

2018-2019 ANNUAL REPORT AT A GLANCE



Charting a Course to Success



HURON PERTH
HEALTHCARE
ALLIANCE

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

Anyone can hold the helm when the seas are calm. But healthcare is rarely smooth sailing on tranquil seas. Structural changes like the dissolution of Local Health Integration Networks (LHINs), the creation of Ontario Health and Ontario Health Teams will significantly change how healthcare is delivered in the province.

Fortunately, the Huron Perth Healthcare Alliance (HPHA) has proven seaworthy. We're an organization born out of change; one that embraces the potential of partnerships; harnesses the power of performance, and values the skills and guidance of our people – patients and families included.

That's how we remain at the forefront of care – thriving in a changing environment, pushing the envelope, and committed to the well-being of our patients even when the winds are brisk and the seas unsettled.

“We’re used to working with partners, and the relationships established over the last four years put us in a strong position that complements the direction the government is heading.”

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

Q: How would you characterize the past year for HPHA?

John Wolfe: It’s certainly been a year of change and uncertainty, with big structural changes to the Local Health Integration Networks, and the creation of Ontario Health and Ontario Health Teams. However, where there’s change there’s also opportunity. In response to the government’s new vision for health care in Ontario, we have grouped together with 52 independent healthcare organizations from across Huron Perth and area to submit a formal Self-Assessment to the government in anticipation of being asked to establish an Ontario Health Team. Included are areas like Emergency Medical Services (EMS), Home Care, Community Support Services, Long Term Care, Mental Health and Addictions, Midwifery Services, Primary Care, Residential Hospice, and hospitals, including the HPHA. We’re used to working with partners, and the

relationships established over the last four years put us in a strong position that complements the direction the government is heading. Those partnerships are a priority whatever structure is in place and we will continue to work collaboratively for the benefit of our patients.

Q: Is HPHA’s proposal for a new approach to accreditation moving forward?

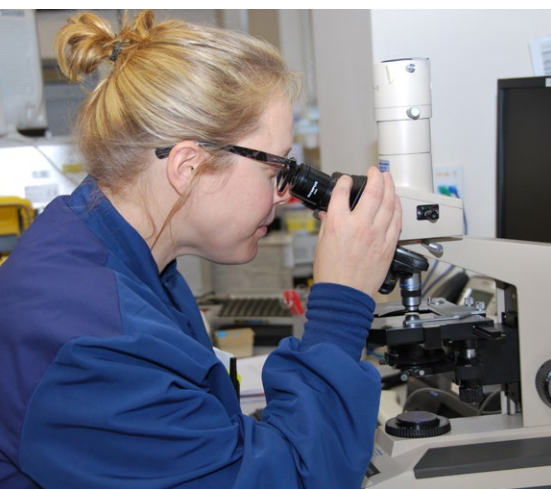
Andrew Williams: We like to push the envelope at HPHA and look at new ideas that help us deliver better care to our patients. Last year we asked Accreditation Canada to defer our accreditation for a year, but broaden its focus to include HPHA, two family health teams, two long term care homes and two community partners. Accreditation Canada has met with the Ministry of Health to discuss this initiative and consider how it might help with the roll-out of new models of care



coming to Ontario – using accreditation as a kind of lever to help harmonize protocols and procedures across the sectors. So they’re looking at us as a kind of pilot project. I think it’s the way of the future, especially with the creation of Ontario Health Teams, and it makes sense to assess all of us through the same lens with an eye on improving quality and making the transition of our patients as stress-free and seamless as possible.

Q: Is the patient experience still an important focus at HPHA?

John Wolfe: Focus on the Patient Experience and incorporating the feedback of patients and families, as well as our staff, physicians and volunteers, is at the core of HPHA. We’re one of two organizations in the country to be profiled by the Canadian Foundation for Healthcare Improvement for our patient partner initiatives. And we really do look at patients and their families as partners – people who bring a unique





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

and valuable perspective on care and who can help support and drive what we do. We now have formalized patient partners involved in most aspects of care, including our Medical Advisory Committee, and have included patient participation at our Board Meetings where they can share their experiences. We've fully embraced it, and even if their feedback is critical or eye-opening, we want to hear it, so we can address it and improve.

Q: Would you give us an overview of medical staff—its challenges, changes and successes through the year?

