



NORTHUMBERLAND HILLS
HOSPITAL

Senior Management
Report to the Board
January 2017

Patients First

New NHH Fall Prevention brochure

As NHH moves forward with the implementation of its updated fall prevention strategy, the NHH Safe Mobility Committee is pleased to introduce a new brochure with tips on fall prevention for patients and their caregivers.

All NHH staff and volunteers are being encouraged to share the information with patients and their families, as appropriate, to reduce the risk of falls for patients during their stay at the hospital and after they go home. The brochure contains evidence-based information regarding how a person can prevent a fall in the hospital, in the community, and in the home. Developed with NHH patient input, the brochures are intended to help staff review key information with their patients and are particularly helpful for patients who have been assessed as high risk for falls.

A further sample of NHH's patient education material enhancements, the new Fall Prevention information will also be made available online on www.nhh.ca to further spread awareness of the best practices associated with fall prevention.

Medical Assistance in Dying (MAID)

The Canadian Criminal Code was amended in June 2016 to exempt specific healthcare practitioners and others who help provide medical assistance in dying.

There are many ethical, clinical, legal and operational issues to consider in the context of this change but, at a very basic level, there is now an obligation on the part of Canadian health service providers, including hospitals, to facilitate patient's rights in this area.

NHH is working with its system partners to monitor and assess the volume of interest and understand the complexities associated with medical assistance in dying so we can, together, meet patient needs.

In these early days, in cases where an NHH patient requests the specialized procedure in an inpatient setting, we would partner with a nearby regional centre (Peterborough Regional Health Centre) to facilitate that care via the individual patient's healthcare practitioner.

At this point in time, no medical assistance in dying procedures have been conducted at NHH.

For further information on Medical Assistance in Dying see the Ontario Ministry of Health and Long-Term Care website at <https://www.ontario.ca/page/medical-assistance-dying-and-end-life-decisions>. A patient information booklet is also available on the Peterborough Regional Health Centre's website at: <http://www.prhc.on.ca/cms/medical-assistance-in-dying>

Our Team, Our Strength

Third Obstetrician-Gynecologist joins NHH, bringing new laparoscopic surgery expertise and building local obstetrical capacity

NHH is very pleased to welcome **Dr. Nasser Abu Awad** to its growing team of medical specialists.

With more than three decades of medical expertise spanning primary care, research and teaching, Dr. Abu Awad—one of three Obstetrician-Gynecologists now serving patients at NHH, together with Dr. Michael Green and Dr. Asiya Hameed—is a welcome complement to the hospital and the community. In addition to bringing new expertise in minimally invasive laparoscopic gynecological surgery, Dr. Abu Awad brings specialized training in pregnancy care and delivery as well as added infertility expertise. Though with NHH for a short time, he has already hosted several workshops for the team, including one on the latest clinical best practices and techniques for breech births.

Trained as a doctor in Amman, Jordan, where he obtained his Bachelor of Medicine and General Surgery and a specialization in obstetrics and gynecology, Dr. Abu Awad worked for more than a decade in his specialty in the Middle East before moving to Canada to pursue further clinical research work at McMaster University in Hamilton.

Following his time at McMaster, Dr. Abu Awad trained, through the University of Toronto's Faculty of Medicine, as a clinical fellow in advanced obstetrics at Mount Sinai Hospital's Department of Obstetrics and Gynecology. He spent a year expanding his skills in the area of high risk pregnancies at Mount Sinai before completing his Canadian residency with the University of Toronto in 2012.

With NHH since October, 2016, Dr. Abu Awad has seen first-hand the benefits of the generosity NHH enjoys from the community it serves. Responding to his need for specific equipment to build NHH's laparoscopic service, the NHH Foundation's 2016 Gala succeeded in raising the necessary funds for the highly specialized tools that will be put into service this winter.

Thanks to the successful recruitment and equipment purchase, "More gynecological surgeries, including hysterectomies, can now be offered, to selected patients, laparoscopically," said Dr. David Broderick, NHH's Chief of Staff and a member of the team, with President and CEO Linda Davis, Dr. Michael Green and NHH's Chief of Maternal/Child Services Dr. Kathy Barnard-Thompson, that helped recruit Dr. Abu Awad. "Minimally invasive surgery has benefits to both the patient and the system. From the patient's perspective, the pluses include reduced risk of complications, such as infection, faster recovery and minimal cosmetic impact—that is, a smaller incision. From a hospital perspective, minimally invasive surgeries translate into shorter lengths of stay which, in turn, free up much needed acute care capacity for other patients' needs."

Another benefit of Dr. Abu Awad's arrival is the opportunity to reduce previous reliance on locum (itinerant) physician support. "We have had circumstances, in recent years, when both of our two Obstetrician-Gynecologists had to be away from the community," said Linda Davis. "In those situations, we had to call on locum support to fill the gap. With a third Obstetrician-Gynecologist now in the call group, we have not had that situation, thus enhancing continuity of care for patients in our community and reducing cost to the hospital."

