

2018-2019 Annual Reports

Compassionate Excellence

Annual Meeting

Winchester District Memorial Hospital June 18, 2019 – 6:00 p.m. Main Level Meeting Room – C1-401



Report of the Board Chair - Winchester District Memorial Hospital Foundation WDMH Annual General Meeting June 18, 2019

I am pleased to provide a report from the Board of Directors of the Winchester District Memorial Hospital Foundation.

This has been another excellent year for the WDMH Foundation. Our donors are the reason for this. We are simply bursting with gratitude and the wonderful feelings of knowing that so many people care about WDMH.

I'm pleased to report that last year, there were 4,515 donations to the WDMH Foundation. As a result, we were able to purchase 19 pieces of medical equipment for the hospital, totaling almost \$600,000.

These equipment purchases include:

- A new echocardiogram machine that added two more "close to home" services
- Three new anesthetic machines for the Operating Room
- Two new bi-pap machines one for the Emergency Department and one for the Enhanced Care Unit
- A new ophthalmology microscope for the OR, helping to ensure that we can still offer cataract surgery
- A new procedure chair for the casting and suture room in the Emergency Department
- Three new specialized beds for the Complex Continuing Care Unit
- A new bladder scan machine
- A new stretcher for the Morgue
- And in the Chemotherapy Unit, we have two new recliners, two new workstations, and a new iPod and speaker system so our patients can listen to music while receiving chemotherapy treatment.

Our donors also generously supported our signature events. The 2018 "Saturday Night Fever" gala raised more than \$60,000, and the Judy Lannin Christmas Wish Tree raised \$33,000 more. We also held a free family skate day at the Morrisburg Arena on Family Day. Fun was had by the more than 300 attendees, and it was also a wonderful opportunity for us to share and chat with many people about our work.

There are also many individuals and community groups who raise funds on behalf of the Foundation - from golf and bocce ball tournaments to BBQs and artisan sales. 22 of these events were held last year raising just over \$74,000.

We have 148 active Lynne's Club members who donate to the Foundation every month. Since 2011, this program has raised more than \$270,000.

Planned giving is another special way to give back to local health care. Last year, we were very honoured and touched to receive 9 planned gifts totaling almost \$978,000.

Grateful patients continue to recognize staff and volunteers for the care they received through our Honour Your Caregiver Program. In fact, 49 people did so last year, raising almost \$15,000.

The WDMH Foundation is grateful for all this support. And we will continue to need it. In the coming year, the highest priority needs identified by WDMH add up to more than \$1 million dollars. The need will always be here – but I know that WDMH will be in the best of hands because of the compassion and generosity of our donors who care so much.

On behalf of the WDMH Foundation Board of Directors, I would like to recognize our hardworking employees for their continued dedication to working with our communities to raise much-needed funds for WDMH. Thank you as well to my fellow Board Members and to the Hospital Board for giving your time and expertise. And thank you to the WDMH team for the compassionate care they provide every day - and for supporting us in our work as well.

And most importantly, thank you to our donors. Thank you for the trust you have placed in our hands and for your ongoing commitment, care and generosity.

Thank you.

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Tom Dawson Chair, Board of Directors WDMH Foundation



ANNUAL REPORT OF THE AUXILIARY 2018 – 2019

The Auxiliary is pleased to report another successful year.

The WDMH Auxiliary has been a member of the Hospitals Auxiliary Association of Ontario (HAAO) for over 60 years. The HAAO was dissolved and disbanded on January 1, 2019. The Ontario East Region, which includes the area from Deep River to Hawkesbury, continue discussions on their future and how best to support the healthcare Auxiliaries, provide networking educational opportunities and recognize milestones. The Winchester Auxiliary will hold a Presidents' Luncheon in October 2019 at which time a vote will be taken, and a final decision will be made regarding the future of the Ontario East Region.

WDMH continues to have a strong Auxiliary with tremendous support from all its members. During the past year our members contributed over 13,000 hours of their time. A special thank you to Carol Dawley and Catherine O'Neill who spent many hours setting up the program for the new cash register in the Gift Shoppe.