Dr. Laurel Moore: Things are going very well and we've recruited a number of new physicians. In Stratford we've been rebuilding our Psychiatry Department, with a new psychiatrist coming this July and more in July 2020. We've moved to a collaborative care model where the psychiatrist makes the diagnosis and care plan, which is then delivered by the family physician and their team. That creates more front line access to psychiatry. We've also got a new internist coming to Stratford this summer and a family physician who will hopefully absorb nearly all orphan patients in the community.

Our other challenge was Clinton where we lost three physicians and had one retirement. Now we've managed to recruit two family physicians and a third is coming. We've also had ongoing issues in nursing recruitment and retention in HPHA's Emergency Departments outside Stratford, and with lab technologists in Clinton, St. Marys and Seaforth.

However, one of our biggest issues is that our HPHA hospitals are nearly always overflowing. If the province is going to

tackle "hallway medicine" there needs to be more focus on home and community care – especially the shortage of Personal Support Workers – and on caring for patients in the appropriate setting.

Q: How is the Providers Advancing Technology in Healthcare (PATH) project impacting patient care and physicians at HPHA?

Dr. Laurel Moore: In the past, handwritten physician notes were the primary source of communication regarding a patient, causing a disconnect from one physician to the next, and resulting in lost information, potential privacy breaches, delays and possible risks to patient care. As part of the PATH project, we're moving to front end dictation, where a physician's notes can be instantly entered into a patient's chart using voice recognition software. Benefits include a decrease in human error, real time access to critical patient information, and more timely treatment for patients. It streamlines the whole process and will allow other area hospitals, clinics and offices to access important patient



information, bridging the gap between information systems and geographic areas. There's a learning curve for physicians, but in five years from now it will be an expectation if we're to continue to attract bright, young physicians to join our team.

Q: What is MyChart and how will it impact our patients?

Andrew Williams: MyChart is a free, secure online portal that gives patients access to their health information at any time, from anywhere. We just came on-line with MyChart April 1st with a number of other hospitals in Southwestern Ontario. It gives patients access to test results and other clinical

When it comes to patient-centred care, we're walking the walk, not just talking the talk.

records with the potential to securely message their physician or healthcare professional if needed. Early indications are that it is being well received by patients. When it comes to patient-centred care, we're walking the walk, not just talking the talk. We can't expect patients to be part of the healthcare team if they don't have access to their own medical results. Both PATH and MyChart are strong examples that reflect our Vision – innovating for exceptional health.

Q: Balancing the budget in an organization the size of HPHA must always be a challenge, especially when the entire system is undergoing a major makeover?

Andrew Williams: We'll be ending our year with a surplus of over \$2.5 million. However, when you consider the debt load we're carrying as an organization, it's essential to generate cash to pay off our loans, manage our debt and invest back into the organization. It helps pay for facility projects at our various sites – both planned and unplanned. Those dollars can also be invested into projects that produce long term savings, like the cogeneration partnership initiative to convert our Stratford General Hospital site to a natural gas powered generator to produce electricity and

use heat recovered from the engine to produce steam and hot water. Our initial investment in that project last year is saving our organization in the order of \$350,000 each year and exceeding all expectations. Still, balancing the budget is always a challenge. We know that the annual adjustment we receive from the government won't equal the inflationary pressures we're facing, so we're constantly looking for new and creative ways of doing things as an organization and investing in initiatives that lower our overall expenditures.

Q: HPHA prides itself on embracing change and innovating to ensure exceptional healthcare. Can the quality of care be maintained when facing such significant change as currently exists?

