

2017-2018 ANNUAL REPORT AT A GLANCE



com·mit·ment

kə'mɪtmənt | noun: **commitment**; plural noun: **commitments**

the state or quality of being dedicated to a cause, activity, etc.

“the company’s **commitment** to quality”

synonym: dedication, devotion, allegiance, loyalty, faithfulness, fidelity



HURON PERTH
HEALTHCARE
ALLIANCE

CLINTON PUBLIC HOSPITAL
ST. MARYS MEMORIAL HOSPITAL
SEAFORTH COMMUNITY HOSPITAL
STRATFORD GENERAL HOSPITAL

While it’s easy enough to define the word “commitment”, honouring the commitments we make is what defines us—both as individuals and as an organization. A commitment isn’t just a strong feeling; it’s a decision, a judgement, a promise—and it’s what transforms that promise into reality.

In our new *Commitments to Our Communities*, the Huron Perth Healthcare Alliance has embraced the collective wisdom of our Board, patient partners, staff, health care partners and communities in advancing our new Values, Mission and Vision. Our strengthened Guiding Principles: People - engaging with passion; Partnerships - collaborating with purpose; and Performance - exceeding expectations, provide an organizational roadmap to create an environment that promotes innovation and excellence by focusing on what we do, how we do it and never forgetting who we do it for—our patients.

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Board Chair John Wolfe, President and Chief Executive Officer Andrew Williams and Chief of Staff Dr. Laurel Moore recently met to provide this assessment of the year past and a glance at the year ahead.

Q: A great deal of effort has gone into developing Commitments to Our Communities, the newly released HPHA Strategic Plan. As Board Chairman, tell us why the plan is important and what it's aiming to achieve?

John Wolfe: We're very excited to be sharing this with the community. It identifies our priorities over the next three years and ensures our attention is squarely focused on what will ensure safe, accessible, high quality care. One thing it does is heighten our awareness of how we communicate with all our healthcare partners, both internally and externally. Healthcare has traditionally been little pockets of people working in relative isolation. That doesn't solve problems or make things efficient. It certainly doesn't prepare us to respond nimbly and creatively to the changing needs of our patients and the healthcare system. We need more people to build relationships, to talk and share ideas, whether those ideas come from patients, family members, physicians, staff or volunteers—any person or organization with whom we connect.

Q: Can you tell us more about Commitments to Our Communities...some of the plan's main points and how it will help guide HPHA?

Andrew Williams: Our new Commitments to Our Communities is like a roadmap to the future for HPHA. It ensures we're an organization that's driven by our values: Compassion, Accountability and Integrity, and that these values guide every interaction in which we're involved. There's a continued focus on advancing a collaborative culture, developing

and maintaining strong relationships with our community partners, patients/families, caregivers, volunteers, staff and physicians—hearing their voices as we co-design quality healthcare for the future. Shaped by our commitment to supporting people, developing positive partnerships and exceeding performance expectations, we've refined and enhanced these Guiding Principles to focus not just on “what we do” but “how we do it”. Our Values, Mission, Vision and re-stated Guiding Principles will provide a framework to focus expertise, address priorities, cultivate excellence, champion collaboration and enhance service delivery now and into the future.

Q: For many years, HPHA has been consistently recognized as a strong performer in the Hospital Accreditation process. This year the Alliance has proposed an alternate way for Accreditation Canada to review the organization. Why the change?

Andrew Williams: We've always been strong supporters of the accreditation process. We want to make it even stronger and more reflective of recent changes in the direction of healthcare. Driven by our Commitments to our Communities, we've requested a sub-region prototype accreditation survey—a new and innovative approach that's focused more on relationships between organizations and their impact on patient outcomes. Instead of focusing exclusively on a hospital or long-term care home, we're proposing that Accreditation Canada follow the patient through the system and review HPHA, some long-term care homes, family health teams and community partners together. In a nutshell, we're asking them to assess all of us through the same lens with the goal of trying to improve quality and making the transition for our patients as seamless and stress-free as possible.





from left: John Wolfe, Dr. Laurel Moore, Andrew Williams

We're already working closely with these care providers. It's a natural next step and offers even more opportunities to work collaboratively, standardize approaches to elements like human resources and infection control, reduce costs and improve patient care. We're hopeful it will get the green light and eventually spread to other regions of the province

Q: Dr. Laurel Moore, as Chief of Staff, would you give us a snapshot of our medical staff—its overall health, successes and current challenges?

