

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

Clinical Documentation

The regional hospitals that utilize the Cerner information system installation of London hospitals gathered in late November to discuss the Clinical Documentation project and a secondary initiative to commit to the standardization of medical devices in the region. We have concerns about beginning the significant changes required for the Clinical Documentation project when some of the functionality of the previous HUGO system implementation is not optimized.

With respect to the standardization of medical devices, we understand the complexity of a system that would require us to build separate interfaces for each brand of every type of medical device to the electronic information system. For example, separate interfaces would need to be built and maintained for up to 5 or 6 types of pumps, anesthetic machines, vital signs monitors etc. to the electronic record. We are also mindful that equipment that works well for an academic health sciences centre is not necessarily the best piece of equipment for smaller sites. As we move forward, we are needing to balance the economics and risks of standardization of devices across the region.

The 2018/19 Quality Improvement Plan

We will begin work on the next Quality Improvement Plan right after accreditation. The process was outlined at the Quality Committee of the Board. Our plan is to increase staff, board, patient, physician, family health team, and leadership involvement in the development of goals, change ideas, and monitoring of progress. Our intention is to develop change ideas that are feasible, sustainable, and relevant to our staff, providers, and patients.

Integrated Risk Management

We are in the process of updating our organization's risk registry. This was last reviewed in 2015. The senior team will be reviewing to determine top 10-20 risks, which will be presented to the board for approval. The Integrated Risk Management (IRM) policy has been updated after review of current literature as well as past practice. The LWHA IRM approach will be simple and focus on our duty to protect our patients and staff, and allow us to detect risks, put controls into place to mitigate risks, and review regularly. The process should answer four simple questions: **what can go wrong? how bad? how often? and is there a need for action?** In addition, the process will support ease of governance, outlining pertinent questions for the Board to focus on when reviewing and approving the approach to risk management. It is not possible to eliminate all risks but we have a duty to protect patients as far as reasonably practicable. This means, as an organization we must avoid any unnecessary risk and focus on those with potential to cause harm.

Quality Council

Our inaugural Quality Council meeting has taken place. We discussed and modified the terms of reference, reviewed the Quality and Patient Engagement Frameworks, and discussed enablers of reaching the quadruple aim. We had representatives from the family health teams, physicians, a patient partner, managers, quality and risk, finance, decision support, and senior team present. This council will oversee

the work of the hospital quality teams and report to the board. This will help to cascade our quality goals throughout the organization and ensure objectives are aligned from the frontlines to the board.

Redevelopment Program Planning

In pharmacy, we have had to make some adjustments to the room where the narcotic vault will be stored, in order to be compliant with Health Canada standards. The architects are working on a design that will meet standards without requiring reinforcement of the floor from the basement. The interior framing will begin shortly, and drywall has been delivered.

The oncology drawings have also been modified due to visibility and patient safety concerns. A professional practice lead from London Health Science Centre raised concerns when reviewing the drawings and the team has met with the architects to determine best plan of action. The revised plan is expected to result in cost savings.

Maternal Newborn Steering Committee

We are currently collecting quotes for the esthetic refresh of the department. There continues to be conversation regarding feasibility of a physician call schedule as we move forward. The steering committee will meet again in December. We have received a quote for the Managing Obstetrical Risks Effectively program and are putting together a capital request. This program will enhance obstetrical skills of all practitioners, standardize our response to emergencies, ensure competency in care delivery, and improve patient safety.

Clinical Nutrition

Malnutrition is a major concern in hospitals and is estimated to effect 45% of inpatients in Canada. Adequate nutrition care from admission has strong potential for improving patient care, and reducing malnutrition-associated consequences, such as risk for infection, pressure injury, and prolonged length of stay. To improve timely care of patients our registered dieticians (RD) have developed a medical directive, which authorizes an RD to order/modify a nutrition care plan. This will decrease additional administrative work for the most responsible physician and improve efficiencies in the RD workflow.

Cultivating a workplace that nurtures individual and collective potential.

Chief Financial Officer Recruitment

At this point, we don't have any firm leads on a Chief Financial Officer. We will be engaging a recruitment firm to assist us with this search.