To support the purchase of new capital equipment at WDMH the Auxiliary held the following fund raisers:

٠	Fall Bazaar -		\$ 3,675.00
٠	Christmas Pudding Sales -		\$ 729.00
٠	Quilt Draw -		\$ 2,000.00
٠	Fashion Show -		\$ 4,152.12
٠	Gift Shoppe -		\$22,000.00
٠	In Memoriam Fund -		\$34,789.00
		Total:	\$67,345.12

Our last purchase was a portable ultrasound machine at a cost of \$192,000! Going forward all our fundraising activities will concentrate on purchasing an Infant Abduction Prevention Machine at a cost of \$200,000.00.

Auxiliary members attended the final HAAO Convention in Toronto in the fall of 2018, and the Ontario Eastern Region Spring Conference in Alexandria. Three auxiliary members attended an education workshop in Chesterville hosted by the Hospital Board of Directors.

Helping Patients, Staff and Visitors 566 Louise Street, Winchester, Ontario, KOC 2K0 (613) 774-2420 At our regular business meetings, we welcomed Dr. Darrell Menard of Russell who spoke on "Exercise is Medicine", and Jennifer Deschamps, Pharmacy Technician presented the recently acquired Automated Dispensing Cabinets.

Lynn Dillabough and myself were elected Co-Chairs of the Auxiliary in May 2018. On behalf of all members, we thank you again for a wonderful Volunteer Week celebration. It was fully appreciated. The week allowed an opportunity to meet volunteers from different shifts and departments of the hospital.

Finally, an appreciation for the continued support of the Administration and staff of the Winchester District Memorial Hospital.

Sincerely,

- Elinor Gardan

Elinor Jordan Co-Chair, WDMH Auxiliary



ANNUAL REPORT OF THE CHIEF OF STAFF 2018-2019

It has been a privilege to serve as Winchester District Memorial Hospital (WDMH)'s Chief of Staff for the past three years. I have been very impressed by the commitment shown by the physician group as well as WDMH Leadership to improve quality patient care and develop innovative strategies to do so. Below are the highlights of our 2018-2019 year.

QUALITY IMPROVEMENT

It has been another busy year for quality improvement. The Medical Advisory Quality Committee continues to monitor the progress of several quality improvement initiatives throughout the hospital. Many of those process and workflow improvements are the result of case reviews conducted through both Coroner Requests and self-identification. The committee also continues to monitor Quality Improvement strategies and consistently seeks ways to improve quality services at the hospital.

With the addition of services provided to our patients, we enhance the quality of care provided by the hospital. In the last year, we have added a respirology clinic and lung function testing and we continue to seek out services for our community. We are currently investigating the feasibility to include some inpatient palliative care services as well as a non-operative orthopedic clinic. We also anticipate changes to internal medicine service offerings at the hospital. Most impressively has been the work done by our inpatient services and pharmacists in pioneering a ground-breaking deprescribing service to help patients come off unneeded medications. This has been a model that others have sought to copy.

MD HUMAN RESOURCES

Over the past year, we have welcomed 40 new professional staff to WDMH in various capabilities. In July 2018, Dr. Patricia Moussette was welcomed as the new Chief of Anesthesia and sincere thanks went out to Dr. Lucas Gil for his service and leadership to the Anesthesia Department during his term.

The Medical Advisory Committee (MAC) worked diligently for over a year to create a new and improved Professional Staff Rules & Regulations. Following extended review by the physicians, the document was passed in the summer of 2019. During this process, the MAC identified the need for a code of conduct but adapted the content to implement a new Commitment Statement for Professional Staff.

The MAC developed a Physicians Satisfaction Workplan to address issues brought forward by the survey conducted at the end of 2017. Work continues to address the key areas of improvement in the workplan:

- Early inclusion of Chiefs and Physicians in the Strategic Planning process
- > Improve communication and dissemination of information
- > Worklife Balance
- Improve Performance Feedback and Evaluation

WDMH has experienced significant strain in the Family Physician Obstetrics (GP-OBS) group and there were months that proved to be a challenge to provide 100% coverage. There were, in fact, a handful of dates that the GP–OBS group had no physician coverage. In collaboration with the Family Physician and Obstetrics-Gynecology group, the GP OBS group provided support to help fill some gaps. We truly felt the One Team spirit among the physician group as cross-departmental coverage took place to help out their colleagues. The situation is improving with the recruitment of Dr. Pierre de Moissac and the continued support of locum physicians providing coverage.

