



NORTHUMBERLAND HILLS
HOSPITAL

Senior Management
Report to the Board
September 2017

Quality and Safety

***Your Symptoms Matter* computer kiosks coming to NHH**

Beginning **Monday, September 25**, patients will no longer complete their ***Your Symptoms Matter*** questionnaire (also known as ESAS) on paper when they come to the Cobourg Lions and Lioness Cancer and Supportive Care Centre at NHH.

Instead, patients (or their loved one) will complete the questionnaire at our new computer kiosks. The kiosks (two for NHH) use a secure web-based program, just like the kiosks already in place at the Durham Regional Cancer Centre. Within a few minutes of completing the questionnaire, symptom scores will appear directly in the patient's chart. This allows the health care team to see the unique symptoms that may be a problem for each patient--at each visit--and help them plan their care.

To use the new system, patients will simply swipe their Ontario Health Card through a special card reader and follow the prompts to complete the questionnaire. Patients whose cards won't swipe can simply type in their health card number.

NHH Auxiliary volunteers are currently being trained to support patients and their loved ones with any questions on the new system. Cancer clinic staff will be available to assist too.

Patients may also complete the ***Your Symptoms Matter*** questionnaire on their home computer or a mobile device before they come to their appointments. For technical reasons, it cannot be done on an iPad at this time.

Thanks to all who have been involved in building and testing the new kiosks. A very special thanks to the Cancer and Support Care Clinic's Auxiliary and Patient and Family Advisor volunteers for their input and support. Thanks too to our NHH IT department's Steve Akil for his support with the setup, testing and programming.

Continuing education kudos in NHH's Cancer Clinic

Congratulations to NHH RNs **Bridget Lessard, Susan Cameron, and Janna Cudmore** on their recent completion of the Provincial Standardized Chemotherapy and Biotherapy Course (PSCB) from De Souza Institute.

Designed to advance nursing knowledge and skills in chemotherapy and biotherapy administration and care, the 11-week program reviewed standards set by a number of national and international bodies, including Cancer Care Ontario standards for chemotherapy delivery.

NHH's Cancer Clinic has a strong relationship with de Souza. Founded in 2008, the de Souza Institute offers a range of online courses to enhance expertise to provide the best possible cancer and palliative care. Named after Anna Maria de Souza, the late Toronto philanthropist and volunteer who envisioned the central training centre, it is committed to providing standardized, evidence-based training for oncology nurses and other health-care professionals across the province and beyond. For more information see their website at:

<https://www.desouzainstitute.com/>

Eighth Patient and Family Advisor welcomed

The fourth quarterly meeting of NHH's Inaugural Patient and Family Advisory Council was held last month. Welcomed to the team at the meeting was NHH's eighth patient advisor, local resident Peter Hoisak. Peter, who was among those who expressed interest in participating during the initial call for interest, now joins seven other individuals and two NHH staff members on the inaugural Council. His focus will be on working with the NHH Human Resources Department, participating in selected recruitment interviews as early as this month.

Also from the Patient and Family Advisory Council, special thanks to Lakeridge Health Patient and Family Advisory Council member Laura Abbasi for providing a very informative education presentation at the NHH Council's last quarterly meeting. Laura spoke to the growing PFAC program at Lakeridge Health and answered questions from the NHH Council on topics like Quality and Practice Committee participation, governance and internal staff awareness. For further details on NHH's inaugural PFAC, please see www.nhh.ca

NHH Maternal/Child Program implements new best practice for Critical Congenital Heart Disease Screening (CCHD)

NHH's Maternal/Child team has launched a new proactive Pulse Oximetry (PO) screening program for Critical Congenital Heart Disease (CCHD) for all infants born at the hospital.

A new best-practice recommendation from **Newborn Screening Ontario** (www.newbornscreening.on.ca) the protocol was developed with input from a paediatric physician group and midwifery task force. Piloted in selected sites earlier this year, the program is now in the process of being rolled out across the province with the goal of making access to the potentially life-saving screening available to all newborns in Ontario by the end of 2017.

CCHD refers to conditions where a baby's heart or major blood vessels around the heart have not formed properly. They are called 'critical' because they require surgery or intervention in the first year of life to ensure health outcomes for the baby.

Fully implemented at NHH as of mid-July, 2017, all newborns born at NHH are now offered PO screening for CCHD prior to discharge. Oxygen saturation levels in the right hand and in either foot are measured consecutively and compared. The aim of the simple, painless test is to proactively identify indicators that could signal a potentially dangerous cardiac condition in the infant—symptoms which, in the past, may have gone unnoticed until a critical event.

In the event that a positive result (i.e. reduced oxygen saturation level) is identified, the Most Responsible Practitioner is notified and an urgent referral is made to a physician for further investigation. Nurses and/or midwives involved in the infants' care are responsible for performing for screening test, using guidance from Newborn Screening Ontario, and results are documented in the infant's medical record.

While instances of Critical Congenital Heart Disease are rare in Canada (3-4/1000), the benefits of early intervention are well documented. NHH is pleased to be among the early adopters of this latest potentially life-saving research.

