

**Ends Monitoring Report
E-1 Care Based on Best Practices
Lake of the Woods District Hospital**

February 2018

Board policy is indicated in bold typeface throughout.

I hereby present my monitoring report on your Executive Limitations Policy E-1 **“People Achieve Optimum Outcomes”** according to the schedule set out. I certify that the information contained in this report is true, and represents reasonable achievement of all aspects of the policy unless specifically stated otherwise.

Signed: , CEO Date: February 1, 2018

People we serve receive patient-centered care that incorporates the values and preferences of patients and their families and is based on evidence-based medicine. This is the highest priority.

CEO Interpretation

I interpret “people” to mean patients or clients who present at the hospital or at a hospital-provided service area for treatment, since we cannot be held accountable for clients who do not come to us.

I interpret “illness” to mean sickness, disease or infirmity which may be as a result of some pathology or any other result, which may be real or perceived by the client.

I interpret “injury” to mean a physical, mental or emotional assault on the person resulting in an interruption in the integrity of the person.

I interpret “optimum outcomes” to mean the best outcome possible in the current circumstance of the patient. This may not mean cure but the best quality of life possible.

Evidence of the overall compliance with this executive limitation, is provided by the cumulative evidence for the numbered policy statements below.

This end is further interpreted to include but is not limited to:

1. **People we serve receive timely diagnosis and holistic treatment.**

CEO Interpretation

I interpret “timely” to mean within a reasonable time frame, which will be dependent upon the complexity of the presentation and the ability to receive diagnostic information.

I interpret “diagnosis” to mean the identification of the nature of the illness, by examination of the symptoms.

I interpret “holistic treatment” to mean a system of comprehensive or total patient care that considers the physical, emotional, social, economic, and spiritual needs of the person; his or her response to illness; and the effect of the illness on the ability to meet self-care needs.

Compliance with this end will be achieved when:

- a) Wait times for diagnostic imaging procedures meet or exceed provincial targets.
- b) At least 90% of DI studies are read, transcribed, and reported in writing on Day 3.
- c) Laboratory ASAP and STAT test results were reported in the required time-frame 90% of the time.
- d) Wait times for surgeries (TKA’s, Cataracts) are better than the provincial target for that type of surgery.
- e) DI Procedures done at LWDH are performed in accordance with standard procedure on equipment which is engineered to purpose and has passed all safety / maintenance inspections.
- f) All studies are read or reported by fellowship qualified specialists in radiology.

- g) Achieving a “Satisfied” score of 80% or greater (Likert scale – sum of 5+6+7) on the following Patient Experience Survey questions: 1) the patient received information to make decisions about their care, 2) hospital staff listened to patient, 3) respectful treatment, 4) before discharge hospital staff provided enough information for the patient to care for themselves at home, 5) hospital staff were respectful of the patient’s cultural needs, and 6) hospital staff were sensitive to the patient’s spiritual needs.

Evidence:

a) Compliant

Chart 1: Provincial Wait Time Strategy Wait Time (in Days) for 90% of patients wait time between scan ordered date and scan date

	Jan – Mar 16	Apr – Jun 16	Jul-Sep 16	Oct-Dec 16	Jan – Mar 17	Apr – June 17	Jul – Sep 17	Oct – Dec 17
LWDH	11	13	15	16	16	14	17	N/A
Provincial Target	28	28	28	28	28	28	28	28
Average Prov Wait Time	57	55	57	49	50	48	53	N/A

The above chart demonstrates LWDH compliance with provincial wait time target (in days) for CT’s. It also demonstrates that LWDH has among the best wait times in the province and is significantly better than the average provincial wait time for CT’s.

Chart 2: DI Elective Procedures Wait Times (next available non-urgent appointment)

Procedure	Lake of the Woods District Hospital (Days)					Winnipeg Hospitals Wait Times For November 2017 (Days) as of January 2018				
	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	HSC	St. Bonifac e	Grace Hospital	Victoria General	Seven Oaks
CT’s	2 days	2 days	2 days	13* days	2 days	49	35	42	35	42
General Radiology	same day	same day	same day	same day	same day	same day	same day	same day	same day	same day
Ultrasound	30 days	30 days	25 days	30 days	35 days	77	98	91	70	70
BMD	7 days	7 days	7 days	7 days	7 days	N/A	49	N/A	N/A	N/A
Mammography	7 days	7 days	7 days	7 days	7 days	N/A	N/A	N/A	N/A	N/A

*The CT was down in November for 10 days to accommodate the installation of the new CT scanner unit. This is the cause for the increase in wait times in November 2017 from the standard two (2) days to 13 days.

b) Compliant

Charts 3, 4, 5 :

Procedure Read - % Complete (All Radiology Procedures)

	on day 0	on day 1	on day 2	on day 3
Oct 2017 – Dec 2017	80%	94%	98%	99%
July 2017 – Sept 2017	86%	96%	99%	98%
April 2017 – June 2017	76%	90%	95%	99%
Jan 2017 – March 2017	79%	94%	98%	99%

To Transcribe % Complete

	on day 0	on day 1	on day 2	on day 3
Oct 2017 – Dec 2017	60%	76%	91%	97%
July 2017 – Sept 2017	67%	85%	97%	100%
April 2017 – June 2017	67%	86%	97%	100%
Jan 2017 – March 2017	67%	84%	96%	100%

To Approve % Complete

	on day 0	on day 1	on day 2	on day 3
Oct 2017 – Dec 2017	68%	86%	93%	96%
July 2017 – Sept 2017	69%	93%	98%	96%
April 2017 – June 2017	68%	85%	94%	99%
Jan 2017 – March 2017	69%	85%	94%	96%

The above charts demonstrate that radiology report reading, transcribing and approval is compliant with the target range of 90% completed within three (3) days.

c) Compliant

2017 Laboratory Turn Around Time Audit

In 2017 the laboratory conducted one turn-around-time (TAT) audit during the month of April. Testing times for Hematology, Chemistry and Coagulation tests were audited for 30 days.

In April, 898 tests were ordered ASAP and 98% of the results were reported back to the physician within the required 90 minutes. 30 tests were ordered as STAT and reported out 93% of the time within 45 minutes of collection.

Delays in reporting times were investigated and the contributing causes for the delays were attributed to incorrect collection information being entered into Meditech and coagulation results not being verified and released to the physician in a timely fashion by staff. Strategies to assist the staff with delays in reporting include in-services with Meditech and visual reminders for the presence of STAT specimens.

Results Compared to Last Survey

Chart 6:

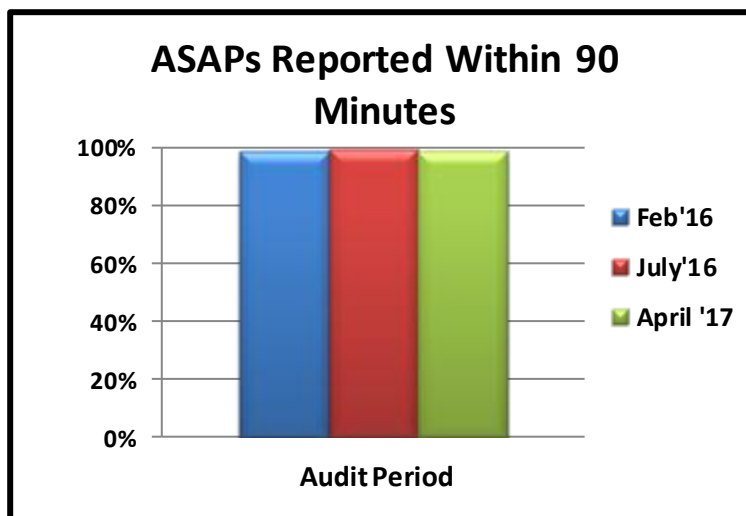
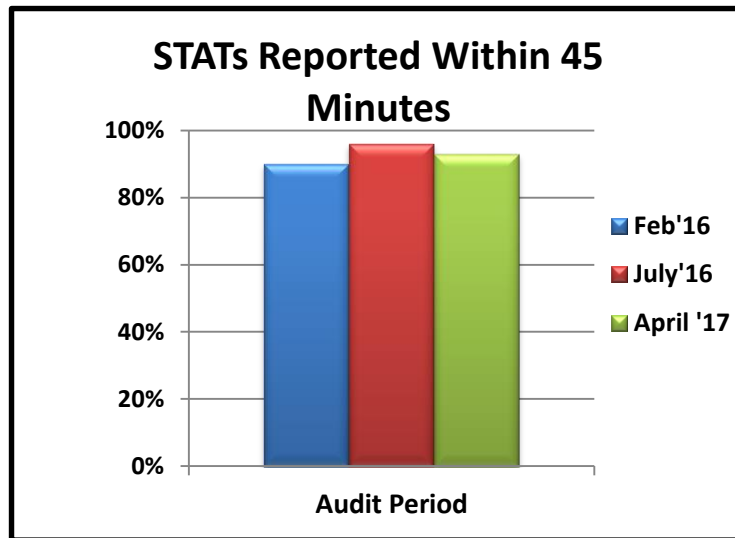


Chart 7:



d) Non-Compliant for one month during the year (May 2017) in Chart 10, and the average wait time for priority 4 patients in Chart 11 for cataracts. Compliant for orthopedics.

The MOHLTC has begun capturing and reporting two stages of wait times:

- 1.) Wait 1 Data: Cataract Surgery at LWDH
- 2.) Wait 2 Data: Time from Decision to Having Eye Surgery

Chart 8: Wait 1 Data: Cataract Surgery at LWDH

This is how long patients waited from the optometrist or family doctor's referral, to receiving an eye specialist appointment regarding ophthalmic (eye) surgery at Lake of the Woods District Hospital.



Chart 9: Wait 2 Data: Time from Decision to Having Eye Surgery

This is how long patients waited from deciding with the specialist to proceed with ophthalmic (eye) surgery, to having the surgery at Lake of the Woods District Hospital



Chart 10: Percentage of patients whose surgery was completed within the provincial target wait time, from November 2016 to November 2017. Percentage within target

Month	Ontario (Percent)	Lake Of The Woods District Hospital (Percent)
201611	85	100
201612	85	93
201701	84	97
201702	86	100
201703	86	100
201704	85	100
201705	84	67
201706	82	89
201707	83	92
201708	83	87
201709	82	84
201710	83	97
201711	82	95

Chart 11: Below is a comparison of results across hospitals for the priority level 4 (most patients)

Hospital Name	Average Wait Time (Days)
ONTARIO	100
Ross Memorial	74
Lake of the Woods	127
Thunder Bay Regional	101
Joseph Brant Memorial	128
Orillia Soldiers Memorial	152

Summary of reporting:

Wait times for surgeries (cataracts) fluctuates based upon the frequency of itinerant visits to our community.

Other than one month (May 2017), LWDH provided cataract surgery well within the provincial target from consent to surgery.

Our average wait time is moderately longer than other provincial hospitals, as both of our Ophthalmologists have decreased the number of visits to our community (due to increased work in their home communities).

Wait times data above is for the period of Nov 2016 to Nov 2017 and directly from Health Care Providers section of the Ministry Wait Times Strategy website: <http://www.hqontario.ca/System-Performance/Wait-Times-for-Surgeries-and-Procedures/Wait-Times-for-Eye-Surgeries-including-Cataract-Surgery/Time-from-Decision-to-Having-Eye-Surgery>

Chart 12: Orthopedic Total Knee Arthroplasty (TKA) Procedures Performed at LWDH for the Calendar Year of November 2016 to November 2017

MONTH	# OF TKA PROCEDURES COMPLETED	# of arthroscopies completed
Nov 2016	8	4
Dec 2016	0	0
Jan 2017	2	7
Feb 2017	8	6
March 2017	0	0
April 2017	7	14
May 2017	0	0
June 2017	8	6
July 2017	0	0
August 2017	0	0
Sept 2017	8	5
Oct 2017	9	5
Nov 2017	0	0
Dec 2017	0	0
	50	41

Chart 13: Current Wait Time Data

The Ministry does not publish data in small amounts <5 cases per month, as there is ability to identify patient or surgeon and therefore this is not to be reported.

Procedure	Priority level	MOH W1 target	Wait 1 @ LWDH	MOH W2 target	Wait 2 @ LWDH
Total Knee Replacement	3	90 days	81 days	84 days	14-54 days
Total Knee Replacement	4	182 days	81-108 days	182 days	55-112 days
Arthroscopy	3	90	72	84	84
Arthroscopy	4	182	93	182	82

e) **Compliant**

A review of hospital (diagnostic imaging equipment) preventative maintenance logs conducted in December 2017 of the Healing Arts Radiation Protection (HARP) tests for mammography verified that equipment has passed all safety / maintenance inspections and meet all safety standards under HARP standards.

f) **Compliant**

A review of the physicians credentialing files (January 2018) confirms that all radiologists with privileges at LWDH for the 2017 and 2018 calendar year are fellowship qualified with Royal College of Physicians and Surgeons of Canada.

g) **Compliant with the exception of Chart 19 where the response was 79% satisfied.**

Chart 14: I received the information I needed from the doctor, nurses, and other hospital staff to make decisions about my care:

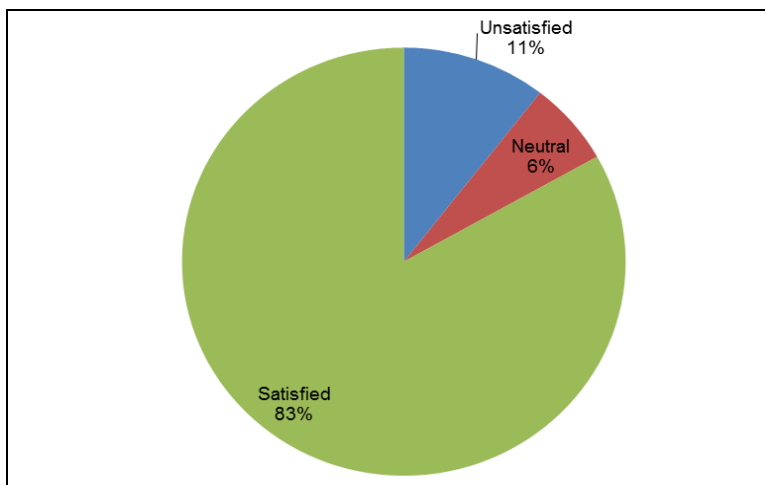


Chart 15: The doctor, nurses, and other hospital staff listened to my concerns:

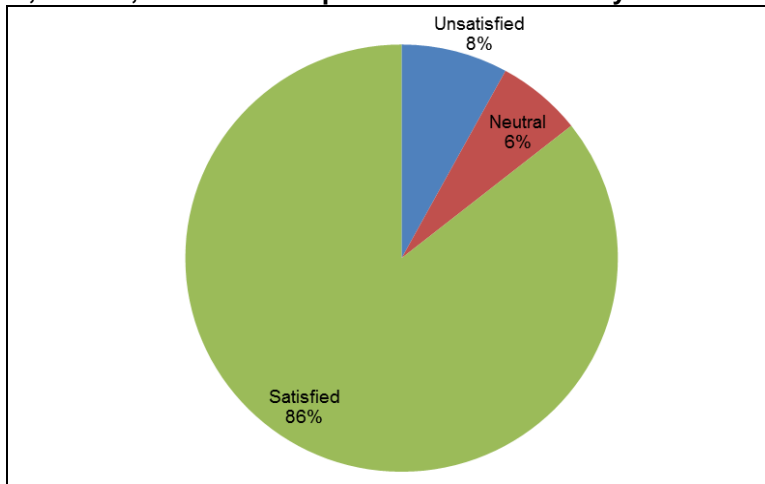


Chart 16: The doctor, nurses and other hospital staff treated me with respect:

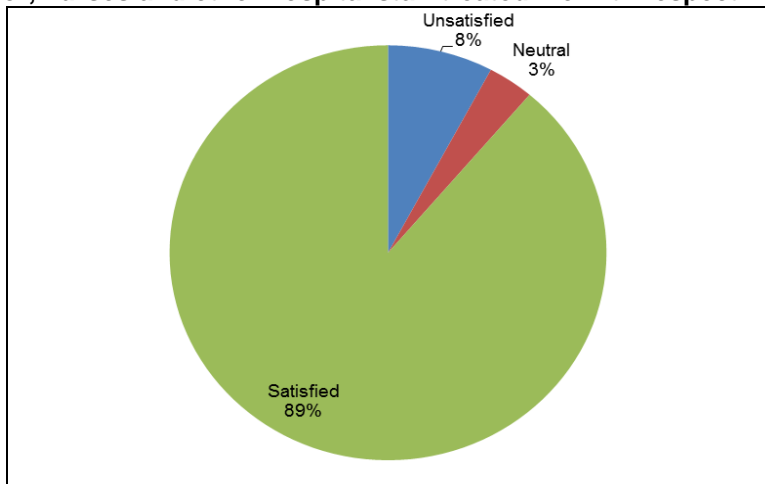


Chart 17: Before my discharge, the doctor, nurses, and other hospital staff gave me enough information about my illness/injury and medications and/or treatments to continue to care for myself at home:

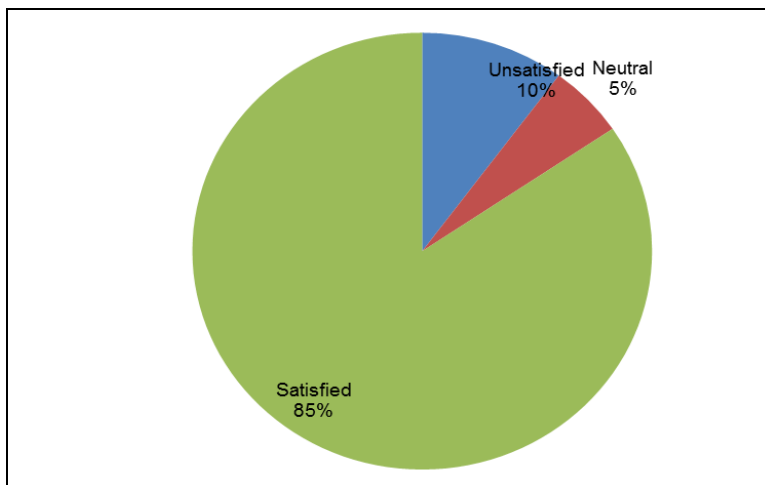


Chart 18: I felt that the doctor, nurses, and other hospital staff were respectful of my cultural needs:

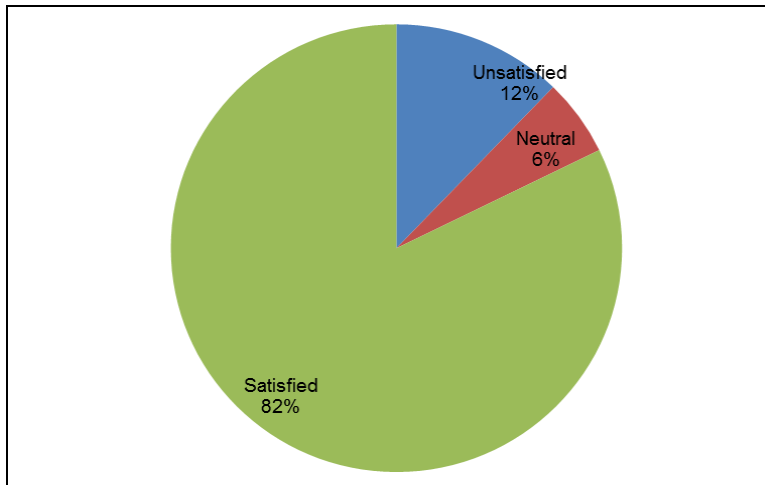
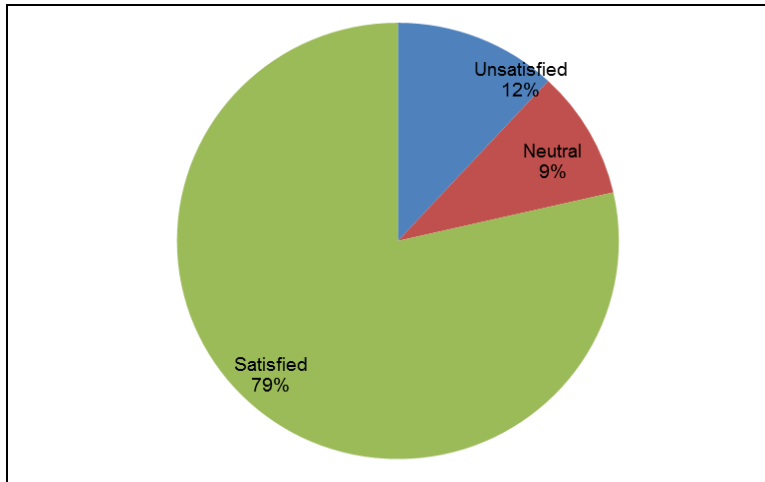


Chart 19: I felt that the doctor, nurses, and other hospital staff were sensitive to my spiritual needs:



- 2. People we serve experience maximum possible recovery within expected time-frames, with consideration of geographic and cultural issues.**

CEO Interpretation

I interpret “maximum possible recovery” to mean LWDH unplanned patient readmissions rate shall be within 1.0 % of the peer group unplanned readmission rate within 7 days with the same medical diagnosis. This may be an indication that treatment received did not achieve maximum possible recovery. However caution is advised in a strict interpretation because readmission may also be a result of patient non-compliance with treatment plans or substandard care from other health care providers. In most cases we care for patients during the acute phase of their illness. Even when we offer community care as a continuation of care for discharged acute care patients, those patients may choose other community providers or choose to see no one for non-acute help.

Rationale: For many conditions the LWDH does not keep patients in hospital until they achieve maximum possible recovery. For example, patients who have had surgery or who have mental health or addictions issues or require rehabilitation care may recuperate at home and receive care from other health care agencies to achieve maximum possible recovery. They are then discharged home or into the care of

others health care providers (nursing homes, home care, family physicians, primary health centres, nurse practitioners).

I interpret “expected time frames” to mean that the LWDH Average Acute Length of Stay is within 0.8 days of its (LWDH) Expected Length of Stay.

Rationale: Since LWDH relies on its other health care partners (LHIN Home and Community Care and nursing homes) to assist with quick discharge of its patients, some allowance is necessary when those partners are unable to provide service 24/365. Additionally there are instances where patients’ homes are a significant distance from the hospital and home care services may not be available to them in their community, so quick discharge may be detrimental to good patient care and recovery.