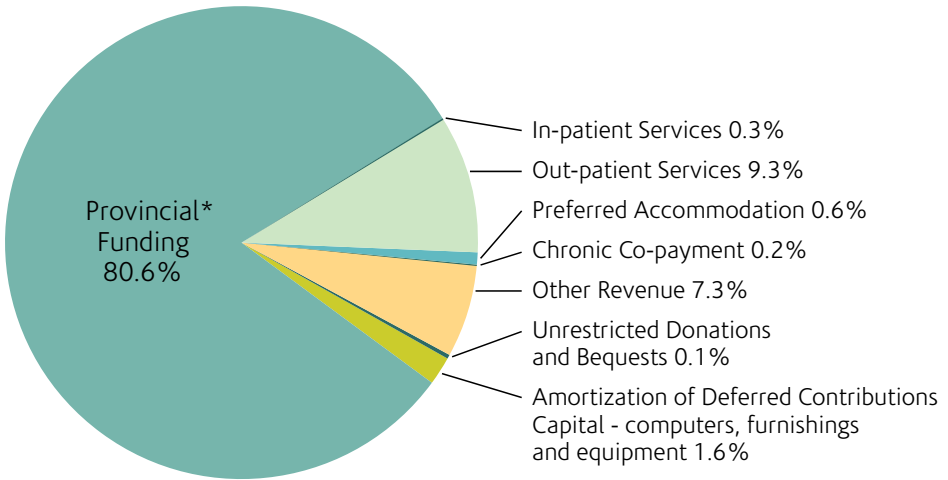
John Wolfe: Regardless of the changes coming at a provincial level, we need to start thinking differently as organizations and examining new models of care. That could include hospitals reducing beds and investing that money and expertise into various community organizations, like primary care, home care and retirement homes, thereby saving money overall and enhancing the care available in the community. But that's a difficult conversation to have. People are reluctant to change how their healthcare is delivered. The HPHA itself is a unique model of delivering



hospital care—an organization with four viable sites, working together to provide top quality care for people over a large geographic area. It's an interesting model that helps give residents in Huron and Perth counties access to exceptional care. New ideas and new approaches to care can work and we're an organization that embraces change—one that has a proven track record of working with others to deliver top notch care. ■

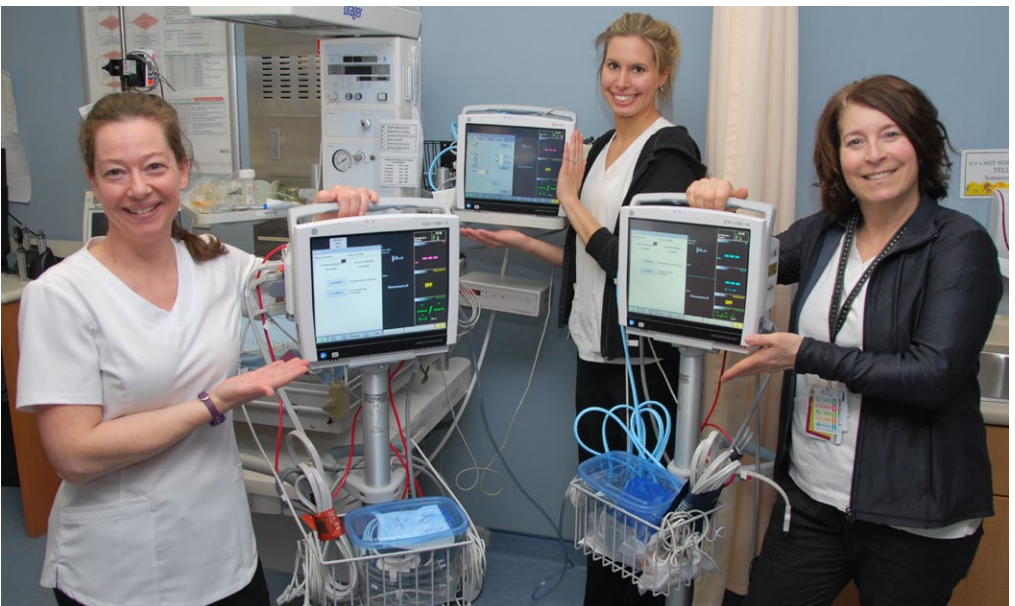
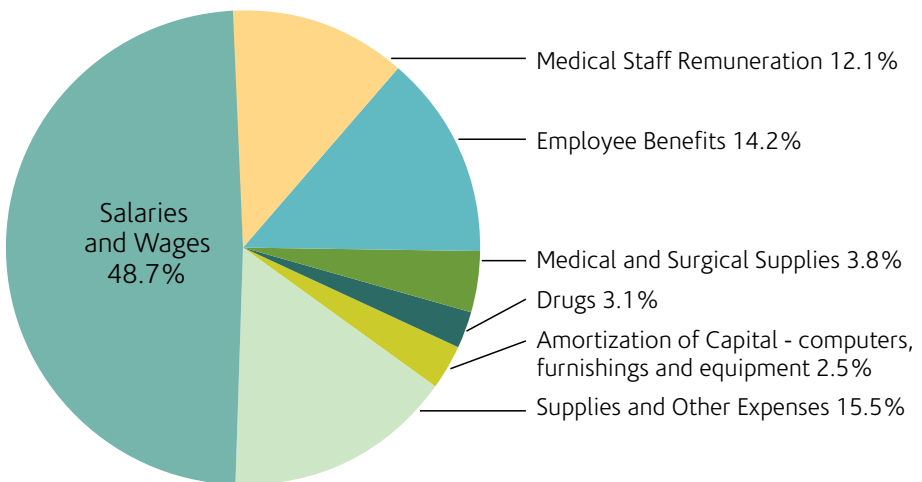
2018-2019 Financial Overview