Christmas Party and Long Service Awards

The first combined Listowel Wingham Hospitals Alliance Christmas Party and Long Service Awards presentation took place on November 18th in Wingham. Approximately 170 people attended. Presenting pins for each 5 years of incremental service has been a tradition of both hospitals. If anyone has any suggestions on improving the recognition of long service or the Christmas party, please let me or Human Resources know. A date and location will be determined soon for next year's gathering in Listowel.

Physician Recruitment

In the absence of Dr. Shubat, the Wingham physicians deserve a thank you from the community for

LWHA Board Highlights - November 2017

stepping into the void to ensure patient needs are met. Drs. Moore and Vanderklippe have offered to provide some coverage along with nurse practitioner support from the North Huron Family Health Team. Dr. Gear has been assisting with reviewing diagnostic and consultant reports. Recruitment efforts continue to find a locum or longer term replacement for this practice.

A future retirement and a maternity leave have the potential to seriously challenge the physician schedule for coverage in the Listowel emergency department. An application is being prepared by Listowel for the Emergency Department Locum Program. Wingham has had a significant number of ER shifts covered by this program for the last several years.

Ministry of Labour

The Ministry of Labour has committed to inspect every Ontario hospital as part of a proactive program to eliminate workplace violence. They recently inspected Listowel and one order was received which requires that we assess the emergency department for workplace violence hazards and the establishment of controls, responses, working alone procedures, and how to summon immediate assistance. A number of staff from the emergency department and the Joint Health and Safety Committee will be consulted on this risk assessment.

Pharmacy Coordinator Recruitment

We are pleased to announce that we have a new Pharmacy Coordinator starting at LWHA on January 2. Sheri DiGiovanni has been a pharmacist for 5 years, practicing in acute care hospital settings. She has had considerable involvement and interest in quality improvement, leadership, and project work, while working as a clinical pharmacist. Her family moved to Belgrave in November. Her husband Matthew is the pharmacist at the pharmacy in the Royal Oaks. They have two young boys (Clark almost 3 and Owen 8 months old). Sheri is looking forward to meeting everyone and is very excited to be getting involved in her new community.