Wounds workshop for NHH staff

NHH, in partnership with Wounds Canada, will offer a customized one-day wound care workshop this November for hospital staff. This is an interactive program of intensive skin and wound care education focused on evidence-based practice. **Topics will include:** assessment and management of wounds; surgical wounds; pressure injuries; and leg ulcers. Also included will be a customized wound dressing workshop using NHH products. With space for 50 learners, the program is open to any hospital clinical staff interested.

Smoke-Free Ontario Act enforcement blitz on now at NHH

Lorne Jordan, Kawartha, Pine Ridge District Health Unit Tobacco Control Inspector for our region, toured NHH grounds earlier this week on the invitation of hospital staff to review current no-smoking signage and provide recommendations on ways the *Smoke-Free Ontario Act* might be further reinforced.

Section 9 (2) of the *Smoke-Free Ontario Act* bans smoking tobacco on hospital property – for NHH this ban includes the entire hospital grounds as well as staff and visitor parking lots. Fines begin at \$305 and this may be increased up to \$5000 for repeat offenders.

At NHH prominent “NO SMOKING” signs have been updated and posted at all entrances, exits and other appropriate locations, including property perimeters, for over a year. The signs aim to alert patients, visitors and staff to the *Smoke-free Ontario Act* smoking ban but the hospital has found that reminders are necessary to maintain awareness and ensure consistent compliance.

Jordan provided additional signs to NHH staff and offered education and warnings to several visitors this week. He is authorized to write tickets on the spot for anyone found smoking where they are not permitted. He will be dropping by NHH regularly during the current blitz to monitor and administer fines where required. His advice to those who choose to smoke: “be aware of the restrictions on and around public facilities such as NHH, obey the law and avoid a fine.”

As required by section 13(4) of the Act, NHH does make exceptions regarding tobacco use for Indigenous cultural or spiritual purposes, such as smudging. A designated area will be provided on request.

Great Place to Work and Volunteer

NHH Values Ambassadors planning holiday celebration for staff, physicians and volunteers

In the spirit of Teamwork and Collaboration, two of the five corporate values anchoring NHH’s new four-year Strategic Plan, the NHH Values Ambassadors (front-line staff Amy Eriksson, Sarah Gibbens, Kim Douglas, Julie Morgan and Krista Hay) are planning an NHH Holiday Dinner and Dance at the Cobourg Lion’s Community Centre.

All staff, physicians and NHH volunteers will be encouraged to attend the Friday, December 15th event. Tickets will go on sale later this month and it’s hoped that volunteers, including Board members (and their significant others), will join the team at the buffet and the dance floor to celebrate the season and NHH.

The event is the second in a series organized this year by the Values Ambassadors. A paint night was hosted in late June in the Education Centre and a skating party is being planned as the third event this winter.

Initiated several years ago, the Values Ambassadors advise the CEO and Senior Team on ideas that demonstrate and celebrate the five values of NHH: Integrity, Quality, Respect, Compassion and Teamwork.

Collaborative Community Partnerships

Central East LHIN call for interest – Sub-Region Planning Tables

The Central East Local Health Integration Network (Central East LHIN) is seeking health system stakeholders to participate in Sub-region Planning Tables. Building on the Central East LHIN’s existing foundation of local engagement and planning, seven sub-region planning tables are being established to foster joint accountability for innovative, integrated system redesign to address health and service gaps, advance quality, and improve patient experience and outcomes.

With an initial core membership of patients, caregivers, Indigenous representatives, Francophone representatives, new immigrant representatives, primary care (physicians, nurse practitioners), specialist physicians, hospital sector representatives, public health unit representatives, municipal services representatives, home and community care services director representatives, community support services sector representatives, long-term care homes sector representatives and mental health and addictions sector representatives, the sub-region planning tables will advance the strategic aims and direct care priorities of the Central East LHIN's Integrated Health Service Plan 4 (IHSP 4) – *Living Healthier at Home*.

As a key element of the Patients' First Act, each of the seven-sub region tables, co-chaired by a Central East LHIN's Sub-region Primary Care Physician Lead and System and Sub-region Director, will be key to ensuring our patients' and caregivers' health care needs are met.

As shared in our August *In Touch* community newsletter, the call for interest closed September 12. Applicants should expect to hear in the coming weeks. A preliminary meeting is set for October 16th to launch the new tables.

For more information, please visit the Central East LHIN website – www.centraleasthin.on.ca – and click on <http://www.centraleasthin.on.ca/forhsps/ApplicationsEOIsProposals.aspx>.

Questions? Please email Lori Brady, Director, System & Sub-region Planning & Integration (Scarborough South) at lori.brady@lhins.on.ca.

Pharmacist-Led Medication Reconciliation Project to improve transition of care from hospital to home

Congratulations to Karen Peters (Northumberland Family Health Team Pharmacist), Joanne Jury (NHH) and Mandy Lee (Central East LHIN Health Links) for their graduation this past summer from the IDEAS Advanced Learning Program.