I interpret “geographical issues” to mean having regard to the travel distance and time between the LWDH and the patients and/or their immediate family’s home. It also includes the type of weather and road conditions that the patient may encounter if they need to return to the LWDH for care or will encounter when discharged from the hospital and have to contend with in traveling home.

I interpret “cultural issues” to mean any limitations to compliance with the treatment plan based on cultural beliefs. For example: Jehovah Witnesses who will not use blood products, aboriginal peoples who wish to first try traditional healing or medicines prior to or in conjunction with western medicines.

Compliance will be demonstrated when the LWDH Average Acute Length of Stay is within 0.8 days of its (LWDH) Expected Length of Stay.

Evidence: Compliant

Chart 20: LWDH vs. Peer Hospital Average Length of Stay & Readmission Rates 2013 - 2017

	2013-2014 Days	2014-2015 Days	2015-2016 Days	2016-2017 Days
Average Acute Length of Stay LWDH	5.79	5.55	4.84	4.59
Average Acute Length of Stay Peer Group	5.28	5.54	5.41	5.27
Expected Length of Stay LWDH	4.46	4.53	4.07	4.23
Expected Length of Stay Peer Group	4.43	4.48	4.52	4.58

The LWDH total Average Acute Length of Stay is 0.36 days of its (LWDH) Expected Length of Stay.

3. People we serve are treated with compassion and maintain their dignity

CEO Interpretation

I interpret “people we serve” to mean patients and clients of the hospital.

I interpret “treated with compassion and maintain their dignity” to mean a willingness to help; to alleviate pain or suffering; being thoughtful and decent; and show respect.

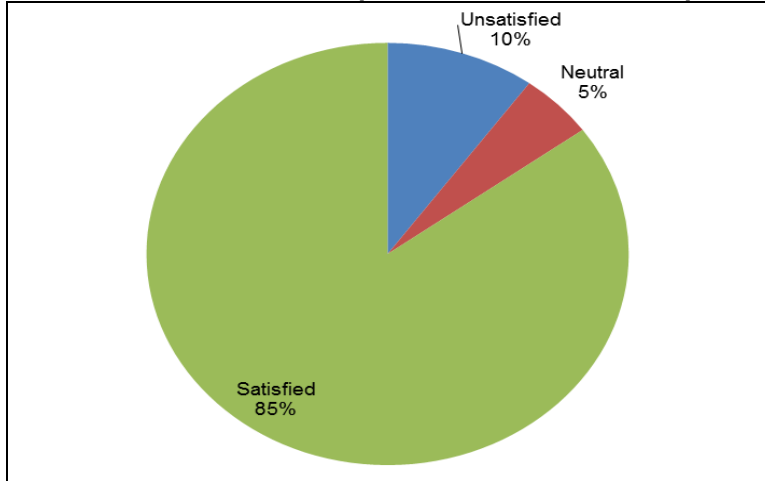
Compliance will be achieved when a “Satisfied” score of 80% or greater (Likert scale – sum of 5+6+7 or choice of “definitely yes”/“definitely no”) on the following Patient Experience Survey questions: 1) hospital staff listened to patient, 2) respectful treatment, 3) before discharge hospital staff provided enough information for the patient to care for themselves at home, 4) hospital staff were respectful of the patient’s cultural needs, 5) hospital staff were sensitive to the patient’s spiritual needs, 6) hospital staff were able to help the patient with their pain, 7) laboratory staff were courteous and professional when taking the patient’s blood, and 8) if the patient needed to be in hospital again they would feel comfortable to return to this hospital.

Evidence: Compliant with the exception of Chart 19 where the response was 79% satisfied.

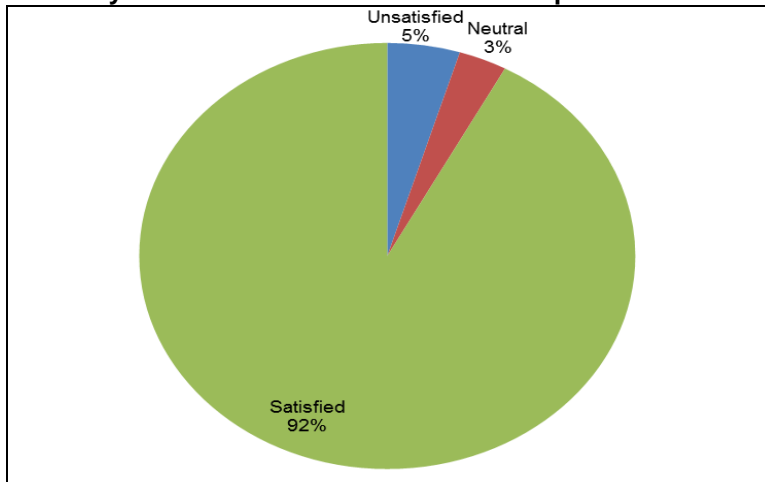
With regards to the Patient Experience Survey questions outlined above:

- 1 – see item #1.g.), Chart #15 above. Compliant
- 2 – see item #1.g.), Chart #16 above. Compliant
- 3 – see item #1.g.), Chart #17 above. Compliant
- 4 – see item #1.g.), Chart #18 above. Compliant
- 5 – see item #1.g.), Chart #19 above. Non-Compliant with a response of 79% satisfied.

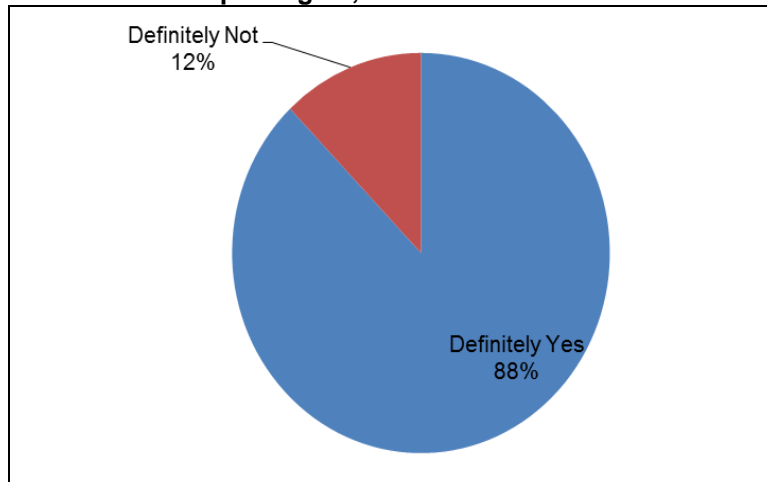
6 – Chart 21: The doctor, nurses and other hospital staff were able to help me with my pain:



7 - Chart 22: The Laboratory staff member was courteous and professional when taking my blood:



8 - Chart 23: If I needed to be in hospital again, I would feel comfortable to return to this hospital:



4. People we serve are aware of care options.

CEO Interpretation

I interpret "people we serve" to mean patients and clients of the hospital.

I interpret "are aware of care options" to mean that patients, where they are able to comprehend or family members if they have power of attorney for personal care, have been consulted by a physician, nurse, or hospital staff member about their health care options.

Compliance will be demonstrated when the most recent LWDH patient experience survey question "I received the information I needed from the doctors, nurses and other hospital staff to make decisions about my care" has attained an 80% or greater positive response. This is considered reasonable as an indicator of compliance as other methods to confirm compliance would require all health care providers to document each verbal interaction concerning discussion of options with a patient or their power of attorney for personal care and a chart audit to confirm compliance. This is too labour intensive and not the norm in hospitals. The 80% is considered reasonable as patient's cognitive abilities and memory make it reasonable to assume some people will not remember some discussions.

