

# Leadership Team Report

October 2014





"There are so many good things here. Staff always makes different activities available and there is always something to keep us busy. I love listening to the bands that come in and play for us. That makes my day".

Resident, Hogarth Riverview Manor

Strategic Priorities "The focus of our work" Client-Centred Care • Mental Health & Addictions • Seniors' Care • Chronic Disease

## **Recovery Day**

Addiction Programs of St. Joseph's Care Group participated in the first annual Recovery Day event, which was held at Prince Arthur's Landing on Saturday, September 20, 2014. This is a national event recognizing that recovery from addiction is possible and celebrates individuals who are taking courageous steps toward recovery and successfully reclaiming their lives. This event was sponsored by the Drug Awareness Committee of the Thunder Bay District Health Unit and by the Thunder Bay Drug Strategy with funding provided by The Thunder Bay Community Foundations.

## Review of Alternate Level of Care (ALC)

Updated ALC information was submitted to the Wait Time Information System - Ontario for the 9 clients in Mental Health Services that exceed an ALC length of stay of 3 years. The Ministry of Health and Long-Term Care is seeking information to better understand the contributing factors related to ALC, the barriers to discharge, and what measures are necessary to facilitate the transfer of clients to appropriate care environments.

### **Rocket Rounds**

To improve communication around monitoring residents' status at our Long-Term Care Homes, regular "Rocket Rounds" have been implemented to focus on a specific theme each time (i.e. skin/wound care, falls, responsive behaviours). These rounds are being led by the clinical managers.

### **Geriatric Assessment Program – Home Assessments**

Dayna Ingves, Nurse Practitioner for Geriatric Assessment Program (GAP) has completed her orientation with the program and has begun independently completing comprehensive home assessments for clients. Marlene Jones and Terri Jack, Registered Nurses are also conducting home assessments. Drs. Kolobov and Rafilovich have established "new client clinics" in an effort to increase flow.

### **Refresh of Admission Criteria**

Seniors' Psychiatry Day Program reviewed the admission criteria for new clients. Upon this review, changes were made to ensure the program will now be time sensitive. Clients will attend twice per week for 12 weeks with 6 weeks of follow up post-discharge. Interventions will be goal driven with the ultimate goal to have the client integrated in the community.

### **Client Transitions**

The Medically Complex (2N) and Extensive Services (5S) units have transitioned eight clients to the Handicapped Action Group Incorporated (HAGI) McKellar Place apartments. The clientele on the Extensive Services (5S) unit has changed over the past few months, with a significant decrease in the number of clients who are awaiting placement in another setting, an increase in clients with wounds and an increase in overall acuity. Efforts to increase the number of frail seniors admitted from the community for geriatric assessment and rehabilitative care has been successful, with numbers growing from 5% in 2012/13, to 15% in 2013/14 and 24% thus far in 2014/15.

## **Temporary Transitional Care Unit (TTCU)**

There has been more client flow at the Temporary Transitional Care Unit (TTCU) than expected since its opening in early June 2014. During the month of August, there were six admissions and three deaths. As part of our ongoing efforts to improve system flow, the last five admissions have been directly from Thunder Bay Regional Health Sciences Centre.

#### **Delirium Order Set**

Complex Care Psychologist, Dr. Mun Tran and Clinical Manager, Gail O'Quinn, are developing a Delirium Order Set. Following review by the geriatricians, it is anticipated that this order set will be implemented across St. Joseph's Hospital inpatient units.

#### **Chronic Disease Management**

Shelley Prevost and Jennifer Woodbeck, Pulmonary Rehabilitation, have investigated how to best formally incorporate chronic disease management practices into Pulmonary Rehabilitation and the Chronic Obstructive Pulmonary Disease (COPD) Pathway and Education Clinic. Patients presenting to the Emergency Department and being admitted for acute exacerbation of their COPD will follow the pathway. They will be implementing the use of the Self-Efficacy for managing Chronic Disease 6-Item Scale as well as Brief Action Planning. It is anticipated the length of stay and readmission rates for patients with COPD will decrease as a result of following best practices.

