

**MIDDLESEX HOSPITAL ALLIANCE
REPORT OF THE CHIEF EXECUTIVE OFFICER
JUNE 2009**

Patient Safety

As of September 30, 2008, Ontario Hospitals are required to publicly report C. Difficile rates, MRSA and VRE rates. The MHA had already been doing this for some time, by posting the information to our external web site. To date, the MHA has had zero cases to report. Moving forward, the Ministry is requiring increasing public reporting on infection rates. For example, during 2008 an audit was conducted at MHA and throughout the province of hand hygiene compliance. That data is now being publicly reported by the Ministry and on hospital websites. We are managing Ministry compliance and our rates on all infections are good. The most up-to-date infection rate information is available on the MHA website under the heading Patient Safety. (www.mhalliance.on.ca). Additionally, COO Nancy Maltby Webster was selected to the Ontario Hospital Association Quality and Patient Safety Panel Working Group as a representative for small and rural hospitals . . .

Electronic Patient Records access expands at MHA

The MHA took another step on the road to seamless electronic patient records in February, 2008 with expanded access to Electronic Patient Records (EPR) for clinical staff. This technology enhances the ability of clinical staff to be able to view a patient's information electronically from both MHA sites, but also from other participating hospitals in the Thames Valley Hospital Partnership – including the London Health Sciences Centre (LHSC). Previously, you could only see the information your own site generated.

Non-Urgent Transportation Success Story

The MHA revised its transportation policy for non-urgent patient transportation. The revision requires patients to take financial responsibility for non-urgent transportation instead of the hospital paying for it. In the 2007/08 fiscal year, the cost of non-urgent transportation from SMGH was \$265,000 and at FCHS it was \$56, 000. At Strathroy, 34% of this cost is used for returning discharged patients to long Long-Term Care homes in the area. The changes to the MHA policy took effect on July 15, 2008.

OHA Medium Sized Hospitals Provincial Leadership Council (MHS Council)

The MHA continues to have an important voice on this committee through the membership of the Alliance's CEO. The organization's purpose is to advise the OHA on issues specifically affecting medium-sized hospitals in Ontario, including sustainability of clinical services, health human resources, non-urgent transportation and paying physicians. The group comprises nine CEOs from across the province.

Middlesex Providers Alliance (MPA)

The MHA CEO also continues to sit on the Board of the MPA, an organization dedicated to establishing strong community links with all healthcare service providers in Middlesex County, increasing access to care and opportunities for health integration through the guiding principles of the South West Local Health Integration Network (SW LHIN). The MPA brings a unified

rural voice on important issues such as ALC and seeks to maximize local resources by working together.

Strathroy Middlesex General Hospital

External Review

SMGH went through an External Review initiated by the SW LHIN to address the legal requirement to balance the hospital's deficit budget. In March 2008, the MHA was facing a projected annual deficit of \$2.6 million at SMGH for 2009/10.

The External Review Team, comprising Michael O'Keefe, and the Consulting Group HCM, recognized the excellent quality of the healthcare services provided at SMGH; however the main objective of the Review was to align SMGH costs to that of similar-sized hospitals. The recommendations from that Review were made public in March, 2009.

Transformation Plan

Prior to the External Review, the SMGH staff, physicians and board had already launched a Transformation Plan, to critically evaluate options for cost savings without loss of services. SMGH had already taken action to reduce expenditures by about \$900,000 by the end of 2008. This initial action was called Transformation Phase 1. These changes have resulted in significant savings. Phase 2 of the Transformation Plan is underway this year, including the amalgamations on the 4th floor. The Plan continues to find success.

Physician Recruitment

As of July 2008, Dr. Richard H. Tilsworth, MD, FRCPC, is the new chief of anesthesia at SMGH. He is the former acting director of the Pain Clinic at Victoria Hospital in London, Ontario and also operates a Pain Clinic at SMGH. With him in this position, both the department leadership and the service have been stabilized.

Emergency Department (ED) services were challenging last summer. We are thankful to all our physicians who stepped in to fill the gaps in coverage. And we are especially grateful to our new Chief of Emergency at SMGH, Dr. Julie Copeland, who worked tirelessly with her team maintaining summer coverage and recruiting new physicians to the ED. Our recruitment strategy and the hard work of Dr. Copeland and her team have paid off. Dr. D. Grushka joined the ED in fall 2008 and we continue to actively recruit FT Emergentologists. We continue to have coverage provided by HealthForce Ontario and Med Emerg.

