



2016-2017 ANNUAL REPORT AT A GLANCE



HURON PERTH  
HEALTHCARE  
ALLIANCE

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

# Moving Forward

*Leadership in Rural Healthcare*

Challenging the status quo is nothing new at HPHA.

And while change may not be comfortable, it can bring out the best in individuals and organizations. It pushes us to be strong yet flexible, committed to excellence yet mindful of the resources we possess, nimble to innovate and explore new possibilities, yet always focused on our reason for being – the health and well being of our patients, their families and our staff.

Embracing our three Guiding Principles – **Supporting People, Strengthening Partnerships** and **Improving Performance** – HPHA seeks not only to respond to the myriad of changes and challenges to our health care system, but to help lead the way, guided by the wisdom in the voices of our patients, families and staff.

*“Our goal is to include the voice of the patient and family at every level ... the feedback is insightful, immediate and balanced”*



*from left: Andrew Williams, Mary Atkinson, Dr. Laurel Moore*

*Board Chair Mary Atkinson, 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. Patient and family experience continues to be a major focus. What has happened in the last year to enhance that experience, and why is it so important?**

**Dr. Laurel Moore:** It is really permeating the whole organization. Our goal is to include the voice of the patient and family at every level. We now have physicians embracing this approach and actively seeking input from patient advisors in certain areas. We are bringing that patient voice to the table at various committee meetings and Unit Action Councils, using the patient voice to inform us on decision making – everything from how we roll out a program to what kind of equipment to purchase. That input is invaluable, and you don't get it if you don't ask. We've seen a 50 percent increase in patient surveys by utilizing volunteers with iPads to get a real-time evaluation of a patient's stay. The feedback is insightful, immediate and balanced.

**Andrew Williams:** We have strengthened the processes we have in place to get feedback from our patients and family members and to ensure that the staff involved in a patient's care hear that feedback and have a chance to participate in any follow up. We reinforce that all feedback we get is positive. You can celebrate the good experiences and learn from the others. We've also broadened the opportunities for input. In addition to patient care decisions, we now have patient partners engaging formally with the Hospital Board through avenues such as our Quality Committee and Board Advances, strengthening their input into governance of the HPHA.

**Q: This year HPHA, along with the CCAC, OneCare Home and Community Support Services, two family health teams and the South West LHIN, was awarded funding from the Change Foundation for a three year project called “Connecting the Dots for Caregivers”. How is HPHA involved and what impact will it have?**

**Mary Atkinson:** The goal of the project is to improve transitions in care for patients, family and health care providers, and to improve communication between

staff, family caregivers and other providers across the continuum of care. As HPHA is already including patients and family caregivers as part of our Patient Experience focus, we believe that Connecting the Dots for Caregivers will be very complementary and strengthen our ongoing efforts. Patients and their loved ones are the biggest advocates for care, not only in the moment they are receiving care, but in the transitions that follow. Connecting the Dots recognizes the importance of the caregiver role as we work together with other healthcare providers to improve the quality of care and experience for patients, caregivers and healthcare providers.

**Q: HPHA has continued to build new partnerships and arrangements that can enhance patient care throughout the system and utilize resources wisely. An example of this is the Tripartite Project with Knollcrest Lodge and Ritz Lutheran Villa/Mitchell Nursing Home. Are you continuing to see benefits from such partnerships?**

**Mary Atkinson:** From the Tripartite Study alone we have seen some huge benefits, especially around Information Technology, Human Resources and Materials Management. This is a partnership that is built on trust and respects the autonomy of each organization. It has grown even stronger this past year and has shown significant benefits for us all. But HPHA has been involved in many beneficial partnerships and relationships – the Health Links initiative and Connecting the Dots Project, for example. HPHA has consistently been a strong leader that recognizes that partnerships are the way to build capacity and strengthen the system. And considering the thrust of the Patients First Legislation with its emphasis on patient partners, engaging people, and ensuring their voices are heard, I think we're going to be seen as a real leader in system transformation – because we're already doing it.

