



2013-2014 ANNUAL REPORT *at a glance*

Clinton Public Hospital | St. Marys Memorial Hospital | Seaforth Community Hospital | Stratford General Hospital

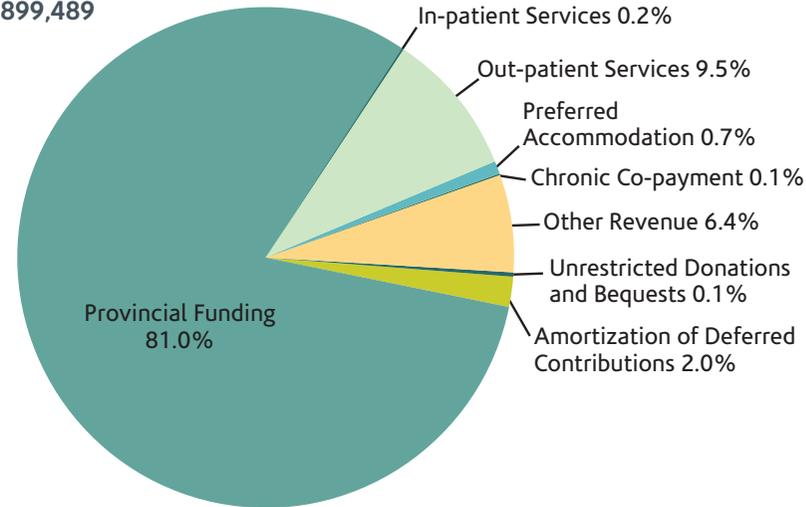


2013 - 2014

Financial Overview

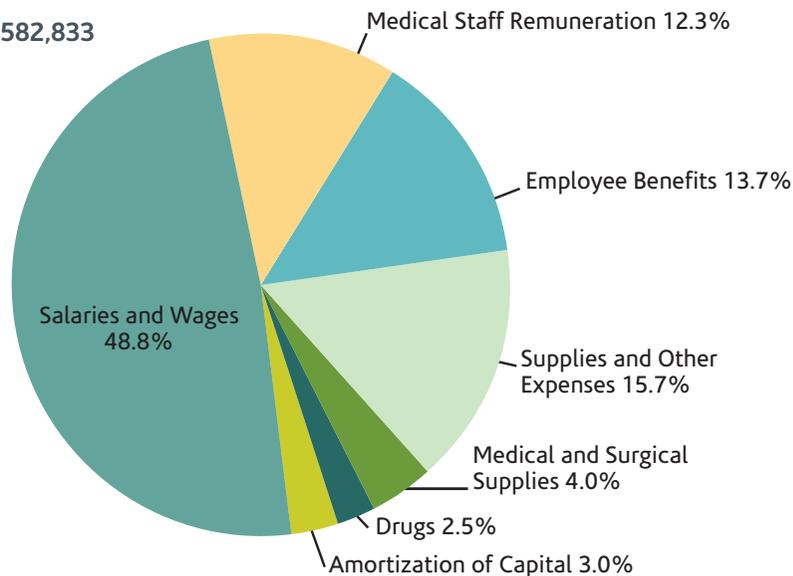
Revenue

TOTAL \$128,899,489



Expenses

TOTAL \$127,582,833



Note: Unaudited

2013 - 2014 SELECTED HIGHLIGHTS

The Year in Review

The Institute of Nursing Science at Bielefeld University in Germany visited HPHA's Seaforth site as part of a research study on "Rural Care Models – an International Perspective."

79.2 per cent of all staff, physicians and volunteers received a flu shot in 2013/14, up from 63.6 per cent the previous year.

Hand hygiene audit results showed 81.3 per cent compliance in 2013/14, up from 75.4 per cent the year before.

Patient bedside whiteboards were installed Alliance-wide to enhance communication between patients/families and healthcare providers.

Preparations for October 2014's Accreditation survey are underway with the Accreditation Road Trip and the completion of the Worklife Pulse, Patient Safety, Self Assessment and Physician Worklife Surveys. Accreditation teams have been formed and road maps have identified "red" and "yellow" flags which highlight areas where we need to improve processes and/or communication.