Dr. Laurel Moore: There are many wonderful things happening as well as challenges. Throughout HPHA our Medical Staff is becoming more and more cohesive. We're focusing on improved communications with patients and families, and embracing technology to a much greater degree. We're growing our own leaders within the organization through a formalized training program, and that's building excitement and a sense of team.

In terms of physician recruitment, we have several priorities and we're adapting our recruitment strategies in response. The biggest pressure right now is psychiatry. There's a nation-wide shortage and we're searching for four psychiatrists. We're now recruiting at the resident level long before people have graduated; planting seeds that we hope will bear fruit. In the meantime we have locums from London and our Crisis Team which is well trained and very effective. So we're still able to provide a care plan and intensive treatment in one of the most efficient inpatient mental health units in the country.

Our other recruitment challenge is family physicians in Clinton. We have lots of interest and we've already recruited two new physicians. In each case it's critical that we find physicians who are the right fit with our communities.

Q: Some have called the past year a "perfect storm" in terms of occupancy challenges with many hospitals running over capacity. What was behind it?

Dr. Laurel Moore: There was a big jump in our flu cases and people were sicker with flu than in other years. A shortage of Personal Support Workers in the community resulted in additional patients in hospital. It underlines the importance of supporting caregivers in the home through programs like Connecting the Dots and demonstrates how interdependent and indispensable each component of our system has become.



In other areas we've made tremendous headway. We've really improved patient communications through initiatives such as our new Autism Kits, bedside transfer of accountability, and whiteboards in each patient room. We've even included a patient partner on our Medical Advisory Committee who provides valuable observations and helps us make good patient/family focused decisions. That's a natural extension of listening to our patients' voices—something that's at the heart of HPHA.

Q: There are many components to improving healthcare across HPHA...How is the new Integrated Stroke Unit performing?

Dr. Laurel Moore: Our new Integrated Stroke Unit is having real impact on patients and families throughout our region. There's no debate that a co-ordinated, integrated approach to stroke care saves lives. We've even streamlined admissions, where much of the patient history and paperwork is completed in the ambulance, allowing the patient to be rushed to the new CT Scanner on arrival without delay. It can be miraculous to see patients arrive who are completely debilitated, and by the next day, they're up and moving. At the same time, the Integrated Stroke Unit is going through some growing pains, mainly around funding for therapies that kick in after the acute phase. When we can strengthen the rehab component we're likely to see some additional improvements.

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Q: Anyone who lives near, works or volunteers at one of our HPHA locations has seen a flurry of activity on the infrastructure front this year and also some other significant initiatives. What stands out in your mind as the most exciting project?

Andrew Williams: We've had some strong investments in infrastructure this year that have allowed us to work on a number of priority projects at our different sites. In the past year we've accomplished so much: changed our bed distribution, examined different approaches to care on our units, and seen our staffing models evolve further. But perhaps the most exciting facility initiative this past year was our cogeneration partnership initiative with WalterFedy, Festival Hydro, Culliton Inc. and EPS AB Energy Canada to convert our SGH site to a natural gas powered generator to produce electricity. Heat recovered from the engine is also used to produce steam and hot water for the building, eliminating the need for additional boilers and fuel. That's innovation. That's creativity. We expect to reduce the hospital's average annual utility bill by over \$350,000. And the more efficient our buildings are, the more money we have to focus on frontline care.

Q: HPHA has balanced its budget yet again this year...Does that mean we have sufficient funding to meet our needs?

Andrew Williams: Our goal this year was to generate approximately \$1.5 million that we could invest back into our organization, and to help repay loans taken out to undertake needed facility projects and equipment upgrades. Given higher than expected activity, we did not achieve this however we did end the year in a balanced position, with an approximate \$700,000 surplus.