Evidence: Compliant

See Item #1.g.) Chart #14 above.

5. People we serve have information to make healthy choices

CEO Interpretation

I interpret "people we serve" to mean patients and clients of the hospital.

I interpret "healthy choices" to mean that our programs and services will provide guidance or advice in health practices for the best quality of life possible for those we serve.

Evidence of the overall compliance with this executive limitation is provided by the cumulative evidence for the numbered policy statements below.

Evidence: Compliant

The following departments outline information provided about the negative effects of substance abuse (including tobacco) on health.

Surgical Services:

- Patients are taught the effects and risks of smoking prior to surgery and are offered the 1-800-number for Smokers' Helpline to stop smoking (shown how to find it in the phone book).
- In pre-op clinic, if the patient is a smoker, the patient is offered an RNAO best practice smoking cessation pamphlet.
- Patients are given information and recommendations for the Sunset Family Health Team's Smoking Cessation Program.
- A large poster is mounted on the wall in the OR waiting room explaining the impact of smoking on the surgical patient.

Respiratory Therapy Clinic (RTC):

- RTC provides educational resource and diagnostic support to the Sunset Family Health Team with complex chronic diseases such as COPD, asthma or other respiratory/cardiac comorbidities.
- Community involvement in 2016: the Kenora Recreation Centre ran a pilot project for lifestyle changes for patients with COPD. The RTC at LWDH were involved as resource and support.
- RTC at LWDH is an important link for patient referral out of our community for coordinated care in respiratory related sleep disorder and chronic nocturnal disorders. Community clients may require technical assistance with breathing machine troubleshooting and follow-up in the post-evaluation stage of Sleep Clinic visits. RTC assists with diagnostic evaluations to determine efficacy of treatment and recommends further evaluation or modification to the original Sleep Disorders Clinic. RTC is also the community resource for those severe sleep disorders that require intervention/coordination with the Ventilator Equipment Pool of the Ministry.
- RTC expedites specialist appointments by performing preliminary assessment and testing, then sending this to the specialist office. This saves a trip out of town for our patient.
- RTC is instrumental in follow up assessments and testing for lung transplant patients and collaborates with Toronto. This is huge and saves our patients from travelling to Toronto.
- RTC is also the first assessment stage in the evaluation of clinical hypoxemia that permits clients to receive and maintain qualification in the Home Oxygen Program.
- RTC continues to be an educational resource on a self-referral basis for patients who are finding coordination of services or assistance with educational needs/goals on issues that are not easily answered by current community service gaps.

Education:

- CPR courses for staff taught by LWDH's professional staff include healthy living information & effects of smoking on health.
- Patients/community members – an active cardiac rehab teaching program.
- Smoking Cessation Program (JOHSC sub-committee): targets staff and patient smoking cessation.
- Patients - smoking cessation information and assistance offered to every inpatient.
- Staff and patient related educational opportunities associated with positive lifestyle choices are made available in the LWDH's newsletter, posted on the bulletin board outside the cafeteria and/or via email to the most appropriate individuals.
- Via Ontario Telemedicine Network (OTN), we participate in regional health promotion events.
- Wellness Committee – health promotion strategies/lunch and learns as well as healthy lifestyle events.

Mental Health and Addictions Programs:

- The Five Day Stabilization Program at Morningstar Centre covers substance and tobacco use. Year to date (Apr/Dec), we have offered 45 groups (on healthy living and coping tips for withdrawal) with 216 registered participants.
- Handouts are available from the program.

- The Youth Program goes into local schools and provide handouts and information about making positive changes using appropriate coping methods.
- During private sessions, our addiction clinicians give clients handouts and reading material that cover these and other appropriate topics.
- Mental Health and Addictions Programs provides professionals in Kenora and surrounding communities with materials for use in support of their clients (i.e. Migisi, Changes, Firefly, Women's Shelter, Homelessness Committee, Making Kenora Home, Kenora District Courthouse, Sunset Country Family Health Team etc.).
- We continue to collaborate with the Kenora Mental Health and Substance Abuse Task Force site that shares information on addictions and are developing a community education strategy as part of our Kenora Community Safety and Well-Being Plan.
- Staff members sit on committees that support healthy lifestyle choices within our communities. Such committees are as follows; LWDH Wellness Committee, FASD Executive Clinic Committee, Mental Health and Substance Abuse Task Force, Healthy Babies, Making Kenora Home, Human Justice Coordinating Committee, PAIL, Inter-agency Referral Committee, Risk Table, Court User Group, Mental Health and Addictions Directors Network, Kenora Hub, LHIN's Regional Group, Youth Collaborative Committee, etc.
- Adult Addictions Structured Relapse Prevention Groups are offered approximately three times per year.
- Youth Addictions' Information and Education groups for high school students are ongoing.
- The Dressing Room Project for grade 7 girls is to support girls to develop healthy body image. This group is offered at Beaver Brae Secondary School.
- The Boys Locker Room Project offered to grade 7 boys, which supports males to develop healthy body images. The group was offered at Beaver Brae Secondary School.
- Early Years Development Program (a program for women who have substance abuse issues and are parenting children 0-6 years old) offers women's groups on strategies for reducing the harm caused by addictions is ongoing.
- We participated in the Safe Graduation events to promote healthy lifestyle choices and promote safe recreation choices to reduce binge drinking and reckless behaviour.
- Participated in a campaign to reduce the number of drinking and driving incidences over the holiday. 300 information packages were handed out to the general public.
- Adult Addictions Program provides clients with Low Risk Drinking Guidelines with the goal of reducing binge drinking.
- We continue to search for new Best Practice Guidelines. This past year we received funding for The Choices Program. The Choices Program is based on current best practice material for developing resilience in children. The program material is interactive and uses table top coaches to offer one-to-one support during group activities. The program is designed to improve communication, decision-making, problem-solving, and coping strategies to deal with stress, fear, and anxiety. We will offer three programs over this fiscal year.
- Co-facilitating the Opening Doors after school program in partnership with the Northwestern Health Unit, The OPP, and youth staff.
- In collaboration with our community partners we are offering a Strengthening Families for the Future Program for adolescents. This program supports building resilience within the family unit and helps families to develop strategies for reducing high risk behaviors for this population.

The following departments outline information provided about the effect of lifestyle on diabetes, circulatory disease, cancer, respiratory disease, injuries and poisonings.

Education Department:

- We provide staff with CPR courses which includes information on cardiac disease prevention and stroke prevention.
- Institute for Safe Medication Practices' (ISMP) newsletters are posted monthly on the internal website. Some managers print and post copies in their departments. The bulletins provide excellent and current information on safe medication practices, related conditions, and management of illness.

- A program called “Moving on After Stroke” is available for community members to attend via videoconference to learn to live with effects of stroke and prevent further strokes.
- Champlain Maternal Newborn Regional Program (CMNRP) and Newborn Rounds from Winnipeg Health Science Centre all provide regular education on FASD, healthy lifestyle, nutrition, etc. for staff, physicians, and community partners (i.e. Kenora Midwives). This information is then passed on to patients in health teaching.
- All information displays (i.e. outside of Chemotherapy Department, the cafeteria etc ...) contain information for patients, families, and staff on various conditions and local supports available.
- Staff and patient related educational opportunities associated with positive lifestyle choices are made available via email to the most appropriate individuals.
- Via Ontario Telemedicine Network (OTN), we participate in regional and provincial health promotion events related to chronic disease.
- Staff members receive education regarding injury prevention and have access to Staff Health Physiotherapy to recovery from injuries and get support working towards healthier lifestyles.