In addition to his work in the NHH Surgical Services department, Dr. Abu Awad sees patients in NHH's ambulatory care outpatient clinic and in his off-site office with NHH's general surgeons in the Fleming Building at 1005 Elgin Street West in Cobourg.

The father of six children, aged 5 to 19, Dr. Abu Awad will be relocating his family from Milton, Ontario in the coming months. Referrals to Dr. Abu Awad are now being accepted through local family physicians or specialists.

Operational Excellence

Signs of stability amidst continued pressures

On January 16th NHH's senior management team had the opportunity to update the Central East LHIN senior team on Hospital Improvement Plan (HIP) progress. These monthly reports are part of our HIP commitment, and, together with quarterly reports delivered to the LHIN Board, are an important tool for us to stay in close contact with our LHIN on local and system priorities and pressures.

In addition to updating our LHIN on our progress against key 2016/17 HIP priorities (most of which are moving along as required, thanks to an outstanding team effort over the past year) we also shared details on NHH's financial projections for year-end on March 31st, 2017. NHH is currently projecting a very minor operating surplus, thanks to the savings realized through our HIP and, more recently, the [December 16th announcement by the province](#) of some much needed additional dollars for NHH.

Among the pressures outside of our control is the continued need for NHH to provide care to so-called "surge" and "ALC" (alternate level of care) patients. As highlighted above, the number of ALC patients waiting in NHH beds for care in a more appropriate setting is on the rise, up approximately 6% from last year to more than 17% of our total bed capacity and, as of last month, rising. Combined with surge (more people in our community requiring inpatient beds than we have typically averaged) we are hard pressed to meet demand within the funding provided. Further, the small 2016/17 surplus referenced above could be eroded should patient volumes continue to be as high as seen in the past few months.

NHH is not alone. In a recent message to the Ministry of Health and Long-Term, the Ontario Hospital Association outlined a number of "health system capacity pressures" facing hospitals across the province, among them rising ALC and surge pressures—exactly what we are seeing here in Northumberland.

As surge and ALC pressures become more of the norm and less the exception, we are recognizing the need for additional staff to support these patient volumes. To that end, NHH welcomed a group of new staff members at our January orientation session. They will be a welcome addition to help support our community's rising needs.

Both the Ministry of Health and the LHINs are seeing the pressures our teams are facing and taking actions—our additional base funding being the best example of this yet. We have a long way to go, but signs are emerging that we are moving in the right direction. Thank you for your continued support.

Accreditation 2017

Three reviewers representing Accreditation Canada will visit NHH for our next review the week of March 6th, 2017.

Preparations for the visit include "Countdown to Accreditation," a series of staff newsletter columns and related unit-based posters from Myonne Allan, NHH's Director of Quality and Safety highlighting pertinent information about key "Required Organizational Practices," tips and potential questions staff members may be asked by the reviewers. Also being prepared for staff, physicians and volunteers is a customized NHH Accreditation Handbook. Mock tracer exercises following a hypothetical patient's journey through selected areas of the hospital will be held February 3rd with special guest Natalie Bubela, President and CEO of Muskoka Algonquin Healthcare. Additional tracer exercises are also planned through February.

The rigorous quality review, which occurs now every four years, is an opportunity to showcase the hospital's best practices. It is also a learning opportunity, with staff from one end of the hospital to the other having the opportunity to see their own practices and processes compared to industry-leading benchmarks and, where appropriate, acquire new information to continuously improve the delivery of highest possible quality care.

Pressure Ulcer Prevalence Survey

NHH is participating in the Hill-Rom International Pressure Ulcer Prevalence (IPUP) Survey on February 22, 2017. A pressure injury is harm to the skin or tissue below the skin and usually happens over bony areas, like

the heel, ankle, hip or tailbone. Though there are a number of causes, patients often experience pressure injuries when they stay in one position for too long or, conversely, slide or shift in their bed/chair repeatedly.

The survey consists of a head to toe skin assessment of each inpatient and staging of existing pressure ulcers followed by a review of patient charts. This in depth survey will allow NHH to benchmark and compare organizational-level pressure ulcer prevalence to similar facilities. Prevalence will also be reported at a unit level, with participating units being:

- 2B Acute Medical/Surgical
- Intensive Care
- 1A Inpatient Rehabilitation
- 1B Restorative & Palliative Care Units

Surveys will be conducted on the day shift between 0730-1530 by two teams of three staff – NHH IPUP surveyors are Skin Health Committee members Deborah Zoras, Zach Gershfeld, Amanda Lent, Kim Zoldy + two Trent University nursing students. Surveyors will receive training prior to survey day to ensure consistency in data collection.