REVENUE | \$143,194,441



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

EXPENSES | \$140,378,637



2018-2019

The Year in Review

SELECTED HIGHLIGHTS

■ A total of 53 nominations were submitted for the **2019 HPHA Awards of Excellence Program**, recognizing outstanding staff. Award winners were: Sherri Haase, Nicole Bernier, Stacey Hummel, Jackie Fluttert, the Mental Health Inpatient Unit, Dave Damman, Selina Fleming, Melissa Rathwell, Tasha Vandervliet, Ryan Itterman and Dr. Phil Schieldrop.

■ HPHA was one of only two organizations in the country to be profiled by the **Canadian Foundation for Healthcare Improvement** for efforts to engage patients, family and staff to improve care.

■ **In a creative approach to coping with seasonal bed shortages caused by flu**, HPHA partnered with local Long-Term Care Homes to relocate appropriate patients from the hospital, temporarily freeing additional beds during this peak period.



■ HPHA continued to reduce waits for important procedures and surgeries like hip and knee replacements. Wait times between seeing the specialist and surgery dropped from over 200 days to 58 and 53 days for knees and hips respectively.

■ The second floor of the **Clinton Public Hospital**, home to Surgical Services, smallTALK, and the hospital's Board and Conference Rooms, was temporarily closed after damages occurred to portions of the original plaster ceiling. Surgical procedures, equipment and some staff were temporarily relocated to HPHA's Stratford site during the restoration with minimal impact on patients.

■ The **2019 Nursing Recognition Award for Exceptional Care** was awarded to Kate Steele RN, a nurse in the Emergency Department at HPHA's Stratford site. Given annually during nursing week to an HPHA nurse, the award is sponsored by the Tuer-Hodes family.

■ **Clinton Public Hospital Foundation** and **Seaforth Community Hospital Foundation** both participated in **CKNX's Health Care Heroes Radiothon** in 2018. CPH Foundation's goal was \$40,000 for Operating Room sterilization equipment, with SCH Foundation aiming for \$50,000 for new patient beds and a new digital X-ray unit.

■ This year 86 per cent of **HPHA staff, physicians, volunteers and students rolled up their sleeves to get a flu shot**, demonstrating our commitment to keep patients, visitors and co-workers healthy, and improving on last year's compliance rate of 82 per cent.

■ HPHA has partnered with six organizations in a **pioneering approach to Accreditation aimed at improving patient flow and care across the healthcare sector**. These partner organizations include Alzheimer Society Perth County, Alzheimer Society Huron County, Clinton Family Health Team, Knollcrest Lodge, North Perth Family Health Team, and Ritz Lutheran Villa / Mitchell Nursing Home. Accreditation takes place in October.

■ Through donor support, **Stratford General Hospital Foundation** paid off the \$1.1 million CT Scanner in March. An additional \$800,000 was disbursed this year for critical equipment. Planning is continuing towards the \$30 million *In Our Hands* Campaign.

■ **HPHA's Community Stroke Rehabilitation Team (CSRT) celebrated its 10 year anniversary** of integrated and individualized community care for stroke patients in Huron Perth. Since 2009 the team has served more than 1,300 stroke patients with community stroke rehabilitation.

■ **HPHA was recognized by the Trillium Gift of Life Network** for outstanding efforts to integrate organ and tissue donation into quality end-of-life care by attaining a 100 per cent routine notification rate of potential organ and/or tissue donation after a patient's death. Dr. Tyler Rouse received the Hospital Donation Champion Award.

■ **St. Marys Memorial Hospital Foundation has rebranded itself St. Marys Healthcare Foundation** to better reflect its evolving mandate to support broader initiatives beyond the hospital that promote community health and well-being.

A PDF of this report is available on our website

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