Quality/Patient Safety Programs:

- Participation in the Accreditation Canada Qmentum Program, which mandates quality and patient safety strategies to be in place as well as strategies to promote employee work-life balance.
- Participation in the HIROC Risk Assessment Program to address and mitigate patient risk and promote safety.
- Patient Safety Week promotes many patient safety practices such as cultural safety, medication safety, falls prevention, hand hygiene, and infection prevention with patients and staff.

Rehabilitation Department:

- The LWDH Wellness Committee, led by the Staff Health Physiotherapist, provides regular in-services and education for all staff on wellness and prevention topics, as well as providing activities and excellent opportunities for health information sharing and participation by staff. This lifestyle information and education is then passed on from staff to patients.
- The LWDH Staff Health Physiotherapist offers staff individualized assessment and treatment, and assistance with physical activity planning for personal optimal health, which again is then passed on from staff to patients.
- Occupational Therapy, provided to inpatients includes, when appropriate, education and instruction on the importance of positive lifestyle choices, regular physical activity, and good nutrition in the management of chronic diseases.
- Physiotherapy and Speech-Language Therapy provided to both inpatients and outpatients includes, when appropriate, education and instruction on the importance of positive lifestyle choices, regular physical activity, and good nutrition in the management of chronic diseases.

Stroke Prevention Clinic:

- The Secondary Stroke Prevention Clinic educates patients on the effects of smoking as a significant risk of stroke and TIA. Readiness to quit is assessed at every appointment. The clinic provides pamphlets produced and endorsed by the Heart and Stroke Foundation on tobacco use, women and smoking, and second hand smoke hazards. Patients are referred to the Sunset Country Family Health Team for their Smoking Cessation Program
- Based on best practice recommendations the Stroke Prevention Nurse reviews medications currently prescribed, blood pressure control, hyperlipidemia concerns, diet and exercise recommendations, diabetic concerns, and offers referrals to the Outpatient Diabetic Educational Services. Patients are also screened for depression, fat intake, sleep apnea, and recommendations are noted and sent to the patient’s primary physician for consideration.
- The Secondary Stroke Prevention Clinic assesses and encourages medication compliance, as well as medication review.
- Address issues of stress as a risk for stroke, and assist patients to find healthy ways to deal with and reduce stress. Pamphlets produced by the Heart and Stroke Foundation are provided.
- The clinic refers patients to and supports the Moving on After Stroke (MOST) Program, which is based out of Thunder Bay.

- Teach patients to recognize the signs of stroke by using the Heart and Stroke Foundation's new "FAST" campaign. "FAST" is an easy way to remember the major signs of a stroke (face arms, speech, time). Fridge magnets and bookmarks are given to each patient/family member seen in the clinic.
- The Stroke Prevention Nurse is available for staff education, as well as developing posters and brochures as part of educational services.

Emergency Department:

- Posters and brochures are displayed to offer information about diabetes, kidney disease, cardiovascular disease, asthma, gambling, depression, etc.
- Patients who are identified as "at risk" are referred to clinics such as Asthma, Diabetes, Stroke Prevention Clinic, Nephrology & Kidney Health Clinics, etc.
- The Poison Control Centre is accessed as required for information.
- Lifestyle choices are reviewed and discussed as the condition relates to the patient as time permits.
- Promote smoking cessation, immunization, applicable community services and healthy lifestyle.
- Injury prevention and the use of helmets, seatbelts, and safety equipment are discussed with injury related complaints as time permits.
- Community partner meetings with Morningstar and Challenge Club to review frequent visits to the ER. Identified patients are linked to Mental Health and Addictions Programs/resources to assist with assessment, education, and lifestyle choices.
- Networking with the Northwestern Health Unit and providing referrals as requested for patients seeking Sexual Health, and/or Harm Reduction Programs.

Hemodialysis Department / Nephrology & Kidney Health Clinics:

- Posters and brochures are displayed to offer information about kidney disease, prevention, early diagnosis, etc. The dialysis program promotes a holistic approach to caring for people with kidney disease, their families and their communities. The dialysis team works in conjunction with the members of the interdisciplinary team of healthcare professionals. The dialysis team includes: a team of two nephrologists (Dr. Watson and Dr. Silverberg), registered nurses, unit assistants, social workers, pharmacists, and a ward clerk.
- The multi-care kidney clinic provides service once a month with the ultimate goal of delaying advancement from stage IV renal failure to the need for renal replacement therapy. The patients receive focused care directed at their individual complex needs from an interdisciplinary team comprised of a nephrology nurse, Certified Diabetes Educator, pharmacist, dietitian, and the nephrologists. Surveillance is scheduled according to individual needs. Follow up educational appointments are available to support the patients as they navigate their journey with chronic kidney disease.
- The unit provides a nephrology clinic service once a month to patients who are in the early stages of kidney disease. The clinic gives the patient the opportunity to meet with the nephrologist along with a registered nurse who has had experience within the dialysis unit. At this clinic, there is the opportunity to provide further education and support to delay the progression of the disease as long as possible. Furthermore to the education, this gives the nephrologist to order appropriate tests along with referrals to support these individuals.

Pharmacy:

- Pharmacists provide medication teaching to referred patients that are initiated on Warfarin, all post-MI patients, and those patients with multi-drug regimes that the nursing staff feels could use additional teaching support.
- Referrals made to the Sunset Country Family Health Team for patient follow-up re: medication post discharge: "Discharge for Medication Follow up Program".

Mental Health and Addictions Programs:

- We provide information and presentations through the LWDH Wellness Committee. Topics include lifestyle choices; living healthy on a fixed budget, dealing with the stress of change etc. We are introducing “Mindfulness Practices” to the wellness agenda in 2018.
- Attended the Shoal Lake 39, Dallas, Whitefish Bay, and Grassy Narrows’ Safety Night and Rat Portage Health Fair promoting gambling awareness.
- Facilitated Mindfulness groups as part of Best Practices, in the school system.
- Facilitated Brenè Brown’s: Daring Greatly (dealing with shame and vulnerability) eight (8) sessions from October through to the end of November. Staff will be facilitating Daring Greatly groups for the catholic school board for their staff starting the first of February. Staff facilitated the Rising Strong group for eight (8) sessions in February.
- Our staff facilitated a one day workshop in Thunder Bay in October on “Rising Strong”.
- Hospital Social Workers are offering a “Life Enrichment Program.” This program is offered to ALC patients in-hospital in partnership with the Alzheimer’s Society. Alzheimer’s is the most common form of dementia. It can impair an individual’s memory as well as his or her behavior and thinking. Life Enrichment activities can help those living with Alzheimer’s disease or other types of dementia. People with the disease may not be able to communicate using words since the disease affects their thinking. Different activities, such as art or music, can help the individuals express him or herself.

Nutrition & Food Services:

- Registered Dietitians provide both education and instruction to both inpatients and outpatients on independent health management through the application of healthy eating, and on the negative consequences of poor dietary choices.

The following departments outline information provided on the negative effects of poor nutrition and inadequate exercises.

Surgical Services:

- In the waiting area, prior to children going to the OR for dental surgery, children are encouraged to view a video which was originally made by the Sandy Lake Health Unit in Manitoba. It is a culturally specific video about a beaver that does not brush his teeth and subsequently is not able to chew down trees; a good lesson for preventative dental care.
- Video - Circle of Smiles - Protect Baby Teeth Produced & Funded by: The Nursing Caries Committee, Winnipeg; St. Theresa Point First Nation; Winnipeg Children's Hospital; Health Canada, Medical Services Branch; Manitoba Health.
- Beginning September 2016, all dental patients and their parents are brought into the pre-op clinic for face-to-face teaching.
- The Pre-op Nurse teaches each patient, who is booked for surgery, about how and when to begin fasting prior to their surgical procedure, including explanation of the risks of not fasting preoperatively
- When patients with a high BMI are identified in pre-op clinic, the patient is then referred to their general practitioner for diet counselling preoperatively.