NHH recognized by Trillium Gift of Life

Trillium Gift of Life Network has released new provincial data on hospital donation performance. Ontario is the only province to make this data publicly available – a practice that has led to higher donation rates in the province.

Hospital donation performance is measured by two rates: routine notification and conversion.

Routine notification rate measures the frequency at which Trillium Gift of Life Network is notified by a hospital when there is *potential* for organ and/or tissue donation. Without this critical first step, precious life-saving opportunities are lost. The average provincial routine notification rate over the first two quarters of 2016/17 fiscal year was 95 percent. In the second quarter (July 1 – September 30, 2016) nine out of the 70 hospitals participating achieved a 100 per cent routine notification rate. NHH was among those 9 hospitals.

For details, please see the related Trillium Gift of Life media advisory:

http://www.giftoflife.on.ca/resources/pdf/Q2_Public_Reporting_Media_advisory_FINAL_Jan2317.pdf

Be a Donor Month is coming up this April. NHH is again planning a number of to help build community awareness around the importance of personal registration.

New electronic roadside message board installed at NHH

When maintenance was required recently to repair the lighting within the original roadside sign at NHH's main entrance at DePalma and Chris Garrett Drive, we took the opportunity to update the sign to also incorporate a new direct public messaging option. In place since Wednesday, February 1st, the sign is a welcome addition to our hospital's communication channels. Going forward we will now be able to feature short, street-level messages to the community we serve on timely hospital, NHH Foundation and NHH Auxiliary news.

Sustainable Future

***Creating our Future Together* - broad input received through strategic planning process, analysis under way**

Input to inform Northumberland Hills Hospital (NHH) as it develops new strategic priorities to guide it in the coming years has come from all corners of the communities served.

Thanks to a diverse response to community conversations, individual surveys and meetings with area municipal leaders, partner organizations, and interest groups, NHH has a wealth of input to review.

Titled *Creating our Future Together*, the goal of the collaborative strategic planning process launched in November, 2016, is to develop the roadmap that will guide NHH into the 2020s—through updated mission, vision, values and strategic priorities—while continuously building stronger local hospital services for the patients served.

As of mid-January we have heard from over 450 stakeholders, including staff, physicians, volunteers, community members, patients, caregivers and partners. Facilitated by MacPhie, the agency assisting us in the process, the input we have received has been thoughtful and extremely helpful. The surveys alone (electronic and print) provided input from more than 200 individuals. As shared in a recent news release, we thank all who have taken the time to participate, either in individual surveys or community, group or individual conversations. We also thank the many partners, organizations and individuals in the region who have helped us to gather interest.

The NHH Board will now turn to analyzing the input received, combine it with a recent environmental scan commissioned with regional partners to obtain key facts such as trends in patient needs and volumes, and begin drafting the new plan to meet the needs, opportunities and challenges expressed while sustaining key strengths.

The latest stage in the *Creating our Future Together* process was a Board working session with area partners late last month where key themes were identified and explored based on input gathered. A second phase of community engagement is being planned to validate these themes.

NHH is working toward a finished 2017-2020 Strategic Plan by April of this year. Further updates will be provided via the hospital's communication channels. Questions? Please contact Jennifer Gillard, Director, Communications and Community Engagement, at 905-377-7757 or jgillard@nhh.ca

Collaborative Networks

Shared Manager, Clinical Information - NHH/Campbellford

Effective last month, **Sandra Beatty** has assumed new regional responsibilities for Clinical Information for both NHH and Campbellford Memorial Hospital.

Sandra previously held the role of Manager, Clinical Information at Campbellford Memorial Hospital. Beginning January 9th she will divide her time between Campbellford and NHH, supporting Health Records, Registration and Admitting teams at both organizations, including 2.5 days in NHH's Health Information office. This role will be considered interim for the next six months while we ensure that the arrangement is appropriately meeting the needs of both organizations.

One of the commitments made to the Central East LHIN in NHH's recent Hospital Improvement Plan was an agreement to investigate and, where appropriate, pursue partnerships with regional partners. 2016 brought significant progress on that front, particularly in the area of 'back office' functions.

Among the regional partnerships we've achieved in the past year is our shared Interim Regional Chief Financial Officer arrangement (with Ross Memorial), our Regional Chief Information Officer arrangement (also with Ross Memorial, as well as Haliburton Highlands, Lakeridge Health and Campbellford) and, most recently, the sharing of two management positions within our Information Technology (IT) department and the IT team at Ross Memorial, namely the transition of Mike Donoghue to Interim Regional Director, Information Technology and Carole Thomson, Interim Regional Manager, Information Technology. Sandra Beatty will be assisting us to fill Carole Thomson's previous responsibilities in Health Records, Registration and Admitting so Carole can focus more attention on her regional IT responsibilities.

