Imaging registration will also be relocated. Work will begin in the Emergency Department, Diagnostic imaging registration and rooms affected by the flood, main entrance vestibule, and accessible washrooms in the entry way. A team lead by Carrie Hurst, Manager has done extensive planning to move the Emergency department safely and efficiently. The work in all these areas is projected to be completed in early January.

The east section of the building where the most extensive water damage occurred continues with restoration. Currently walls in the maintenance department are being monitored by a structural engineer as there is cracking evident. The recommendation from the structural engineer is observation of these walls for 6 months (until at least April).

The hospital continues to work closely with the restoration company, insurance company and hygienist to ensure a safe return of departments. Projected timelines for completion of this area of the Listowel facility is forecast for February.

# **Fisher Family Primary Care Centre**

The Fisher Clinic is less than 10 years old and is currently at capacity. One of the benefits of building a new clinic was having space available for new recruits. Recruitment efforts must continue as we strive to serve the medical needs of a growing community and address the recruitment of replacements for medical staff contemplating retirement. A draft engineering study has been completed that outlines the possibility for expansion. Some preliminary discussions have occurred with tenants and neighbouring property owners. An initial meeting is scheduled in December.

#### **Financial Update**

The lines of credit for both corporations have both been increased as per the motions passed at the September Board meeting. The Cancer Care Ontario drug reimbursement accounts receivable as of October 31, 2020 is \$873,303.94 (Aug, Sept & Oct).

The Pre-Renewal Healthcare Insurance Reciprocal of Canada (HIROC) Update has indicated an average increase in premium in the 7% to 9% range is required for the first \$5 million of coverage. The increase for LWHA will be based on a number of factors, for example, on services provided, limits of liability chosen, operational changes (e.g. to bed numbers or services), etc. Over the 2016 to 2019 years, HIROC was able to make surplus distributions. This letter has advised us that there will not be a distribution this year based on the current projections.

HIROC and FM Global continue to work with our staff to determine flood coverage. We have received an advance of the insurance coverage for approved invoices to date.

The Hospital Infrastructure Renewal Fund (HIRF) interim report has been submitted for both Listowel and Wingham.

Ministry approval has been received for the COVID capital expense.

Capital 20/21 Progress report is included. The capital plan continues to be on track.

#### Renovations

Listowel 1<sup>st</sup> floor team station renovation is continuing and projected to be completed by mid-December with move in before Christmas. The renovation will provide safety/security for staff, privacy for effective communication of transfer of accountability, and support the needs of a space for a team station for allied health, nursing and physicians. Development of a distraction-free and secure area for medication preparation and storage that meets best practice standards is also part of the project. This project is estimated to be complete by the end of November and is being managed internally by our maintenance department.

The oil tank removal project in Wingham is complete.

#### **Christmas and 2021 Celebrations:**

With COVID requirements and the flood in Listowel, there have been alterations in our plan for staff Christmas celebrations. We are planning to provide meals and pizza celebrations in December and February at each site to demonstrate our appreciation for staff and recognize the importance of camaraderie and social events in the workplace.

# **Long Service Awards Program:**

Long service awards have been purchased at each site. A few items have not been delivered as yet, however should be arriving very soon. Managers have been asked to coordinate a recognition opportunity in the staff member's unit. Although an atypical recognition process, we are confident that each will be appreciated and meaningful among their peers and leaders.

# **Personal Recognition:**

Thank you to Nikki Lobsinger, HR Assistant for her diligent planning and coordination of the long service recognition awards this year.

#### Data and workflow:

Members of the HR and Finance teams have been working together over the past couple of months on data clean up in our HRIS system as well as assessing workflow and paper flow processes. This work assists with short-term and long-term impacts, supporting efficiencies in communication, report writing, and data collection as needed.

# Pay Equity:

Positions that have had substantial changes in skill, effort, responsibility or working conditions may be submitted for review under the Pay Equity Maintenance Review process as per the terms of reference of the Pay Equity plans for both CUPE and Non-Union positions. The CUPE and Non-union Pay Equity Maintenance process was communicated the week of October 26, 2020 with November 27, 2020 as the submission deadline to the manager for review.

We have received notice that our Pay Equity consultant is retiring at the end of this year, December 31, 2020. We have not had an opportunity to review options or opportunities to support us following this loss of service.

#### **Benefits Claims History:**

There was a decline in benefit usage in the April-July 2020 quarter. Canadian insurance carriers, including GSC, have announced premium credits for health and dental as a result of COVID-19. Due to the nature of our risk sharing arrangement with GSC, Listowel and Wingham hospitals will implicitly receive credit for the reduced health and dental claims costs with the annual financial reconciliation process. Our year end is September 2020, and we are anticipating a better understanding of this impact following the annual reconciliation meeting which is not set as yet. More information will be shared with union leaders and applicable full-time staff when available.

# Cultivating partnerships to offer a seamless patient experience.

# **Alcoholics Anonymous**

A local unit of Alcoholics Anonymous will be using space in the Royal Oaks Health and Wellness Centre for their weekly meetings.

#### **Cancer Care Ontario**

There are some positive follow-up actions following a recent meeting with the Chief Medical Officer for London Health Sciences and the Regional Vice President of South West Regional Cancer Program, Cancer Care. The discussion focused on cancer programs offered at LWHA including the oncology program in Wingham, colonoscopies at both sites and the Ontario Breast Screening Program in Listowel. In addition, the Chief Medical Officer of Health has a role in regional development. He is open to hearing how London can better support medical care in regional hospitals. We were proud to highlight the growth of the Wingham oncology program and the move to 5 days per week of service.

#### **Ontario Health Teams**

There is now a commitment to create a Huron Perth Ontario Health Team infection control program including: surveillance, outbreak management, education, consultation and leadership as well as providing guidance related to emergency preparedness, environmental concerns, construction, repairs and structural modifications. This is the first significant commitment to share resources made between the partners in the HP OHT.

#### **Goderich and Exeter**

Those of us who knew Bruce Quigley were extremely saddened by his sudden recent death. Bruce was the CEO of the Alexandra Marine and General Hospital in Goderich and interim CEO of the South Huron Hospital Association in Exeter. We have offered both our sympathy and our support to these hospitals and their leadership.

#### **Health Records**

Health Records continue to track and monitor key performance indicators for transcribing, coding, and filing. Both departments coding and transcriptions are meeting completion targets.

#### **Echocardiography**

The Listowel Memorial Hospital will sign a new contract with St. Mary's General Hospital for continuing echocardiography reporting. Wingham District Hospital has made the decision after discussion, after consultation with the physicians, to move forward with the purchase Agfa Cardiology. This will allow for continued support for our current onsite cardiology clinics. This is the final step in continuing our obligations for Echocardiography Accreditation for both sites.

#### North Huron and North Perth Family Health Teams Amalgamation

As a Board member of the North Huron Family Health Team, I wish to share that the boards of the North Huron and North Perth Family Health teams have unanimously agreed to proceed with an amalgamation of the two organizations. A subcommittee of the two boards will be called together to determine the next steps. The full leadership team has been working cross-

site for almost two years with administrative savings being diverted to clinical programs. It is anticipated that the transition will be smooth and patients will not notice much change.

Our Infection Control Practitioner Pauline Daugherty has been busy providing flu vaccines to staff and physicians across LWHA. Pauline uses several communication strategies including social media to communicate the importance of the vaccine and to remind our board members, staff and communities to get the flu vaccine.