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

Wingham and District Hospital Capital Project

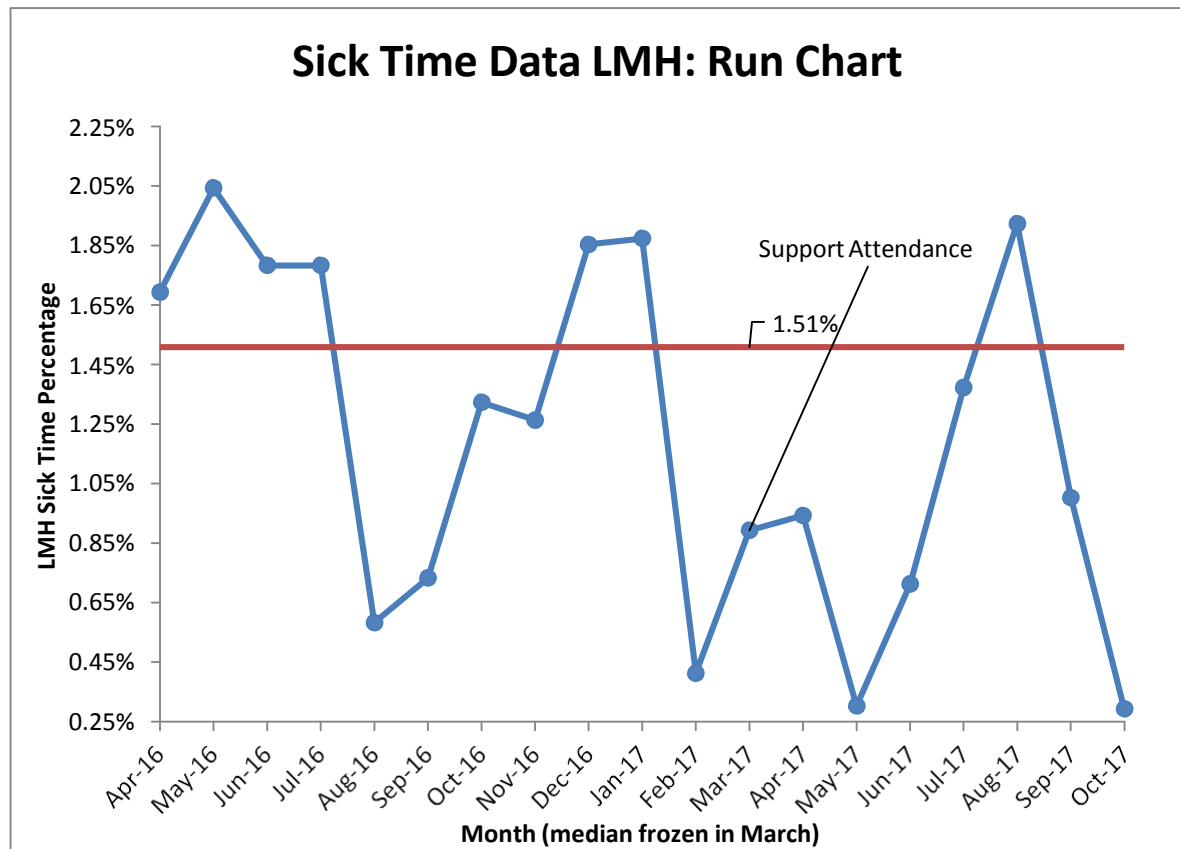
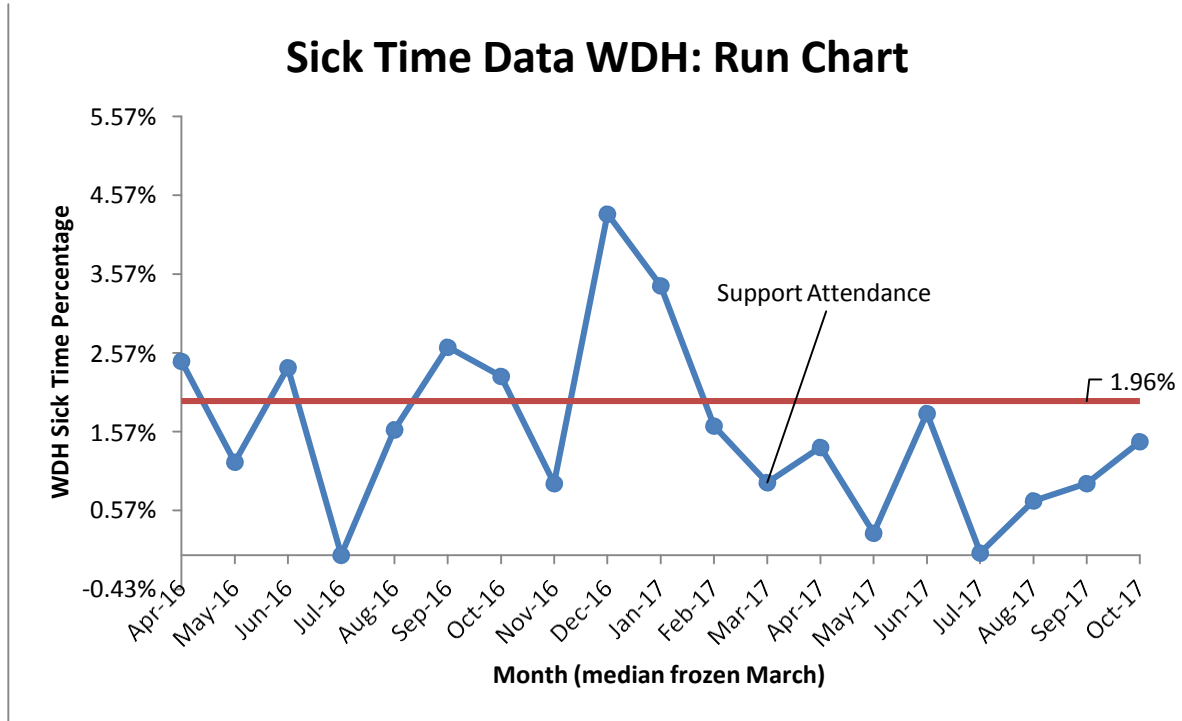
With the structural issues addressed, framers, dry wallers, electricians and plumbers have all started work in the redevelopment space in Wingham.