The physician group, along with the hospital, has implemented the use of an online scheduling system called Medevision. The Medevision development team worked hard to meet the needs of our community hospital and, to date, all is going very well. In fact, with the assistance of Telus, Medevision's CEO, Dr. Rob Horvath nominated WDMH and Dr. Marilyn Crabtree for a Canadian Health Informatics Award in the area of 'Project Implementation Team of the Year'. Dr. Crabtree and the WDMH CIS team continue to work on electronic medical records-related systems throughout the hospital.

The MAC approved the creation of a new online re-appointment process. The first phase of this project was implemented for the 2019-2020 year. The second phase of this project is expected to launch for the next re-appointment year and involve online approval by the Chiefs as well as implementation of an annual performance review tool.

2018-2019 Professional Staff Privileges by Department ended the year strong, with 218 members renewing their privileges for the 2019-2020 year beginning June 1, 2019. Below is a departmental breakdown:

- 55 Medical Imaging
- 34 Surgical Staff, including 2 Dentists
- 36 Family Medicine Physicians, including 4 Physicians regularly providing GP Obstetrical Services
- 41 Medicine Physicians, ranging from internal medicine generalists through various sub specialists such as respirology, nephrology, oncology for chemotherapy, etc.
- 15 Emergency Medicine Physicians
- 21 Anaesthetists
- 6 Obstetricians/Gynecologists, including 1 Physician providing ultrasound reading services
- 10 Midwives

Respectfully,

Dr. Darren Tse Chief of Staff



ANNUAL REPORT OF THE QUALITY COMMITTEE 2018 - 2019

Patient Care Improvement Plan:

Quality improvement is an ongoing priority at the Winchester District Memorial Hospital (WDMH) as we focus on safety and the patient experience. Our Patient Care Improvement Plan (PCIP) provides a meaningful way to clearly articulate our accountability to our communities, patients and staff. Our PCIP is focused on creating a positive patient experience and delivering high quality health care.

Last year, we were pleased to have exceeded our priority goals, achieving:

- 87% compliance with Barthel index outcomes
- 98% compliance with ensuring appropriateness of catheterization for all Medical, Surgical and Complex Continuing Care patients
- Lower than 1.4% target for all same day cancelled surgical procedures
- 61% compliance in identifying suspected sepsis cases in the Emergency Department.

For the 2019-2020 Patient Care Improvement Plan (PCIP), our new indicators include:

- 70% target for follow up of our Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure (CHF), Diabetes Patients 30 days after their Emergency Department (ED) visit
- 129-minute target for average time from Decision to Admit to Patient transferred to Inpatient Bed
- 70% compliance with physician notification of suspected Sepsis at ED Triage
- 85% compliance with Newborn Procedural Pain Management (Heel Prick)
- Lower than 30% target for prevention of Hospital Acquired Delirium

We will continue to monitor acute adult readmissions to our facility within 28 days of discharge, workplace violence incidents, same day cancellations of surgical procedures and patient satisfaction.

Patient Safety/Quality Improvement Initiatives:

New patient safety, quality and patient experience initiatives are continually underway. Here are just a few examples of our accomplishments:

- ✓ The Patient and Family Engagement Committee (PFEC) continues to be actively engaged with WDMH, providing their input and feedback to ensure we are putting the patient first. This past year, the Committee has been involved in, and provided input on topics such as: strategic priorities, advance care planning, safety in the workplace, ethical dilemmas, human resource planning (interviews), *Patient Declaration of Values*, end of life care, patient resources (Surgery, Prevention of Falls, Discharge Instructions for Newborns), staff identification badges, health literacy, fundraising mailouts, as well as our annual PCIP and Senior Friendly Hospital quality indicators.
- ✓ A new indicator on last year's PCIP was identification and flagging of suspected sepsis cases through screening at Triage in the ED. This initiative is aimed at ensuring that patients presenting to the ED with suspected sepsis are identified for appropriate treatment which can significantly impact morbidity, mortality rates and health-care costs. Using two main frameworks; front line ownership and the Influencer Model of Change, we have successfully implemented the first goal: to improve the percentage of sepsis

screening from 30% to 75% by October 2018. Our next step for the 2019 PCIP is intended to ensure the physician is notified of suspected sepsis at ED Triage.

