



Winchester
District
Memorial
Hospital

ANNUAL REPORT OF THE CHIEF OF STAFF 2006-2007

Winchester District Memorial Hospital continues to be a leader in the provision of excellent healthcare to the community it serves and the process of innovation and continuous improvement has continued over 2006-2007. It has been said that the only constant is change, and health services at WDMH has been no exception to that rule.

On the redevelopment side, the pace has continued to be very brisk, with continued hard work and refinement of plans, culminating in the recent announcement from the Ministry of Health that we are authorized to proceed to tender. This signals agreement and support from the Ministry that our strategic vision is appropriate and the past five years of work have been recognized for the superb accomplishment that they represent. A great deal of consideration has been devoted to the "staging" of the redevelopment and construction process to minimize the impact on staff, community and patients and we will be able to continue to deliver the high quality level of care that our community deserves. There is no doubt there will be challenges, but opportunities to refine and innovate exist as well during this time of transition.

There have been many clinical developments and achievements over the past year, and many transitions within the hospital medical community. A realignment of clinical care teams was implemented in order to more clearly reflect the clinical vision outlined in the Strategic Plan. A revision of the Chief of Staff selection process was undertaken by the Board, accompanied by a review and revision of the process for selection of Chiefs of Departments. This change was endorsed by the Board and successfully implemented, culminating with the appointment of new Departmental Chiefs for Emergency, Anesthesia and Surgery. Drs. Su, O'Connor and Blakslee bring a wealth of experience, creativity and leadership to their respective positions. Efforts continue to select and appoint medical department chiefs for Maternal/Child and Medical Services.

It has been a time of change within the physician community as well. We regret the departure of Dr. Jones from the hospital, but continue to enjoy the opportunity to access his expertise at the regional level as a maternal/fetal medicine (high risk) consultant. The hospital has welcomed two new physicians to its staff: Dr. Jovanovic joins us as consulting paediatrician and gives us great opportunity to further our linkages with CHEO. Dr. St. Cyr has joined us recently as Obstetrician/Gynecologist and brings a wealth of community hospital experience to us.

WDMH continues to innovate and show leadership regionally, building on our core strengths. We are the first community hospital in Eastern Ontario to offer sentinel node biopsy for breast cancer care. This places us at the forefront of bringing a leading edge standard of cancer care to our community and is a credit to the hard work and vision of Dr. Blakslee, the surgical care committee and hospital management and support services. We continue to "Winchesterize" and implement care maps and pathways in a number of clinical areas, allowing us to progress with efforts to standardize and deliver care in alignment with best practices information. Our maternal/child clinical focus includes a well-integrated mid-wifery component and the model is being regarded both regionally and nationally as an example of how to successfully deliver a full spectrum of integrated care options in pregnancy.

Quality surveillance has defined a number of opportunities for enhancement of care, with falls risk and care of the elderly being identified as areas with potential benefits. The hospital has invested in these areas with the recruitment of a highly qualified Geriatric Nurse Specialist, who will foster the identification and implementation of risk-reduction and enhanced care practices to further benefit this growing and vulnerable group of patients. Development of information technology opportunities continue; improved access to information and information exchange has great potential to further improve efficiency of care to our patients and to ease the great challenges presented by moving through our current distributed health care system. PACS (digital diagnostic imaging access) and EHR (electronic medical records) are large-scale initiatives currently underway.

As Eastern Ontario's first accredited rural teaching hospital, WDMH has further developed our longstanding tradition of teaching. We are pleased to be able to offer a clinical rotation in General Surgery beginning this summer, which is a first for rural community hospitals. As well, a highly regarded interdisciplinary care teaching model was designed and trialed at WDMH, bringing together students from medicine, nursing, pastoral care and physiotherapy. The opportunity to learn in a fashion similar to eventual collaborative practice enhances the professional development of all participants and fosters improved quality of care in the long-term, through increased comfort and familiarity with collaborative care. This model is already being examined closely by other teaching institutions and will likely be emulated elsewhere.

WDMH continues to be an active participant in a number of regional initiatives, and we continue to actively seek opportunities to enhance the care we deliver to our catchment population. We currently are participating in regional initiatives regarding Wait-time Reduction, with specific emphasis on cataract surgery and colorectal screening. We have high-level planning representation on committees dealing with Cancer Care, Diagnostic Imaging, Perinatal Care and Critical Care, ensuring that the rural voice is heard clearly and that the needs of our patients are understood and considered as regional plans progress. Access to Long-term care and supportive care in the community remains an ongoing challenge and the Board, CEO, management and the physician community remain active and aggressive in our drive to improve access to these key care components for our patients and communities.

I would like to take the opportunity in closing to thank Dr. Rosenquist for his excellent leadership as Chief of Staff. His willingness to assume the position of Chief of Staff and his selfless service to WDMH are a testament to his dedication to patient care and to this community and we are in his debt.

Respectfully Submitted,

Brian Devin MD CCFP
Chief of Staff