**Q: Both nurses and physicians are taking some important steps to harness Information Technology to stay at the forefront of patient care. Can you tell us about some advances in the past year?**

**Dr. Laurel Moore:** Elsevier, also called “ask Elsie” by staff is an online resource accessible to HPHA staff that provides detailed information about over 1100 specialized and general clinical skills, and includes step-by-step instructions, illustrations and demonstrations. The knowledge and skills nurses are now expected to possess is mind boggling. No single person can carry it around

in their heads anymore. This is a good back-up that can be accessed quickly and we know the information is standardized and current. This has obvious benefits for patient care, but it's also important from a Human Resources viewpoint. We want our people to feel comfortable and supported in their roles – a key element in recruitment and retention.

On the physician side, we've appointed two physicians with strong IT backgrounds as Regional Technology Leads. Initially they're focusing on easy fixes – things that hinder effective use of computers by physicians. Over the next three years, they'll be spearheading physician IT and informatics strategies and tackling projects like improvements to our PatientKeeper platform and the Computerized Provider Order Entry system where all treatments, medications and so on are ordered by computer – a system that will sharply reduce human error.

**Q: Tell us about changes at the patients' bedside that are impacting care?**

**Dr. Laurel Moore:** The Bedside Transfer of Accountability, which has been trialed at the Inpatient Unit at St. Marys and the Surgery Unit in Stratford, is brilliant. When a nurse transfers patient information to the next nurse coming on shift, this is done at the bedside with the patient present and hopefully family members as well. Any patient who has experienced it thinks it's wonderful.

It focuses on a point at which serious medical errors can occur through miscommunication. Plus, when patients are able to be part of their own care it increases the level of transparency and trust and reduces anxiety. It ensures everyone is up to speed with the most current information regarding the patient and that's the best way to provide care.

**Q: HPHA is "in the black" financially this fiscal year. Does this mean budgetary challenges are a thing of the past?**

**Andrew Williams:** Additional funding from the Government and support from the Local Health Integration Network is positive and always appreciated. That said, with cost pressures as they are, those funds will assist us in maintaining, not enhancing HPHA's programs and services. As an organization we have no choice; we have to operate in a balanced position financially and we've put a lot of energy and effort into generating a surplus this year. The effect of a surplus is very simple—it frees up cash to invest back into the organization, whether it's used for equipment, facility needs, or to help reduce wait times. And right now we have some \$26 million of priority equipment on our list. Even with the wonderful work of our Foundations and our very supportive communities, we cannot fundraise enough to meet all those needs. Improving performance

is one of our Guiding Principles in our Strategic Plan and generating cash through our operating plan is one of our key strategies going forward.

**Q: Yet there's more to HPHA than budgets and cash flow. Why is it such a successful organization?**

**Andrew Williams:** There are many reasons. Our Guiding Principles: **Supporting People**, **Strengthening Partnerships** and **Improving Performance** work together to create an environment that promotes innovation and excellence. Yet one of the factors that I'm proudest of is our commitment to quality throughout the organization. For example, our flu vaccination rates and hand hygiene compliance numbers are truly impressive and speak to an environment that's safe for patients and staff. Commitment to doing the little things right results in quality throughout. Of course, volunteers at all levels are an integral part of what we do and our Board plays a significant role in how our organization continues to evolve. We're not afraid to challenge the status quo, because you can't move forward without challenging it. We have made some difficult decisions at times; however these decisions have always been driven by what is in the best interests of those we are here to serve.

*"We have a responsibility to ensure the health system is strong and viable, and that it's going to be here for our grandchildren."*

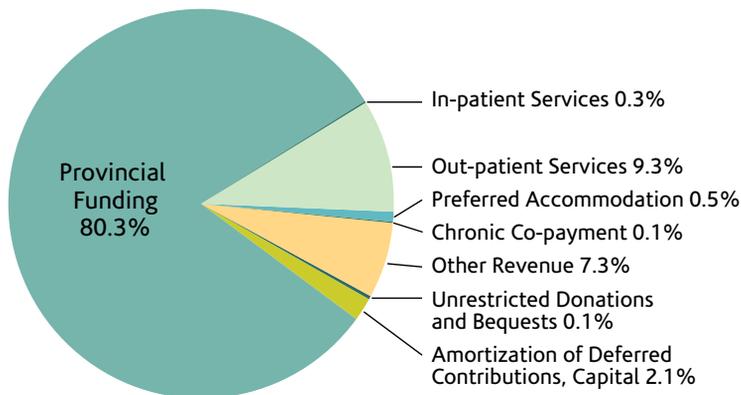
**Q: Mary, as Board Chair for three years, you've been at the helm during times of significant change. What do you see as the biggest accomplishments in that time?**