- ✓ Appropriateness of catheterization has been on our PCIP for the past two years. Urinary catheterization increases the risk of urinary tract infections and can lead to other complications such as decreased mobilization and death. A formal process has been developed to ensure all patients who receive catheterization meet the clinical best practice guidelines. With the help of a champion and our team leaders, the Research Office has assisted with this quality improvement project including communication, education, auditing and evaluation. We continue to exceed our target of 85% compliance with current performance at 98%. With sustained compliance, this indicator has been removed from our PCIP.
- ✓ The Senior Friendly Hospital Committee continues to work on quality initiatives to meet the needs of our senior population. These include: mobilization, prevention of hospital-acquired delirium, way finding/signage, appropriate use of catheters, as well as staff education on the needs of our senior population. Other initiatives geared towards our senior population include: improvements to our incontinence products to promote independence and decrease falls and incontinence, promotion of engagement activities to prevent delirium as well as stressing the importance of accurate activity orders.

Additional quality improvement highlights from 2018-2019 include:

- ✓ The Clinical Information Systems (CIS) team successfully implemented a new OR scheduling system with a built-in memory of surgical times by type and practitioner. The new system will automatically generate accurate scheduling of cases based on previous practice. We expect to see a reduction of cancellations with this new system.
- In collaboration with the Seaway Valley Community Health Centre, WDMH implemented a six-week program for people with COPD and their families. The course was provided by a respiratory therapist and topics included: breathing management, energy conservation, medications, exercise, smoking, stress, sleep and eating properly. COPD remains our highest readmission diagnosis.

✓ The following programs have been introduced at WDMH:

Restorative Care Program - To help patients "bounce back" after a setback (e.g. flu and falls). This program is generally one to two weeks and utilizes Occupational Therapy, Physiotherapy and nursing expertise.

Slow Stream Rehab Program - To help our patients recover from surgeries or larger impact illnesses/procedures (e.g. hip surgery). This program may also be used to help a patient reach a specialized rehab program (e.g. stroke or geriatric rehab). This program is generally two to four weeks and utilizes Occupational Therapy, Physiotherapy and nursing expertise.

Deprescribing Program - To support patients to remove unnecessary medications through reducing/eliminating the dose and/or replacing the medication with a safer alternative to improve the patient's quality of life. Patients who meet criteria for this program are assessed by a multidisciplinary team. WDMH pharmacists consult the patient's family doctor and specialists throughout this process

and also will follow up with the patient regularly post discharge (1 day, 1 week, and 1 month post discharge). This program is one to four weeks.

Focused Care Program - To support patients awaiting a specialized rehab program. The patient can continue with Occupational Therapy, Physiotherapy and nursing services and receive assistance with the initiation of community supports. This program can accommodate non-weight bearing patients and specialized nursing care. This program is one to four weeks in length.

Quality and patient safety are key priorities at WDMH and we are committed to continually improving the care we provide. It is a team effort and we are proud of the results over the past year.

Respectfully submitted,

David alatte

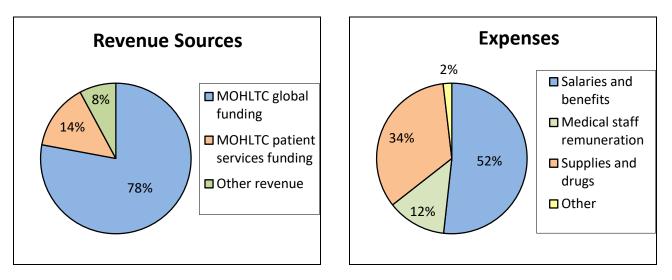
David Wattie Acting Chair, Quality Committee