Refresh of the Emergency Department and Inpatient Communication Stations is underway in St. Marys. Refresh planning is also in progress for Clinton and Seaforth.

The Special Care Nursery at the Stratford site celebrates its 25th anniversary.

HPHA consolidates cataract services to the Clinton site.

The 2013 CKNX Health Care Heroes Radiothon was another success for Clinton, St. Marys and Seaforth Hospital Foundations raising some \$605,000 for the 15 participating hospital foundations.

The Stratford Hospital Foundation reaches its \$3.8 million MRI goal and wins Association for Healthcare Philanthropy's national "Culture of Philanthropy Award."



Volunteers of Stratford General Hospital paid off their final installment of a \$1 million pledge to the Heart & Soul Campaign raised over the last 10 years and committed to an additional \$100,000 to the MRI Campaign.

In partnership with the Community Care Access Centre, HPHA launches "Home First" program, discharging patients home with the appropriate supports put in place.

Bedside computers being installed across all Alliance sites to allow for more timely documentation of patient information.

Discussions completed to finalize bed redistribution across the four HPHA sites. This includes the relocation of rehab beds to Seaforth and the feasibility of establishing an Integrated Stroke Unit at the Stratford site.

A customized tracking board is installed in Stratford's Surgical Services to help family members track a patient's progress through the OR process.

HPHA involved in a tripartite study with Knollcrest Lodge and Mitchell Nursing Home and Ritz Lutheran Villa to review and identify opportunities for cooperation.



A PDF of this report is available at hpha.ca
Other inquiries:
Sue Davey Tel: 519.272.8205
Email: susan.davey@hpha.ca

In healthcare, it's all about the patient.

That's a statement that may seem self-evident to many; but amidst the latest life saving medical technology, the changing roles of hospitals and the pressures of an aging population, an organization like HPHA that promises Exceptional Care by Exceptional People must continue to explore new avenues to ensure our focus remains where it should be—on our patients.

At HPHA we pride ourselves on providing each patient with the very best of care—effective, efficient, compassionate care delivered by physicians, nurses and other caregivers. It means not only doing things right, but doing the right things. It also means building a culture where patients and families have a voice in their care, and each and every staff member takes responsibility and active steps to enhance the patient's experience.

"We are all the patient experience".

President and Chief Executive Officer Andrew Williams, Board Chair Dick Burgess and Chief of Staff Dr. Laurel Moore recently met to provide this assessment of the year past, and a glimpse of the year ahead.

This year the Alliance focused considerable efforts on improving the patient experience. What does it mean and why is it so important to HPHA?

Andrew Williams: Our "I am the patient experience" commitment is designed to both ensure that the individual needs of our patients play a key role in defining their experience with us and to elevate every physician, staff member and volunteer's understanding of the key role

they play in shaping a patient's impressions. Every interaction we have, whether it's providing food, cleaning a patient's room, providing hands-on care, adjusting a bed or just listening to a person's concerns...every one of these contributes in a positive or negative way to the patient experience. It's a shared commitment to excellence and we are dedicated to ensuring that the "Voice of the Patient" drives the care we provide across the HPHA.

Tell us about some of the changes being made to enhance that patient experience?

Dr. Laurel Moore: Relaxed visiting hours has been very positive. It is a concrete example of patient/family-centred care and demonstrates that we value family involvement and the key role they play in patient care. We're also increasing the number of patient/family meetings and seeking their input in decision making. Another example is purposeful hourly rounding. It's a structured approach where a staff member touches base with their patient at least every hour, checking on what's called the "four Ps"—pain, position, potty (toileting needs), and possessions/personal items. We're piloting this project and will assess it, however in other hospital settings, purposeful hourly rounding has been shown to significantly decrease patient falls and the use of the call bell, while having a positive impact on both patient and nurse satisfaction. The Home First program is another aspect of patient-centred care. It takes patients who would otherwise be in hospital waiting for a long-term care bed, and allows them to move home with all the necessary supports. It's a good example of providing the right care to the right patient at the right location.



Andrew Williams, Dick Burgess, Dr. Laurel Moore

Have Unit Action Councils proved their worth in improving patient care and the patient experience?

