



## Report from the Leadership Team February 2010

### **Client Centred Care**

#### **Medication Reconciliation**

Reconciling medications is one of several “required organizational practices” that improve client safety. We will be trialing a revised process that utilizes the electronic system more fully and enhances the medication reports available when clients are discharged toward increasing consistency in discharge medications/client instructions. Staff from both Complex Care and Physical Rehabilitation has participated in the development and the trial will occur on 3N and 3S.

#### **Hospice Memory Tree**

In addition to the quarterly memorial services held in February, June and October, the annual Hospice Memory Trees were beautifully decorated in the Chapel in December. Barb Fugelsang, Spiritual Care Advisor for the Hospice Palliative Unit reported that forty family members came to place angels on the Christmas trees in memory of their loved ones. Hospice staff also participated in the experience by adding angels for those families unable to attend. A total of 360 angels were placed on the trees. The decorated trees remained in Chapel into the New Year providing an opportunity for families to view them.

#### **FLO Collaborative**

The FLO Collaborative has expanded to include 5S. Standard FLO processes are underway with weekly huddles and the addition of a client white board to facilitate team communication on each client’s care path. Currently, a process review is taking place regarding a Rounds Intervention, the potential of an Interprofessional Assessment and a Discharge Checklist.

#### **Integration of Seniors’ Mental Health Programs**

The two community teams within Seniors’ Mental Health Programs have been integrated. The Seniors’ Behavioural Health Outreach Team, currently located at the Manor House, will relocate to LPH in March.

#### **Mental Health Rehabilitation Recreation Activity Room**

Renovations to the Mental Health Rehabilitation Recreation Activity Room are almost complete. This space is being used to optimize client leisure time by providing a safe and secure setting for planned leisure activities off the program area.

#### **Dementia Care Program Family Members Meeting**

Family members meetings and information sessions are being hosted by the staff of the Dementia Care Program. The purpose of these monthly group meetings is to:

- provide a venue for sharing new information and resources about dementia
- meet others who are coping with similar issues
- gain support and information from professionals in the field of dementia care and related issues
- provide an opportunity for families to give their feedback and input about the program
- share information about the dementia care program, changes, and future plans

#### **Low Intensity Long Duration (LILD) Therapy Service**

A temporary 10-bed Low Intensity Long Duration Therapy service was launched in January in an effort to support Thunder Bay Regional Health Sciences Centre’s process improvement work related to their Emergency Room “pay for performance” initiative. Staff on 4S has been impressive in their support for this initiative and in planning for its smooth implementation.

## ***Our People***

### **OHA Executive Report Submissions**

Congratulations to Kirsti Reinikka and Esmé French who were successful in having two project summaries published in December in the OHA Executive Report – Hospital Perspectives. The submissions summarized work related to Tele-Rehab and the Community Exercise Collaboration.

### **Meditation Education Retreat**

Mandy Byerley-Vita, John Clack, Mary Donaghy, and Roxane Siddall participated in a two day Meditation Education Retreat. Daily meditation practice and bi-weekly meetings, followed by a 5 day retreat in the late spring will prepare them to facilitate Mindfulness Based Cognitive Therapy group sessions with clients who have had an acquired brain injury.

### **Medical Services for Mental Health Rehabilitation Programs**

Dr. A. Feldstein began providing medical care for inpatients of Mental Health Rehabilitation Programs on January 11, 2010.

### **Ontario Health Quality Council (OHQC) Facilitation Training**

Members of the Falls Prevention Teams from Bethammi Nursing Home and Hogarth Riverview Manor attended two-day facilitator training, hosted by the OHQC. Training included the use of measurement tools such as process mapping, run charts, and 'fishbones' to assist in the evaluation of long-term care services.

## ***Collaboration***

### **Facilitating Leadership in Interprofessional Care**

Staff on 4 South (Specialized Services) and 4N (Hospice Palliative Care) at St Joseph's Hospital have agreed to participate in the Facilitating Leadership in Interprofessional Care (FLIC) Program. FLIC is an eight-session facilitated program designed for front-line health professionals who are interested in exploring new roles and professional growth within their care setting. FLIC provides a dynamic opportunity for participants to expand their knowledge of teamwork and collaboration through:

- team-building activities with an interprofessional focus
- opportunities for focused discussion with colleagues
- reflective exercises that go to the heart of collaborative practice

### **Interprofessional Team Meetings**

In January, a number of Complex Care inpatient units began new Interprofessional Team meetings. This is a structural change in how the teams meet and has a goal of improving team building opportunities, interprofessional collaboration, and engagement of nursing in improvement activities that will increase the extent to which we provide client centered care. This structure will assist in future change management and organizational culture shifts that will enable our programs to respond quicker to the rapidly changing environmental challenges that we face in health care.

### **Northwest Health Alliance Partnership**

The Northwest Health Alliance is the shared services corporation that has been established by 12 of the 13 hospitals in the Northwest. After much discussion and work with legal counsel, it appears that we are on target for an April 1<sup>st</sup> signing of the Project and Customer Agreements needed to formalize the relationships and responsibilities around the shared Meditech and PACS services.