Nutrition & Food Services:

- LWDH Healthy Foods Policy and practices discourages improper nutrition for staff, patients, and visitors. The dietary department offers healthy food choices to staff and patients.
- The dietician meets with patients and/or family members in the Dialysis Department and the Kidney Health Clinic to provide information about the negative effects of poor nutrition choices and the effects on their health and kidney disease. Healthy choices are discussed and patients are provided with diet / nutrition counseling and handouts.
- Staff and inpatients have access to dietitian services; where a Registered Dietitian can complete a nutritional assessment and tailor diet teachings to individual needs.

- Registered Dietitians provide both education and instruction to both inpatients and outpatients on independent health management through the application of healthy eating, and on the negative consequences of poor dietary choices.
- The LWDH Wellness Committee, co-chaired by a Registered Dietitian, provides regular in-services and education for all staff on wellness and prevention topics.
- Registered Dietitian sits on the Kenora Eating Disorders Resource Group.

Mental Health and Addictions Programs:

- The Challenge Club offers socialization, physical activity, and proper nutrition. These are the areas of focus every Friday during structured Day Treatment programming. Each week a staff facilitated group activity is followed by a nutritional meal prepared by the participants, for the participants. The menu is influenced by the Canada Food Guide. Some of the Friday activities we have done in the past 12-months include the following; volleyball, soccer, street hockey, ice hockey, swimming, walking, hiking, basketball, football, bocce ball, croquet, weight lifting, baseball, fishing, and bowling.
- The Morningstar Centre staff have implemented an "Integrated Collaborative Plan of Care Model" in which they assist clients in developing holistic recovery plans that also include their health needs and specialist, audiologist, optometrist, and doctor appointments. We work with our community partners to assist clients to improve access to overall health care and reduce the number of clients that fall through the cracks. This model is essential for the Detox First Strategy that was implemented in the fall of 2016. The Detox First Strategy has the OPP bringing intoxicated individuals to the Morningstar Centre instead of the cells. This strategy has promoted a multi-disciplinary team approach, improved communication, and also a better understanding of how we can support each other in this very difficult work. This strategy has had a very positive outcome for our clients that are operating on procedural memory.
- As part of our partnership with Making Kenora Home, we host the summer picnic during the month of August for the homeless population of Kenora. Many of our citizens have food procurement concerns. Making Kenora Home is the sponsor of the Emergency Service Stuff a Boat Challenge. Five teams over five weeks participated by soliciting donations of food and cash to help raise awareness and goods for Making Kenora Homes' month long campaign, "Hunger Doesn't Take A Vacation".
- The Adult Mental Health Program will facilitate the Craving Change Workshop to assist clients with changing their relationship with food. Good nutrition and portion control will aid clients in improving nutrition, overall health and reduce chronic concerns like diabetes, heart disease, joint replacement, etc.
- The Morningstar Center has increased their practical help support to clients that utilize our services. We offer client nutritional support while they are transitioning to more permanent housing. We encourage clients to stay and shower and do their laundry, which improves personal hygiene and overall general health. We offer nutritional support for individuals accessing our Needle Exchange Services. We have implemented a continental breakfast for clients leaving the acute units in the morning. All of the aforementioned items support client engagement and improve their overall physical health. LWDH's Nutrition and Food Services Department does an education group session once week at the center for clients.
- The Youth Program staff worked with community partners as part of the Options Committee of Making Kenora Home to develop the "Be In The Know Campaign". This Campaign provides information to parents regarding their liability if they host teen parties and service alcohol to under age minors. The campaign was comprised of radio spots, printed material that was added to the information handed out during the Ride Program, as well as newspaper ads.
- We co-hosted an education / information session provided by Dr. Sean Moore as part of our Overdose Awareness Day. It was well attended by other professionals and the public.
- We currently offer the Smart Recovery Group every Wednesday afternoon at 4:00pm at the downstairs meeting room at the St. Joe's Health Centre at 21 Wolsley. Smart Recovery is an international non-profit, volunteer driven organization that offers free face-to-face and online mutual self-help groups. Smart Recovery supports individuals who have chosen to abstain (or are considering abstinence) from any type of addictive behaviors (substances, activities or both) by

teaching them how to change self-defeating thinking, emotions and actions while working toward long-term satisfactions and quality of life.

Rehabilitation Department:

- The LWDH Wellness Committee, led by the Staff Health Physiotherapist, provides regular in-services and education for all staff on wellness and prevention topics, as well as providing activities and excellent opportunities for health information sharing and participation by staff. This lifestyle information and education is then passed on from staff to patients.
- The LWDH Staff Health Physiotherapist offers staff individualized assessment and treatment, and assistance with physical activity planning for personal optimal health, which again is then passed on from staff to patients.
- Occupational Therapy, provided to inpatients includes, when appropriate, education and instruction on the importance of positive lifestyle choices, regular physical activity, and good nutrition in the management of chronic diseases.
- Physiotherapy and Speech-Language Therapy provided to both inpatients and outpatients includes, when appropriate, education and instruction on the importance of positive lifestyle choices, regular physical activity, and good nutrition in the management of chronic diseases.

The following departments outline information provided on the negative impacts of unhealthy sexual behavior.

Sexual Assault/Domestic Violence/Safe Kids Program/Emergency Department:

- Sexual Assault/Domestic Violence/Safe Kids Program offers support and information to staff, patients and community agencies on sexual and partner violence.
- The Manager of the ED has also taken over the SA/DV program. This will help increase communication with community stakeholders regarding patients presenting to ED and options available within our community. Below are some action items that are being looked at and implemented from ED for SA/DV support:
 - Manager is looking into condom dispenser for triage room and possibly the bathroom within the ED (harm reduction strategies).
 - Referral forms (self-referral/nurse referral) to NWHU's harm reduction program.
 - Information in the form of pamphlets and posters regarding the Kenora Sexual Assault Center is in the emergency waiting room and is stocked regularly.
 - These pamphlets are provided to high risk patients (SA/DV cases) that present to ER, or those requesting further information.
 - LWDH has hired a Sexual Assault Nurse that is available M-F and available for urgent referrals or patients requesting further information.
 - NEW—with the recent information from the OPP regarding human trafficking in the area and situations within our community, manager has added human trafficking information in the form of pamphlets to our information wall for the community.
 - The Emergency Department does not provide information on the negative impacts of unhealthy sexual behavior. The focus is on harm reduction and strategies to educate patients or direct patients where they can access help.

Surgical Services:

- For patients having a D&E procedure, during the preoperative teaching visit, the Preoperative Clinic Nurse discusses family planning options and recommends that the patient access their family practitioner for further discussion and implementation of birth control measures. The Preoperative Clinic Nurse provides the patient with a sexual health clinic information handout for their geographic location, as part of the discharge planning in advance of the procedure.

Mental Health and Addictions Programs:

- The Needle Exchange Service provides condoms and a variety of information that promotes protected sex to reduce the spread of infection. Our staff works very closely with the Northwestern Health Unit to support our client access their services and supports.