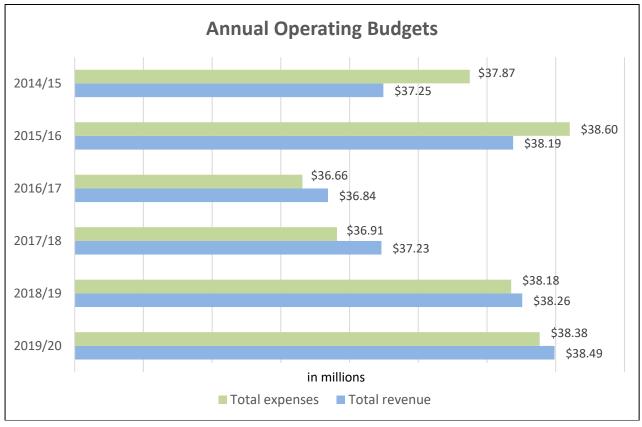


ANNUAL REPORT OF THE TREASURER 2018 – 2019

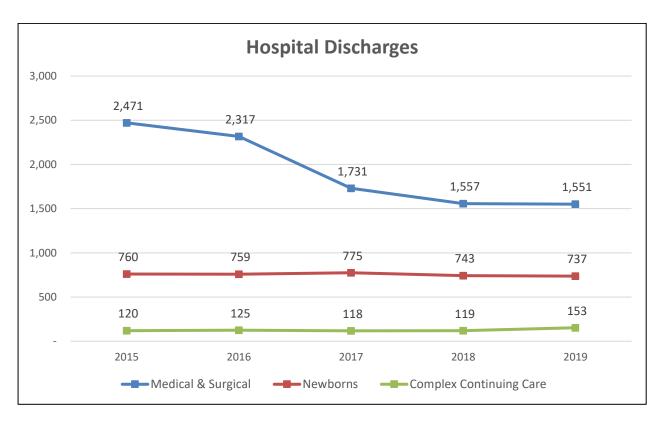
Financial Results:

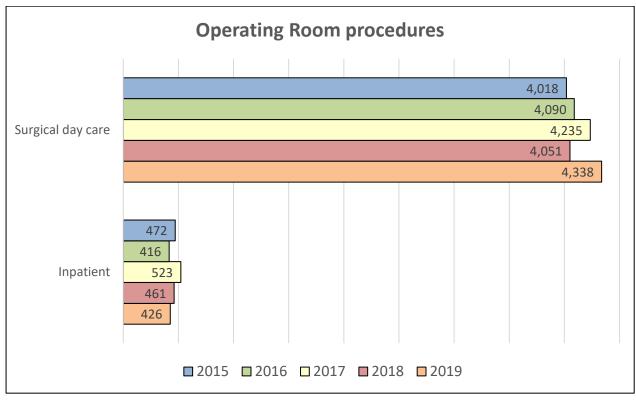
The hospital reported a year-end surplus of \$205,211 from hospital operations and a total surplus of \$48,306 for March 31, 2019.

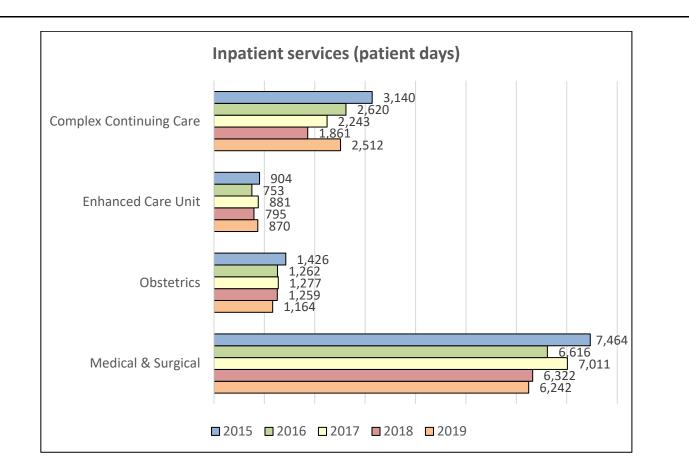




Activity:







Outpatient services (visits)

	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
Emergency visits	24,562	23,699	23,756	23,618	23,150
Ontario Breast Screening Program	2,472	2,209	2,325	2,496	2,720
Chemotherapy	2,681	2,440	2,578	2,373	2,610
Hemodialysis	3,573	3,617	3,619	3,517	3,441
Gynecology Clinic	892	1,252	1,942	1,875	1,887
Prenatal Clinic	1,663	1,812	2,151	2,373	2,118
Pediatrics Clinic	778	716	482	-	-
Cardiology	2,108	1,581	1,499	1,590	1,618
Ophthalmology Clinic	2,552	2,523	2,271	2,105	1,923
Medical/Surgical Clinics	6,638	9,754	9,322	8,677	9,880

As Treasurer, I would like to take this opportunity to thank the entire Leadership Team.