Basic Income Pilot consultation

NHH was pleased to participate in the Basic Income Pilot consultation held recently in Cobourg.

As a provider of local health-care services, NHH recognizes its key role in supporting and improving positive health outcomes for all local residents. The information provided at the consultation by the Ministry of Community and Social Services, and the related discussion that followed, helped to broaden understanding of the Basic Income Pilot concept and the potential improvements it may be able to offer for residents in our community who are living in low-income situations.

Income is the leading determinant of health. NHH applauds Ontario's commitment to test the concept. We underscore the local urgency of this work (as articulated by the Haliburton Kawartha Pine Ridge District Health Unit) and look forward to the improvements it may afford in both short- and long-term health and other outcomes for recipients.

For further information, see the Basic Income Pilot website at: <https://www.ontario.ca/page/basic-income-pilot-consultation>. A plan for the Ontario pilot is expected to be released by April, 2017.

Port Hope Walk-in Clinic changing location, effective March 1, 2017

In a news release issued January 16th, 2017, the Port Hope Walk-in Clinic announced that it is undergoing a re-organization in its operation. The clinic will close its current location and re-open in a new location at 99 Toronto Road, also in Port Hope, effective March 1, 2017. The last day of operation in the previous space will be February 27, 2017.

At 99 Toronto Road, the Clinic will be located in a temporary space in Suite 203, the offices of Dr. Mark Azzopardi and Dr. Fraser Cameron, while its permanent home in the same building is completed. The new location will provide a more accessible space and is wheelchair accessible via the elevator at the north side entrance. The location also offers free parking to visitors in the adjoining lot.

The hours of the clinic are unchanged and it will continue to operate 7 days a week. The hours Monday to Friday are 11 am to 5 pm and the Weekend hours are 10 am to 4 pm. The clinic is closed only on statutory holidays. The after-hours clinic from 5 pm to 8 pm Monday to Thursday will continue as before for the patients within the Ganaraska Family Health Organization (Patients of Drs. Azzopardi, Banerjee, Cameron, Dersnah, Everdell, Hazell, Knackstedt, Long, and Northey). The location of the after-hours clinic varies and can be found by calling 905-800-0218.

The walk-in clinic location change is part of a broader re-organization. The goal of this is to ensure the sustainability of an important resource to the community. With this move to 99 Toronto Road, the staff of the clinic will be able to continue to provide quality same day urgent care to the residents of the Municipality of Port Hope and the rest of Northumberland County.

***Elder Abuse: Guidelines for Action* resource launching in Northumberland next month**

The Northumberland Elder Abuse Resource Network (NEARN) is releasing a new tool to provide information and raise awareness on key issues around abuse and neglect in later life and help ensure that older adults are treated with respect and dignity in our community.

Thanks to financial support provided through the Ontario Seniors Secretariat, a new booklet, titled *Elder Abuse: Guidelines for Action*, has been created for Northumberland County (including those who provide both formal and informal supports and health care to seniors). The booklet contains tips on how to recognize and respond to situations when an older adult may be vulnerable or experiencing elder abuse, as well as important health, social and legal information.

Sarah Gibbens, NHH's NEARN representative and Emergency Department Geriatric Emergency Management RN, invites Board members, staff and members of the community to join the Network as it launches the guidelines to the hospital/healthcare audience this March. The first session will be held in the Cobourg Public Library on March 2nd, from 2-4pm. The second session will be held at NHH on March 3rd, from 9:30-11:30 in the Education room 2F27/2F28. Free to attend, the sessions are open to all.

About NEARN – NEARN was created in 2006 to assist the planning and coordination of services related to elder abuse prevention in Northumberland County and to provide education and raise awareness about elder abuse in the community. NEARN is a not-for-profit volunteer organization, comprised of volunteer members from diverse sectors of our community, including representatives from health care, social services, family violence services, financial services, victim services, police, seniors, housing/shelters; faith; and First Nations. NEARN is funded by donations from individuals, support from community agencies, and through local fundraising activities.

New Central East Self-Management Program website now live

The Central East LHIN Self-Management Program launched a new website on Monday, January 30, 2017. Searchable by postal code, the new website supports the registration process for workshop participants, builds awareness about the Self-Management Program, and connects health care providers, patients, caregivers and the public at large with information and resources to promote healthy behaviours.

The new website, located at www.ceselfmanagement.ca, includes new features such as:

- Online registration for Health Care Professional training workshops
- Improved user functionality
- Clearer navigation, with a section specifically for caregivers

The previous domain, healthylifeworkshop.ca will automatically redirect visitors to the new domain, www.ceselfmanagement.ca.

The Self-Management Program empowers people to change their health behaviours by developing new skills and tools to break the cycle of symptoms that can result from having chronic health conditions.

For more information please visit www.ceselfmanagement.ca or call 1-866-971-5545.