**Mary Atkinson:** I think the biggest highlight has been growth and implementation of the whole Patient and Family Experience Framework. That has been a huge success and has grown to the point where we really see patients as peer-partners in all we do. I also think that our work in strategic partnerships has helped build capacity in the system. HPHA has shown a lot of strength in these areas which positions us well to continue on in a leadership role. There's openness and a sense of stewardship that really permeates the organization. There's a sense that we have a responsibility to ensure the health system is strong and viable, and that it's going to be here for our grandchildren. ■

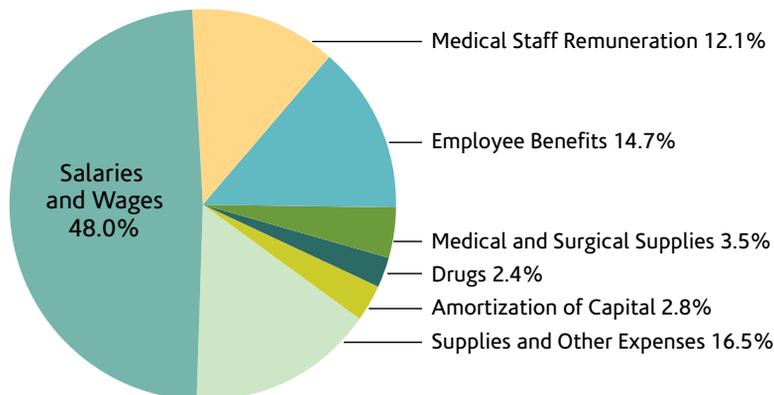


# Financial Overview

REVENUE  
\$135,782,650



EXPENSES  
\$133,420,787



## The Year in Review | Selected Highlights

■ HPHA, one of 5 partner organizations, launches "Connecting the Dots," a three year, \$2.3 million Change Foundation project focusing on the unique needs of caregivers.

■ Elsevier skills database implemented, providing HPHA staff with 24/7 access to over 1,000 specialized clinical evidence-based skills, with step-by-step instructions, illustrations, and demonstrations.

■ HPHA celebrates opening of expanded Integrated Stroke Unit, including the introduction of telestroke and its role as Huron Perth District Stroke Centre for patients with stroke and transient ischemic attacks (TIAs).

■ Drs. Shanil Narayan and Anna Mayer awarded 2017 Schulich Award of Excellence for Faculty in Community/ Distributed Sites, in recognition of time and energy devoted to making the Schulich School of Medicine and Dentistry a stimulating and rewarding place to learn.

■ HPHA implements Medical Assistance in Dying policy in compliance with changes in legislation.



■ HPHA achieves an impressive 85 per cent influenza vaccination rate for staff. Seaforth and Stratford Emergency Departments and St. Marys physicians met the mark with 100 per cent compliance.

■ HPHA is recognized by Trillium Gift of Life Network as one of a small number of organizations to achieve 100 per cent notification for potential organ and tissue donors.

■ Dr. Bob Davis & Dr. Paul Gill are appointed Regional Physician Technology Leads to enhance physician technology adoption in patient care and strengthen IT platform across HPHA.

■ Renovations to the Patient Lounge in Seaforth completed with support from the Seaforth Community Hospital Foundation.

■ Clinton Public Hospital Foundation hosted a "Kentucky Derby" Gala, raising over \$130,000 for the hospital's Operating Room Refresh project.

■ Resilience of Clinton site team tested by basement flood. Top priorities include quick clean-up and temporary relocation of departments and ensuring Outpatient Lab Services are accommodated elsewhere.

■ Exceptional infection control practices implemented by Housekeeping, Infection Prevention and Control and Clinical Services Staff quickly resolved a Norovirus outbreak in St. Marys.

■ St. Marys Memorial Hospital Foundation closes in on its fundraising goal, with \$4.8 million of \$5 million raised to support technology, infrastructure and equipment for the Hospital and Tradition Mutual Centre for Wellness.

■ Stratford General Hospital Foundation disbursed \$1.3 million to the hospital for capital equipment and is at \$4.3 million towards its \$20-25 million capital campaign.