Of course we must use our skills, creativity and innovation to look at new, exciting ways of delivering quality care with our various partners while minimizing costs. And with the growth of evidence based care, we're able to more easily discern what is and isn't effective. Treatment of stroke is a good example. It's helped drive our whole approach to stroke care and led indirectly to the creation of our Integrated Stroke Unit—a significant improvement over how stroke was treated in the past.

Q: HPHA is celebrating its 15th anniversary this year. What are your thoughts about the Alliance and its future prospects?

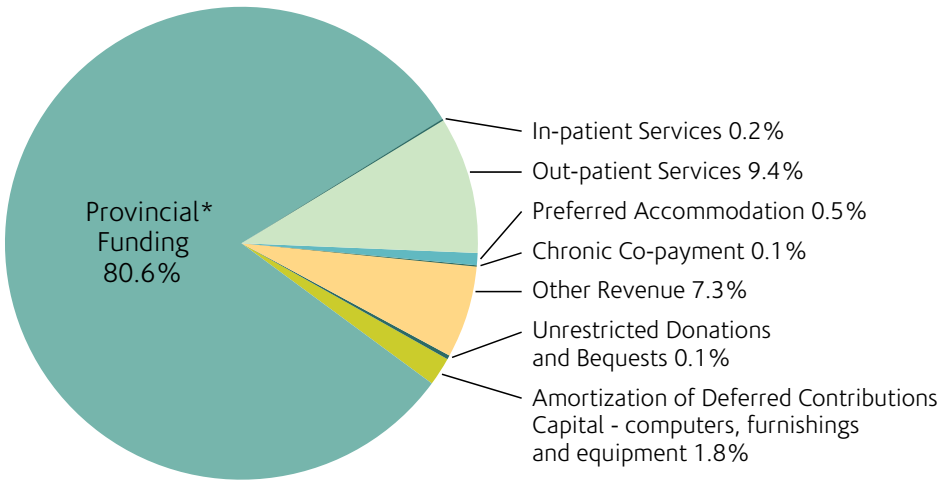
John Wolfe: I think it's a tremendously successful organization. We have skilled, dedicated and resourceful people at every level, working together in a common cause. You see it at the Board level where people from different locations come together and make decisions that are based not on where they come from, but on what's best for HPHA as an organization and the patients we serve. We've shown we can grow, that we can change, that we embrace the wisdom of our patients, families and staff; and that we will reach out beyond our doors to work with other partners in our communities to build a stronger, more responsive healthcare system for the future. I believe our Commitments to our Communities will help steer HPHA to even greater success in the years ahead.



2017-2018

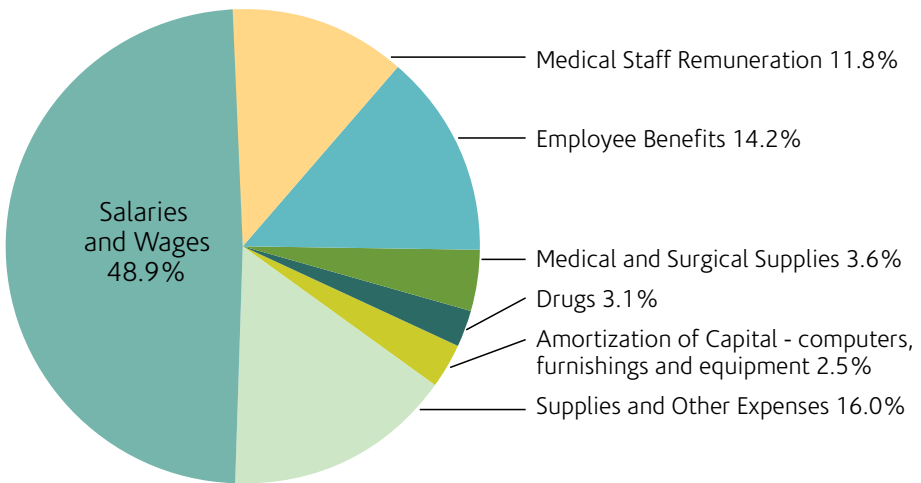
Financial Overview

REVENUE | \$138,899,837



* Ministry of Health & Long-Term Care, South West Local Health Integration Network, Cancer Care Ontario funding