#### **Electronic Health Record (Meditech)**

St. Joseph's Hospital, Lakehead Psychiatric Hospital, and St. Joseph's Health Center sites have gone "live" with scanning the paper portion of the client health record into the Electronic Medical Record (EMR). The Health Records Departments have seen significant changes in processes and workflow resulting in efficiencies. Most importantly, clinicians are now able to access previous paper based clinical documents electronically. Having all clinical documents available in the EMR will further enhance care by providing clinicians with quicker access to historical patient information.

# **Corporate Principles**

"Guide posts for how we work"

Quality & Safety + Collaboration + Innovation + Accountability

### **NORPIC Accreditation Site visit**

The Northern Ontario Psychology Internship Consortium (NORPIC) is a joint venture between St. Joseph's Care Group, Thunder Bay Regional Health Science Centre and Children's Centre Thunder Bay to offer internships in psychology. Psychologists from all three organizations who are involved in this training program have worked hard over 5 years to establish a program that meets the accreditation standards of the Canadian Psychological Association. The site visit was held in September with the decision from the Accreditation Panel expected later in the fall. NORPIC currently has 3 psychology interns.

### **Fire Safety Plans and Scenarios**

The Thunder Bay Fire Department (TBFD) approved the *Fire Safety Plan* for Ward Manor - high support home. Completion of the fire plan was in collaboration with the TBFD, Northern Linkage, and High Support Housing. In addition, fire scenarios were also approved by the TBFD for both Ward Manor and the Villa on Gore Street. Ongoing work continues to ensure all safety requirements are fully met in each mental health high support home.

#### Safety Huddles in High Support Housing

Client safety huddles have been implemented in all mental health high support homes in collaboration with the Client Safety Coordinator. The purpose of the safety huddles is to provide a focused forum where a wide range of client safety issues are addressed and education is provided.

#### **Emergency Evacuation**

During the evening of September 9, 2014, Franklin Manor, mental health high support home, was evacuated due to electrical issues and a potential fire risk. Staff immediately initiated the appropriate emergency procedures and all six clients were evacuated without incident to Evergreen high support home. All electrical issues at Franklin Manor were resolved within 48 hours and both clients and staff returned to the home. Staff from Franklin Manor and Evergreen, as well as the clients and Clinical Supervisor worked collaboratively and diligently to effectively manage the emergency situation.

## **Collaboration and Chronic Disease Management**

Howard Nistico from Manor House Day Program participated in collaboration with the Centre for Education and Research on Aging and Health (CERAH) to develop Dementia Self Management Modules. Seniors Community Health is currently working with Ruth Wilford from CERAH to target 10-15 early stage dementia clients for a pilot program utilizing the self management modules.

## Joint Discharge Operations Team (JDOT)

The new Joint Discharge Operations Team format was rolled out at Thunder Bay Regional Health Sciences Centre on August 11, 2014. Utilization coordinators are now identifying clients for whom a complicated discharge is anticipated. The goal is to move away from reviewing clients who are already deemed "Alternate Level of Care" (ALC). The St. Joseph's Hospital utilization manager played a key role in the re-design, which was modeled after the St. Joseph's Hospital Joint Discharge Operations Team (JDOT) meeting format.

## **Telewound Pilot**

The Enterostomal Therapists are assisting with a Telewound Pilot with our two long term care homes, as well as Nipigon and Marathon. Diabetes Health provided telemedicine services to clients in Fort Hope and Whitesand First Nation, and insulin pump clients in Northwestern Ontario.

### UpToDate ANYWHERE License Renewal

Library Services has renewed the annual license for UpToDate ANYWHERE, our point of care clinical decision making tool providing access for all staff of the Care Group. Mobile access is included within the licensing agreement.

# Strategic Enablers

"Functions that support our success"

## **Shared Mental Health Care Research**

Dr. Jack Haggarty and research assistant, Kathleen Bailey, presented their data comparing the number of mental health referrals from primary care with embedded mental health providers and without at the 64th Annual Conference of the Canadian Psychiatric Association in Toronto from September 11-13, 2014. Their data demonstrated that a greater number of referrals for mental health services came from primary care sites that had mental health staff embedded. Dr. Haggarty's conclusion was that having mental health staff embedded in primary care increases awareness of mental health issues as well as system navigation capacity.