IDEAS, an acronym which stands for Improving & Driving Excellence Across Sectors, is an evidence-based quality improvement training program for Ontario's health professionals. It is delivered in partnership by Health Quality Ontario (HQO), the Institute for Clinical Evaluative Sciences (ICES), IHPME (the Institute of Health Policy, Management and Evaluation) and seven Ontario universities.

Since December 2016, the Northumberland trio has been working on a practical project with benefit to local patients, acute and primary care practitioners: to reduce 30-day readmission rates and Emergency Department visits by ensuring Northumberland Family Health Team patients are seen by a pharmacist within seven days of discharge for medication reconciliation/review.

This is an ongoing project (also incorporated into both the Northumberland Family Health Team and NHH annual Quality Improvement Plans) but, direct results were already being shown, including:

- (as of June 30, 2017) 40 per cent of patients within the Northumberland Family Health Team were being seen within 7 days of discharge for an appointment with a pharmacist for medication reconciliation and review in addition to physician check-in (this is expected to grow to over 80 per cent by October 31, 2017 as the last group of physicians are on-boarded into the program);
- significant improvement in time from hospital discharge to follow-up by a primary health care provider;
- updated medication lists in the patient Electronic Medical Records, providing best possible information for physicians/Nurse Practitioners and the interprofessional team; and
- resolution of a large number of medication discrepancies, patient and family member questions answered and connections made to other Family Health Team programs and services in the community.

Thanks to all the physicians and staff who have been providing support to make this initiative the success it is and to HQO for providing health quality improvement expertise. Also, thanks to the Central East LHIN for support and partnership.

The team will be presenting a poster summarizing their project and latest results at the HQO Quality Improvement and Patient Safety Forum, as well as the Health Quality Transformation conference and the Association of Family Health Teams of Ontario conference, all taking place in October 2017. They continue to work toward their aim, meeting bi-weekly to establish the intervention as a program. Roll-out to the third of three Northumberland Family Health Team Clinics is expected to start this month.

Operational Excellence

Ontario Hospital Association Calls for Further Action to Avoid Capacity Crisis - Many Hospitals Spent Summer Under Surge Conditions, Even With Budget 2017 Investments

With the Legislature reconvening for its fall sitting, the Ontario Hospital Association (OHA) is calling for rapid and aggressive new investment in hospital services, and services across the continuum, to avoid a possible capacity crisis within Ontario's healthcare system this winter.

"Many hospitals have operated through the summer under very unusual and worrying surge conditions," said OHA President and CEO Anthony Dale in a September 11 media release.

"The evidence strongly suggests that even with the 2017 Budget announcement, further investments are urgently needed this fiscal year in order to ensure timely access to services for patients. This summer, wait times for patients admitted through emergency departments hit the highest monthly level recorded since the province started measuring wait times nine years ago. Many of the province's largest hospitals reported occupancy levels exceeding 100 per cent. While it is normal to see an increase in patient volumes in the winter months, this summer was unusually high, matching the sector's highly stressed January and February occupancy rates. Now, with weeks to go before flu season begins again, conditions strongly suggest that the healthcare system faces a real capacity crisis this winter without further action."

"Over the past 10 years Ontario's hospitals have embraced innovation and demonstrated remarkable resilience by absorbing hundreds of millions in new cost pressures and retooling their operations to improve their efficiency," said Dale.

"The root of today's capacity challenge is that far too many frail elderly patients can't get access to the care they really need outside the hospital setting. The OHA supports the government's Patients First agenda but it will take time before the full effects of these reforms can be achieved."

With the Fall Economic Statement approximately 60 days away, and more provincial revenue than expected, the OHA recommends new in-year investment to stabilize and build new capacity in hospitals and across other health providers in order to ensure the healthcare system is better prepared to meet the needs of patients this winter. In addition, in the months ahead the OHA will be making further recommendations regarding health system capacity for the 2018 Ontario Budget, expected in the late winter or early spring next year.

Hospital Improvement Plan update to the Central East LHIN

NHH will be providing the latest in its regular updates to the Central East LHIN on Hospital Improvement Plan (HIP) progress later this month.

NHH will deliver news that the majority of the actions itemized in the multi-year Hospital Improvement Plan as a result of our 2016 External Operational Review are on track or have been successfully implemented. The hospital continues to see the financial benefits of a number of the changes made through the HIP, particularly the consolidation of smaller units into larger units.

As communicated to the LHIN Board at our last update, the achievement of a 1 per cent surplus in NHH budget planning continues to be unattainable. Despite recent increases to base funding for Ontario hospitals, NHH continues to be impacted by a very high number of Alternative Level of Care (ALC) patients. NHH has been operating a significant number of unfunded beds (over and above budgeted occupancy) to meet this local patient need. This is a draw on both financial and human resources with a direct impact on the bottom line. NHH has been providing regular updates to the LHIN, the Ministry of Health and Long-Term Care and the OHA on this situation and looks forward to collaboration on a provincial solution in the coming months.