EXPENSES | \$138,199,100



2017-2018

The Year in Review

SELECTED HIGHLIGHTS

- **Autism tool kits** were developed to better meet the needs of patients accessing Hospital services. Designed with input from parents, the kits facilitate a more calming environment for Autism Spectrum Disorder individuals receiving care.
- **Patient Partner Council** established to continue to strengthen patient and family engagement, furthering the work of the Patient Experience Steering Committee efforts to include patient partner participation on various committees and projects, including the Medical Advisory Committee.
- **An overall influenza immunization rate of 82 percent** was achieved, with strong participation from staff, physicians, volunteers and students, the latter reaching a 100 per cent compliance rate.
- **The Chemotherapy Unit marks its 15 year anniversary** of providing cancer care closer to home for patients throughout the region, reducing the time, expense and stress of traveling to London for treatment. More than 30,000 patient visits have occurred during that time period.
- **Cancer Care Ontario congratulates HPHA** for meeting the provincial improvement target for Cancer Surgery Wait Times; and for being a top performer for Post-Surgical Pathology turnaround time for all diseases.
- **Leaders monthly rounding** implemented with the goal of enhancing person centred care and providing a proactive response to patient and staff needs, issues and feedback.
- **New Stroke Program reduces delays** in treatment by pre-registering and ordering tests while enroute to hospital by ambulance—a collaboration between HPHA's District Stroke Centre, designated Telestroke Centre at Alexandra Marine & General Hospital and Emergency Medicine Services partners in Huron Perth.
- **St. Marys Memorial Hospital Foundation's "Someone I Know" Campaign surpasses \$5 million goal.** Ground breaking ceremony marks the start of the \$2.9 million Tradition Mutual Centre for Wellness project, expanding the facility for the Happy Valley Family Health Team with a teaching space for medical residents.
- **Clinton Public Hospital (CPH) and Seaforth Community Hospital (SCH) Foundations participate in the CKNX Health Care Heroes Radiothon**, with \$20,000 earmarked for new sterilization equipment at the CPH Site and \$50,000 towards new patient beds at the SCH site.
- **New state-of-the-art CT Scanner installed**, impacting some 12,000 patients and their families each year. New scanner delivers less radiation and is essential to diagnosing stroke and many other ailments. Stratford General Hospital (SGH) Foundation donors support the \$1.3 million purchase, part of the \$25 million-plus "In Our Hands" equipment campaign.
- **\$2.5 million in provincial funding** for much needed facility repairs and upgrades across all sites was received. Funded projects include: electrical upgrades and an elevator replacement at the CPH site; a water heater and elevator replacement at the SMMH site; electrical upgrades, a generator replacement and an elevator replacement at the SCH site; and a roof replacement, electrical system upgrades and an elevator replacement at the SGH site.
- **A new Combined Heat and Power Plant was opened at the SGH site**, which promises to reduce the Hospital's average annual utility bill by more than \$350,000 with an 85 per cent reduction in hydro consumption.
- **Trillium Gift of Life Network (TGLN) recognized HPHA** for achieving a 100 percent routine notification rate for the second quarter of the 2017/18 fiscal year. This measures the percentage at which a hospital notifies TGLN of a potential organ/tissue donation following a patient death.
- **HPHA partners with the Huron Residential Hospice** to support human resources, supplies, information technology, training and development and payroll needs as they open the first beds in Central Huron this spring.
- **HPHA partners in the "Assess and Restore: Improving Health Outcomes for Older Adults" initiative** which won the 2017 Large Project Category Initiative at the South West Local Health Integration Network's Annual Quality Awards. HPHA's Nurse Practitioner, Seniors Mental Health and Outpatient Physiotherapy programs at the SMMH and SCH sites participated in the pilot.
- **Dr. Shanil Narayan**, Department of Internal Medicine, was awarded a **2017 Canadian Society of Internal Medicine Osler Award** for demonstrating excellence in achievement in the field of General Internal Medicine in clinical practice, research and medical education.
- **HPHA partners with March of Dimes** to initiate a peer visiting program for stroke patients, the first outside Toronto to introduce this program.



A PDF of this report is available on our website

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