### **Quality Palliative Care in Long Term Care (QPC – LTC) Alliance**

Celebrations to formally launch the Alliance and the Research Project (Quality of Life for Residents Dying in Long Term Care Homes) were held at Hogarth Riverview Manor and Bethammi Nursing Home. This was an excellent opportunity for our long term care residents, families, and staff to join with community partners and researchers to celebrate the beginning of this five-year journey together. Each launch had between 60 and 100 people in attendance and we were pleased to have some of our community partners attend including: Hospice Northwest, Ontario Multifaith Council on Spiritual and Religious Care, Palliative Pain and Symptom Management Program, Indian Youth Friendship Society, Lakehead University Members Gerontology and Social Work Programs, Multicultural Association, and Dental Hygienists of Ontario.

### **eHealth Integration Projects**

Our collaboration with the NW LHIN around eHealth is very strong. The Resource Matching and eReferral (RM&R) project is one of the major projects we are working on with the LHIN. That project is proceeding well and we recently received a commitment from the Ontario Association of CCACs to examine the interface specifications between the RM&R application and the NW CCAC's client tracking system. Once implemented, this will be the first project in the province to have achieved this integration.

Another LHIN sponsored major project has begun recently around the integration of Meditech with physician office electronic systems. This \$376,000 project will build on similar work that the IS team has accomplished over the past few years as we already have physician offices in Red Lake, Atikokan and the Port Arthur Health Centre receiving diagnostic reports from the hospitals' Meditech system. When complete, it is expected that another 17 clinics with electronic systems from four more vendors will be integrated.

### **Clients Living with Substance Abuse Issues**

A working group has been established to develop collaborative care plan models for clients living with substance abuse issues, who also have concurrent medical needs, and may be hospitalized at either Thunder Bay Regional Health Sciences Centre and/or St. Joseph's Hospital for acute or complex care.

## ***Communication & Advocacy***

### **Leadership Thunder Bay Initiative**

Physiotherapist Kristen Olsen participated in "Wheels in the Woods", a project started by Leadership Thunder Bay to create a paved recreational trail for Nordic skiers. Kristen was asked to attend a meeting to help with ideas to make the trail more accessible for people with disabilities.

### **Team Werks/Employment Options Poster Presentation**

The Centre for Study of Co-operatives and the Diefenbaker Canada Centre at the University of Saskatchewan are preparing an exhibition based on a large research project on the Social Economy. A representative from the University has contacted Doug Dowhos to include Team Werks and the Employment Options Program in a poster presentation.

### **Sister Margaret Smith Centre and CHCO**

On January 11<sup>th</sup>, Sister Sara and Sister Sheila, two members of the Catholic Health Corporation of Ontario (CHCO), participated in a tour of Sister Margaret Smith Centre. Both were very gracious in their feedback and generous in their praise for the new facility.

### **St. Joseph's Hospital Cafeteria TV Screens**

St. Joseph's Hospital has started broadcasting news and internal happenings/information on one of the TV monitors in the cafeteria. This pilot project provides St. Joseph's Care Group with the opportunity to increase awareness about information available on the iNtranet and website.

## ***Teaching & Research Identities***

### **Community Based Exercise Program**

The two six-week fall sessions have ended and the winter session is in progress for 8 weeks (January 18 to March 8). Four student volunteers assisted in the fall classes – of which 3 were 4<sup>th</sup> year Lakehead Kinesiology students and 1 was a student from the Confederation College one year advanced Therapeutic Recreation program. Four LU Kinesiology students volunteered for the winter programs and are a great help in the program delivery.

### **Sandy Lake Stroke Prevention Project**

The Sandy Lake Stroke Prevention Project continues. Care Group lead, Denise Taylor, attended a dinner meeting with the Chief and Council on December 10. All Council members are pleased with this work and agreed in principle to continue with the program after the research is completed. This research was accepted for a podium presentation at St. Joseph's Care Group's Research Showcase, and is being submitting for a Canadian Stroke Association conference presentation in Quebec.

**McMaster Research Study: Women with substance abuse issues health survey**

Staff of Sister Margaret Smith Centre and Balmoral Centre are participating in a research project lead by Dr. Alison Niccols of McMaster University. The project is designed to inform evidence-based practice in optimizing the health of women with substance abuse issues and their children. Staff will be invited to complete an on-line survey. Other programs providing services to women with substance abuse issues including Concurrent Disorders and Lakeview Clinic are also involved in this research project.

**Teaching**

The Psychogeriatric Resource Consultant continues to respond to an overwhelming amount of education requests for Gentle Persuasive Approaches (GPA) training. Several training sessions have been conducted locally and in the region.

**Capital Project Updates****Sister Margaret Smith Centre**

Work continues on 'finishing' of the new Sister Margaret Smith Centre. The ability to fully complete some of the areas is compounded by our need to continue to serve the many clients both on a residential and outpatient basis, as well as the winter season. Some of the outstanding issues will remain until there is a break between programs, or until spring arrives for the outside work.

**Centre of Excellence for Integrated Seniors Services (CEISS)**

Preliminary drawings for the long-term care bed component of the CEISS were submitted to the Ministry of Health for review and we have since received feedback. Although the comments were relatively few in number, a meeting will be held to ensure the areas identified are addressed prior to the next submission. Construction of the supportive housing will begin first, and planning continues for the pilings and footings to be tendered.

**Mental Health Rehabilitation Program (MHRP)**

The Master Program/Plan and the Block Schematic drawings for the MHRP were submitted to the Ministry of Health (Capital Branch) for review and comment. It is expected that this process will take 6 to 8 weeks. Further detailed design planning is continuing internally so as not to delay the beginning of construction.