Andrew Williams: We recently participated in a research study assessing the impact involving patients and family members on Unit Action Councils can have on the care we provide in the organization. Not surprisingly, when you involve them, when you ensure the unique perspectives of patients and family members are taken into consideration, you make better decisions that improve care throughout the organization. We now have a number of ways that patients and families can provide feedback and we want to ensure this feedback reaches our frontline staff who can then respond. It's an important element in improving the patient experience.

This year HPHA concentrated a great deal of effort on Emergency Process Optimization. Why was this so critical and how did it impact Emergency care?

Andrew Williams: Emergency departments are typically some of the busiest places in our healthcare system with, in our case, over 50,000 patients being seen each year across our hospitals. With so many people presenting, all with different

reasons for being there, we are constantly reviewing ways that will help us see patients as quickly as possible while always ensuring that those most in need of our immediate attention are seen first. We have recently engaged staff and physicians throughout the organization and have examined the relationships and interactions that impact Emergency care, including wait times. The process resulted in some positive suggestions aimed at improving the flow of patients not only within our ERs but also between our ERs and other areas of the organization. One such example was establishing an area within our Stratford ER that can be activated during selected, busy periods to allow us to treat less sick individuals in parallel, thereby speeding things up.

How is the Alliance doing in terms of wait times and how does that impact patient satisfaction?

Dr. Laurel Moore: Wait times in our province are still a challenge and we can do better. HPHA actually has quite short waiting lists for many procedures and in the past year we received additional funding for more MRI hours, cataract procedures, and for hips and knees. We can advance that further by finding

efficiencies and improving patient flow, but the real benefits will happen when we all start looking at things as a system extending beyond our walls. Having said that, our patient satisfaction scores throughout the Alliance continue to be quite respectable and truly excellent in some instances with several "top overall care" and "top 10 per cent ratings" in Emergency care and acute inpatient care.

Can you outline some of the steps the Alliance is taking to improve safety?

Dick Burgess: Safety in a hospital setting is paramount and takes many forms. Hand hygiene continues to be a focus and our rates of compliance are very high. Our board has played an active role in the monitoring process. We're sending a message that this is a priority for our organization. But safety is much broader than just hand hygiene; it extends to cleaning protocols, flu shot compliance, infection control practices and beyond. We've focused on minimizing drug errors with our automatic dispensing cabinets and our drug reconciliation and verification processes, using bar coding technology at the patient's bedside. We're trying very hard to make the system less susceptible to human error. Also, we're building a positive culture where we encourage staff to admit mistakes and "near misses" without guilt or shame. That way we can learn from our errors and put the protocols in place to ensure it doesn't happen again.

"As an organization we've embraced change and moved forward while retaining our focus on what is best for our patients. We've also continued to grow from a four hospital organization to a one hospital organization with four wings, and we've balanced our budget each year while doing that."

Recruitment and retention of caregivers—doctors in particular—is an important aspect of building a stronger HPHA and serving patients' needs... How are we doing?

Dr. Laurel Moore: We've done very well in the past year. We have several new internal medicine candidates coming on board. One has signed a contract for long term service, plus we have four others that will be coming on a temporary and possibly permanent basis. We've had good success in Clinton recruiting family physicians and our Emerg shifts are all covered in our smaller sites. It's clear we're becoming a destination of choice for graduates, a number of whom have experience at HPHA through their training. We're also focusing more on retention, engaging the physicians we have and making them feel valued—whether it's formal recognition, involving them in committee work or increased social functions.

Dick, you've been Board Chair for three years. What changes have you seen and what accomplishments are you proudest of?

Dick Burgess: We've been very fortunate to have some excellent Board Chairs in recent years and the quality and dedication of those who serve on the Board, the Local Advisory Committees (LACs) and Foundations is unparalleled. As an organization we've embraced change and moved forward while retaining our focus on what is best for our patients. We've also continued to grow from a four hospital organization to a one hospital organization with four wings, and we've balanced our budget each year while doing that. I'm also proud of the enhanced reputation of the HPHA—our brand if you like. I think we're more widely known today and highly respected. Together our Board has worked hard to engage with the community, the LHIN and other stakeholders to enhance the reputation of this organization. It goes back to a basic principle that it's easy to market a good product—and we have a good product. ■