Dr. S. Hanna, Orthopaedic Surgeon, is leaving and we have successfully recruited a replacement, Dr. Vai Rajgopal who will continue with our successful Hip&Knee joint replacement program.

CT Scanner Update

In May, 2008, The Ministry of Health and Long-Term Care (MOHLTC) announced that the MHA would receive one time Wait Time Strategy (WTS) funding of 165 hours to assist in reducing the waiting list for patients requiring a CT Scan in Ontario. With this funding the MHA was able to work with the region to decrease the area's wait time for CT. The opening of this diagnostic capacity in the MHA has resulted in shorter lengths of stay for inpatients and provided much needed access to CT technology on an outpatient basis for people living in the surrounding area.

Four Counties Health Services Telemedicine for Mental Health

In early November, 2008 FCCHS introduced the new Shared Care Telepsychiatry service, welcoming Dr. R. Chandrasena, Chief of Psychiatry at Chatham Kent Health Alliance, and Dr. R. Fairbairn, to the MHA physician team. They link with Primary Health Care Nurse Practitioner Lisa Plank RN(EC) via the Ontario Telemedicine Network (OTN) to provide psychiatric services to patients in the FCCHS catchment area. Crisis services are not available at this time. The addition of this service at the FCCHS reduces wait time for a psychiatric consultation and eliminates the need to travel to Chatham or London for consultation.

Dermatology Clinic

The addition of a new Dermatology service at FCCHS is a benefit to our community. Previously the waiting time for a dermatology consultation was greater than 18 months and patients had to travel to London. Dr. Loo operates a dermatology clinic at FCCHS the first Thursday of every month.

Vocera Wireless Communication Badges were implemented on May 15, 2008 at FCCHS.

During the training week prior, 57 staff from the FCCHS site attended training sessions, including FCCHS physicians. The basic Vocera 'badges' are actually lightweight, wearable IP Phones. The small black plastic oblong shaped 'badge' contains a small LCD display, volume buttons, a call button and a hold/do-not-disturb button. The technology enhances staff efficiencies and safety and patient safety.

An Aboriginal Diabetes Conference, organized by the MHA Diabetes Education Centre (DEC) in partnership with the First Nations in Southwestern Ontario, in June 2008 had over 300 registrants. The goal of the conference was to empower adult First Nations people to take positive self-care action that will result in better health outcomes for diabetes. The conference also demonstrated a unique partnership between Diabetes Educators and Aboriginal communities all of whom are committed to long term diabetes support.

Cardiac Monitors

The FCCHS acquired two new cardiac monitors last fall, being used in the Acute Care Nursing Unit and in the Emergency Department. (Almost one half of the \$225,000 required to purchase the monitors came from a \$100,000 donation last year from retired pain specialist Dr. Earl Russell.) The previous monitors were "hardwired" to the walls and these new monitors are wireless and can be used on portable stands to go where the patient is. The new cardiac monitors also have more leads – 12 instead of five – that provide an expanded modality. This technology is more accurate, more sensitive than our previous monitors.

Special Thanks

I would like to thank the senior team – Chief Operating Officer Nancy Maltby-Webster, Chief Financial Officer Paul Long, SMGH site Chief of Staff Dr. Paul Ferner and FCCHS site Chief of Staff Dr. Jon Dreyer. I would also like to offer thanks to a relatively new member of the MHA team, Lynda Robinson, Director of Patient Care at FCCHS and I would like to also acknowledge the work of Executive Assistant Cathy Swan.

Throughout the year we have also had strong support from the Board Executive Team. I would like to thank Ineke Haan, Board Chair, who has been a steady hand and a sharp mind through some unique challenges. Her negotiation skills have been essential, with the South West LHIN, the Ministry of Health and the Municipalities in our catchment, for instance. Special thanks also to Ralph Coe and Ed Veeke, and the other board members. A special thanks to our Fundraising partners Sue McLean and Dorothy Gillies and all the Foundation members of both hospital corporations. The Middlesex Hospital Alliance is committed to continue to provide quality care to the patients we serve.

Michael A. Mazza
Chief Executive Officer
Middlesex Hospital Alliance