The following information is provided on the negative effects of gambling addiction:

- Gambling Counselors are mandated to provide awareness and prevention initiatives as half of their funded positions (i.e. posters and pamphlets are distributed throughout the community). The program also provides promotional items at community events such as health fairs, LWDHF charity golf, and referral sources.
- Gambling Counselors provide presentations on a regular basis to community partners such as Changes Recovery Home, Morningstar Five Day Stabilization Program, local First Nations high schools, and both local high schools. As well, we organize different activities for Gambling Awareness Month.
- We attend local health fairs, upon invitation, to share information on ways to minimize the risks involved with regular gambling.
- The use of clinical pathways provides consistency teaching for patients and families about common acute conditions. Mental Health and Addictions Programs use Best Practice Guidelines from Health Canada in treating and educating those we serve. There are mental health and addiction guidelines for working with youth, seniors, methadone, early years, concurrent disorders, etc.

6. People we serve have access to an integrated health care system, including a seamless transfer of care.

CEO Interpretation

I interpret “access” as defined” by *our Northwest Integrated LHINS* to Improving access to primary care.... “Greater collaboration between primary care providers and local stakeholders is needed to improve communication and coordination of care. Reducing the reliance on Emergency department care and providing alternate community-based services (e.g. rapid access, afterhours clinics, home visits) will support and enhance care in the community.”

Compliance with this policy will be demonstrated when:

- There is improved communication and coordination within and between health care providers and health care sectors as demonstrated by the minutes of HUB & Kenora / Rainy River Mental Health & Addictions Network, (KRRMHAN), Community Planning Meetings;
- Minutes will reflect discussion of strategies to; support person centered care; use of clinical practice guidelines; and empowering individuals with chronic disease conditions to self-manage.
- There are improvements in wait times for services
- Meetings with health care partners take place to discuss opportunities to work together.
- Positive changes are made to streamline the system or consolidate programs and services.

Evidence: **Compliant**

Minutes of HUB & KRRMHAN meetings are available for visual inspection by request.

Note: the following evidence provides representative examples for each of the measures of compliance; it is not an exhaustive list.

Mental Health and Addictions Programs:

- The Mental Health Therapists goes into local schools and the surrounding communities to provide individual and group counselling related to substance and process addictions.
- Mental Health and Addictions Programs management collaborates with the Kenora Mental Health and Substance Abuse Task Force to share information on all addictions. As part of the task force, Mental Health and Addictions Programs contribute to a community education strategy as part of our Kenora Safety & Well-Being Plan.
- Staff members sit on committees that support healthy lifestyle choices within our communities. Such committees are as follows; LWDH Wellness Committee, FASD Executive Clinic Committee, Mental Health and Substance Abuse Task Force, Healthy Babies, Making Kenora Home, Human

Justice Coordinating Committee, Interagency Referral Committee, Youth Collaborative Committee, Kenora Sub-Region Planning Table, etc.

- The continuity of care between Schedule 1, Challenge Club, and Canadian Mental Health Association's Peer Support Program has led to an increase in peer support membership.
- Adult Addictions Structured Relapse Prevention Groups and individual counselling are offered at the Kenora Jail.
- The Mental Health and Addictions Programs facilitated Brene Brown's: Daring Greatly, (dealing with shame and vulnerability), eight (8) sessions from October through to the end of November. Staff will be facilitating Daring Greatly groups for the Separate School Board for their staff starting the first of February running to the end of March.
- Mental Health Therapists provide problem gambling presentations on a regular basis to community partners such as Changes Recovery Home, Morningstar Five Day Stabilization Program, local First Nations high schools, and both local high schools. As well, Mental Health and Addictions Programs organizes different activities for Gambling Awareness Month

Primary Care:

Strategies to improve access to primary care:

- Initiative involving the LWDH, Sunset Country Family Health Team (SCFHT), WNHAC, and LHIN Home and Community Care to develop a common indicator for each organization's Quality Improvement Plans (QIPs).
- The Ambulatory Day Clinic provides care to clients who do not meet eligibility criteria for LHIN Home and Community Care service for antibiotic therapy and dressing changes. Some treatments provided could be provided in the FHT setting but due to equipment and supply needs we have historically provided these services to the community.
- Fracture Clinic provided from the Rehabilitation Department and staffed by a local surgeon, Dr. J. Spielman. This clinic provides follow-up to patients from the ED or physician offices for fracture follow-up care.
- A specialty Wound Assessment Clinic operates weekly using the Rehabilitation Department space. The clinic is an inter-professional collaborative group of a surgeon, nursing, chiropody, dietician, physio and OT. This group works with a FHT chiropodist (currently on leave) and also provides an educational component for nursing and medical students. The Wound Assessment Clinic works with community partners such as LHIN Home and Community Care, Revera, WNHAC, Kenora Chiefs Advisory, Paterson Medical Clinic, Sunset Country Family Health Team, First Nations communities, and long-term care.
- A Sexual Health Clinic is offered by the Northwestern Health Unit every second Thursday at the Morningstar Centre.
- The LWDH Rehabilitation Department has begun the second year of a two year funding commitment from the MOHLTC/LHIN to provide full physiotherapy services to those most disadvantaged in the community, including persons aged 65 and over or 19 years and under, those on Ontario Works/Ontario Disability Support Program, and to those who have been admitted to a hospital for the same diagnosis. This clinic is an Episode of Care Community Physiotherapy Clinic.
- LWDH staff member representation on the local healthcare physician recruitment committee.
- Developing an outpatient Internal Medicine Program. Expanding to provide consultation services to the region (in-person and telemedicine).

Long-Term Care:

- There are quarterly multi-agency committee (Kenora Continuum of Care Coalition) meetings that include Pinecrest and Birchwood Terrace, LHIN Home and Community Care, LHIN, Red Cross, Alzheimer's Society, Sunset Country Family Health Team, Support for Seniors, and LWDH to discuss and resolve common LTC concerns and issues.
- The committee is examining opportunities for coordination and transition of care between the hospital and local long-term care. This can improve seamless delivery of health care.
- The Home First Philosophy (LHIN Home and Community Care) forms the basis for care and discharge planning at LWDH.

Acute Care:

- Intermittent meetings with WNHAC regarding partnering opportunities such as diabetes support in hospital to Aboriginal persons with diabetes, wound care, transition of care and shared communication
- Assess and Restore Program: permanent funding received for ongoing targeted rehabilitation services for hospital inpatients.
- Continued participation in the Regional Surgical Network (RSN) – ensures general surgery coverage across the region 24/7/365
- Participation in the LHIN Regional Orthopedics Program: work continues to develop a truly regional program offering comprehensive orthopaedic services to all residents.
- Regional Critical Care Response Program- enables telemedicine consultation from LWDH ICU and ED to specialist providers at TBRHSC 24/7. Same program facilitates ICU daily rounds.
- Participation in the Regional Palliative Care Program/Committee.
- Participation in the Regional Wound Care Program/Committee.
- Participation in the Regional Pharmacy Program- SRN Project.
- Participation in the regional Telehomecare Program: offers connection to healthcare providers from a video connection in the patient's home (partnership with LHIN Home and Community Care).
- All Small Rural Northern Projects (i.e. Common Quality Improvement Plan "Scorecard" Project): seeking to develop a common scorecard of indicators for hospitals across the LHIN.
- SRN Regional Electronic Medication Reconciliation.
- Quality Based Procedures (QBPs): Patient order set development project, which is a standardized order set and promotes comprehensive patient centered evidence based physician orders and care.

General (items covering many sectors):

- Hospitals in NW Ontario have a shared electronic medical record (Meditech).
- Current Meditech projects include:
 - Readiness for Meditech Upgrade.
- Implementation of e-strata project, which allows electronic referral from LWDH to LHIN Home and Community Care or St. Joseph's Care Group (SJCG) – complete.