The new boardroom and meeting (terrace room) space will be utilized for the accreditation surveyors and staff will move into office space shortly after.

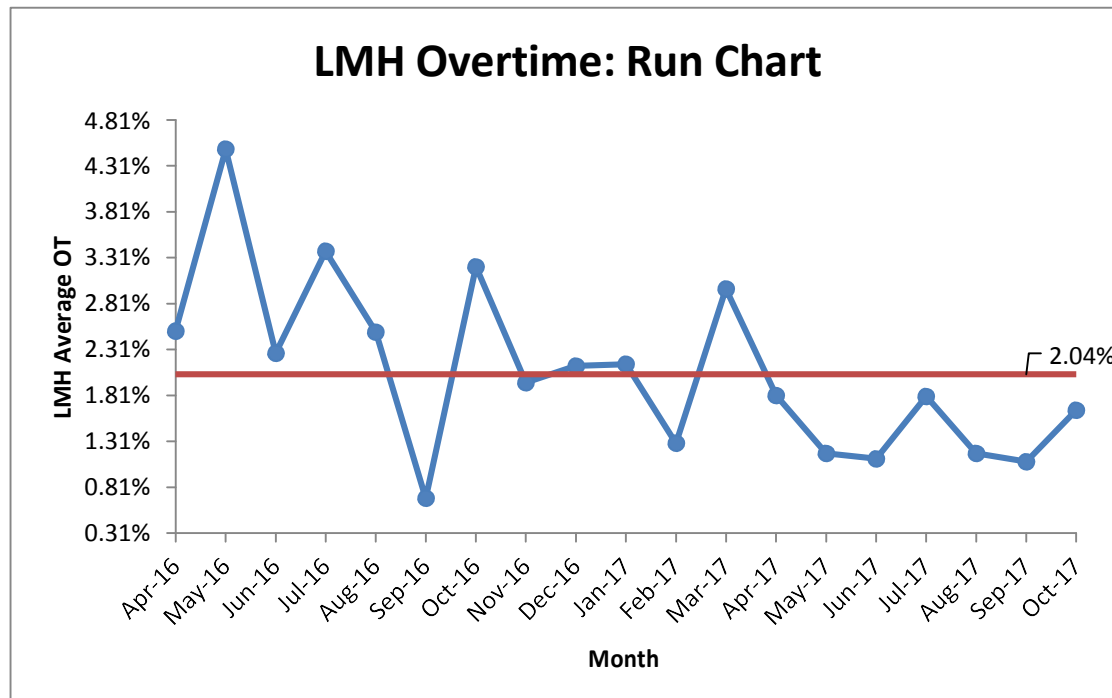
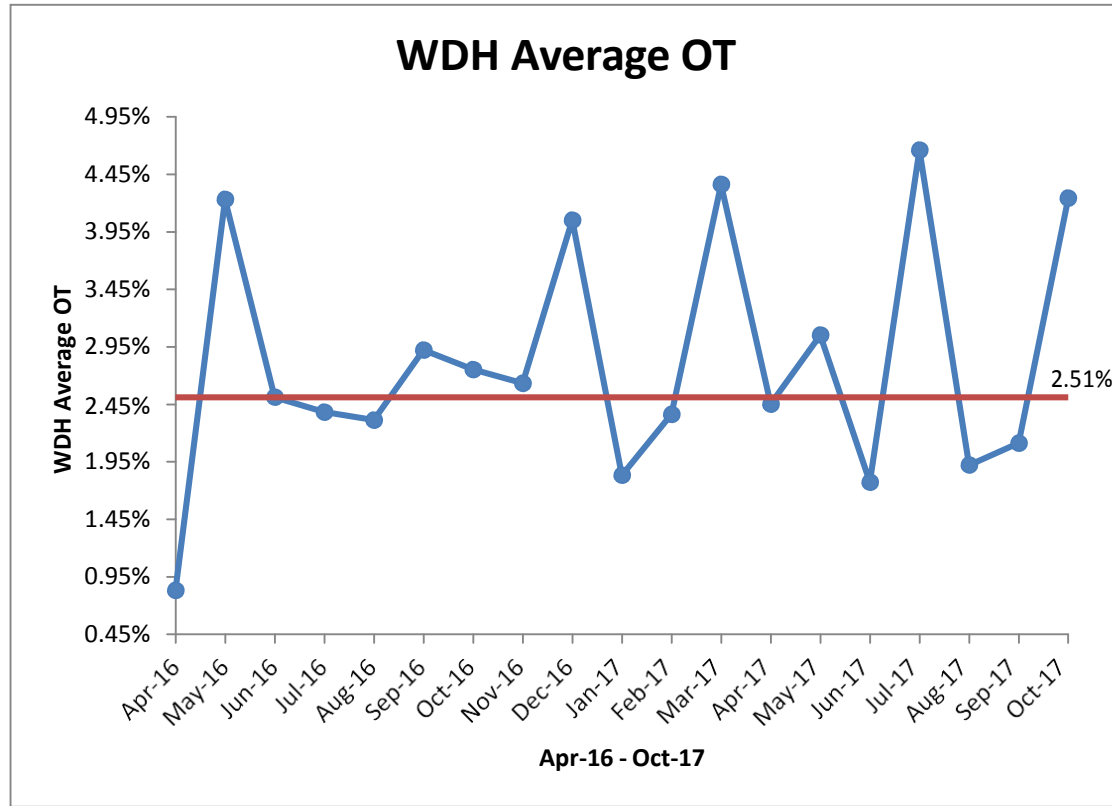
Budget Preparations