Respectfully submitted,

Bruce Millar CPA, CMA Treasurer



ANNUAL REPORT OF THE BOARD CHAIR AND CEO 2018-2019

In addition to the outstanding, compassionate care that WDMH provides to our patients each day, we can be very proud of our achievements over the past year.

Here are just a few highlights:

- We know from surveys and many, many compliments that our services are highly valued by our patients, their families and friends, and our community. The most recent survey results show WDMH continues to rank above the provincial average in patient satisfaction.
- Quality and patient safety are our #1 priority. Recent accomplishments include continued low re-admission rates, shorter lengths of stay in ER, and 98% catheter protocol compliance.
- We have introduced new services such as a respirology clinic, expanded deprescribing and restorative care programs for seniors, enhanced cardiac services, an expanded sleep clinic, and after-hours CT service. The Clinical Information Systems (CIS) team continues to develop the Electronic Hospital Record to help transform the way we deliver care.
- We are proud of our awards and achievements. For example, our Pharmacy achieved accreditation from the Ontario College of Pharmacists and our Laboratory received accreditation from the Institute for Quality Management in Healthcare. Other organizations continue to come to Winchester to learn from our successes, including our approach to caring for patients who would otherwise be designated for alternative levels of care (ALC).
- We have provided more education sessions than ever before to staff, physicians and volunteers to increase our skills. We shared our knowledge through community outreach activities, by presenting our work at conferences and publishing the results of WDMH research.
- WDMH spirit is alive through our Recreation Committee events, Commitment Awards and our annual Service Awards. Our new Commitment Committee promotes the values outlined in WDMH's Commitment Statement.
- We continue to be fiscally responsible and maintained a balanced budget again this year.
- Our Patient and Family Engagement Committee (PFEC) ensures the patient voice is heard in everything we do – from the development of patient materials; to participation on quality teams; to even sitting on new employee interview panels.
- The WDMH Auxiliary continues to amaze. There are 167 volunteers who impact every area of the hospital and fundraise for vital equipment needs. We are so grateful to these women and men in blue.

- Thank you to our generous donors who helped the WMDH Foundation purchase 19 new pieces of equipment for patient care, totaling \$593,317. This year, \$627,544 was transferred to WDMH.
- Collaboration with health and community partners ensures we are all working together to
 provide the best care close to home. With further health reform underway, there will be even
 more opportunities to work together.
- To guide our work over the next few years, WDMH has a new Strategic Plan. It was developed by a Strategic Planning Steering Committee composed of staff, physicians, volunteers, and patients, in collaboration with the WDMH Board of Directors. The committee heard presentations from health care experts, reviewed regional and provincial documents, and analyzed what is influencing the health care system. They looked at major health trends, reviewed the demographics of the communities served by WDMH and analyzed the hospital's utilization data. The committee also consulted 17 partner organizations and hosted internal focus groups. Internal and external planning surveys resulted in more than 600 responses. This Strategic Plan reconfirms our team's commitment to patient and family-centred care. It sets our path and our priorities, with a focus on four central themes: Quality/Services, Our People, Partnerships/Integration and Accountability.
- Once again this year, we have joined forces with Dundas Manor, the WDMH Auxiliary and the WDMH Foundation to produce a joint *Report to the Community* which will be delivered to close to 60,000 homes in our region. Our focus is on the importance of good neighbours providing great care, supported by a grateful community.

All this is accomplished, as it is every year, by our amazing team. We have close to 1,000 staff, physicians, volunteers and trainees at WDMH. A sincere thank you to all of them who contribute their expertise, passion and commitment to our patients, our hospital and our community.

In closing, let's keep talking. Please share your thoughts and ideas. Visit our website; like us on Facebook; follow us on Twitter @WDMHPride; sign up for CONNECT, our e-newsletter; send an email or call us.

Respectfully submitted,

Mike Villeneuve Chair WDMH Board of Directors

Cholly Boland President & CEO WDMH