### **Palliative Care Achievement Recognition Award**

Jackie McDonald, Personal Support Worker (PSW) at Bethammi, was nominated for Palliative Care Achievement Recognition at the North West Palliative Care Conference in November. Jackie had been awarded the Frances Montgomery PSW Hospice palliative Care Scholarship in Toronto last February which qualified her for this nomination.

### **Staffing Model**

Work continues to ensure a smooth transition to a new staffing model on the Transitional Care (4S) unit in early 2015. The Labor Adjustment Committee has had regular meetings and will continue until the transition has fully taken place. Monthly meetings open to all staff are held, with the Inpatient Director sharing any new information and answering questions from staff regarding hospital issues.

## **Ontario Respiratory Care Society (ORCS) Representative**

Jennifer Woodbeck has accepted the volunteer position of regional representative to the Ontario Respiratory Care Society (ORCS), one of the two societies that advise the Ontario Lung Association. Her responsibilities involve attending provincial meetings and facilitating yearly respiratory educational seminars in Thunder Bay for health care professionals. Shelley Prevost has accepted the nomination for chair of the ORCS thus stepping down from her position of regional representative to the ORCS, one that she held for the past 10 years.

## **Staff Appreciation Lunches**

Five luncheons were prepared and served to staff and volunteers at five St. Joseph's Care Group sites between September 12th and 19th. Attendance was great at all of the sites and the comments were excellent. We appreciate the efforts of the Nutrition and Food Services team to make these events such a success.

## **Electronic Medication Administration (eMAR)**

St. Joseph's Heritage and Hogarth Riverview Manor are now "live" with electronic medication administration. eMAR is a medication administration software solution proven to improve patient safety and drastically reduce the amount of time spent on documentation. Clinicians can easily document medication administrations, vital signs, and other observations, and are alerted if clinical actions need to be taken.

## Point of Care (POC) Documentation

Informatics is supporting Bethammi Nursing Home and Hogarth Riverview Manor in the planning and implementation of electronic POC documentation for personal support workers. We are anticipating that POC documentation will be fully implemented by the end of the year.

### Data Center

The consultants hired to conduct a review of the options for mitigating risk to the shared St. Joseph's Care Group and Thunder Bay Regional Health Sciences Centre (TBRHSC) Data Center have completed their review and submitted their report. The recommendation, in terms of performance, risk mitigation, and operational efficiencies is to build a data center in the new TBRHSC professional building. Informatics will review the plan and prepare a business case for consideration for capital planning by November 2014.

## **Capital Updates**

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

Construction is progressing well and at the end of August the project is approximately 56% complete. There are no significant budget or schedule issues. Financing agreements have been finalized and long term financing has been committed for the Sister Leila Greco Supportive Housing Apartments as well as the first phase of the Long Term Care Bed development.

St. Joseph's Care Group has received approval for the Phase 2 Business Plan (additional 32 beds) and funding is being supported through the North West Local Health Integration Network and St. Joseph's Care Group is committing additional cash flow to this phase of the project.

The CEISS Operational Steering Committee and working groups continue the implementation of their project plans. At the September 23, 2014 meeting there were presentations from the working group leads on resource requirements for the transition to the new home. The requirements are being reviewed and a business plan submission will need to be prepared for the Ministry to review our eligibility for transition funds.

### SMHRP (Specialized Mental Health Rehabilitation Project)

St. Joseph's Care Group submitted pre-tender documents to the Ministry of Health and Long Term Care (MOHLTC) Capital Branch on April 14, 2014 and we completed a prequalification for general contractors in June 2014. We anticipated going to tender for the project in July 2014 but unfortunately this has been delayed as the MOHLTC Capital Branch has determined they will not provide approval to tender for the project until the cost share agreement is finalized. We are continuing to work with MOHLTC Capital Branch to resolve the outstanding issues related to the sharing of costs.