Work continues to meet the SW-LHIN deadline of November 24, 2017 for submitting preliminary budgets for fiscal 2018/19. Board approval will be sought in January. Although challenging, we believe we will have balanced budgets for both sites prepared by the deadline.

Sick Time Chart for WDH and LMH



Overtime Chart for WDH and LMH



Cultivating partnerships to offer a seamless patient experience.

Royal Oaks Tenants

A meeting was held with Royal Oaks tenants to ensure tenants felt they had a forum to raise any tenant/landlord issues. Timing of the locking of doors, paging, fire codes and tenant signage are examples of items discussed. There is a commitment of tenants to run a joint Code Red exercise to test individual tenant fire plans and responses.

Surge Capacity

There have been a significant number of discussions about the current surge of inpatients in hospitals within the South West LHIN. Incremental beds have been allocated to the South West with a majority of the beds currently being assigned to London. We do have an obligation to assist the health system when it is stressed to ensure that sufficient capacity exists in the secondary and tertiary centres to allow them to accept our sickest patients. However, we do not want to be forced to accept patients with few social and family supports locally and having few options for discharge.

Professional Practice and Informatics

Recently we have determined that there is an opportunity to improve upon our professional practice focus within the clinical team and organization. We are working to develop a robust professional practice program with the following goals:

- Focus on knowledge, skill, judgement and progressive growth for all regulated health professionals
- Support staff to practice to full scope (e.g. RPN push meds)
- Plan for mitigation of identified practice risks, and rollout of education and changes in collaboration with leaders
- Provide presence and resources for staff, rounds, supporting conversations and learning on the spot where best practice and evidence are required
- Support accountability; helping staff recognize their learning gaps
- Improve medication safety
- Support clinical judgement and development of critical thinking skills
- Support resilience
- Increase PNL engagement, evaluate and strengthen the PNL structure

This opportunity will directly affect patient safety, staff satisfaction, and our ability to detect, respond to, and recover from the risks inherent in healthcare. In addition, we are planning to reduce duplication in our informatics support systems and streamline processes to allow for the growth of this program.

Other Board Highlights

Lee Griffi, Manager of Corporate Communications, at the Caressant Care Nursing and Retirement Homes provided the board education. An overview of the organization, programs and services and the funding model were presented. Mr. Griffi touched on the challenges that Long Term Care Homes currently face including the challenges redeveloping older facilities. He indicated that his organization is strongly

committed to maintaining the long term care beds in Listowel.

Jan McKague, Recruitment Officer, for the Wingham and District Hospital made a presentation to the Board regarding current recruitment efforts that are ongoing within the Wingham and District Hospital and the North Huron Family Health Team. A fulsome discussion regarding current recruitment efforts and the supports that could be offered by the board for recruiting activities took place.