



To be notified Oct 21, 2011 if winner.

To Whom It May Concern,

The following is a submission to the Ontario Hospital Association Health Achieve 2011 awards for the *Small, Rural and Northern Award of Excellence* under the subheading of *System Integration*.

This nomination is specifically for Katrina Wilson, President and Chief Executive Office of the Hanover and District Hospital, but also includes the larger collaborative membership of the Grey Bruce Health Network (GBHN). This network features 13 sites and is led by two additional Chief Executive Officers, Public Health and the South West Community Care Access Center. The sites themselves range from an 'outpost' like setting in a Tobermory Medical Clinic to a much larger Regional Acute Care Center in Owen Sound, as well as the Grey Bruce Public Health Building and the CCAC Grey and Bruce regional office.

Through her leadership role within the Hanover and District Hospital and her membership in the GBHN, Ms. Wilson has been instrumental in sponsoring and supporting the GBHN Evidence Based Care (EBC) Program, which has become a recognized and successful leader in developing and implementing Patient Pathways and Standardized Order Sets within our LHIN.

In 2002, the members of the Grey Bruce Health Network, lead in this project by Katrina Wilson, believed "... that clinical pathways would help meet the challenge of creating a sustainable, efficient and cost-effective rural healthcare system." The co-authoring of the article "Developing Regional Clinical Pathways in Rural Health" <http://www.gbhn.ca/ebc/documents/CanadianNurse-FinalArticleSept2003.pdf> published in 2003 by Canadian Nurse (Vol 99, No 8, Sept 2003) outlines her vision of the project coming to fruition and also outlines next steps. In 2007, the addition of the GBHN Order Set project enhanced the program significantly and realized her vision of next steps, moving the project forward in a significant and sustainable way. While the Order Sets had always been an integral part of the pathways, in reality all procedures, diagnosis and admissions did not warrant the extensive work of developing a complete and comprehensive "pathway package". While the top 10 Case mix groups continued to have complete packages, smaller "pathways" could be created in the form of physician order sets and nursing best practice guidelines. This has become more evident in the recent investment and publication of the LHIN "pathways", which are essentially physician order sets supported by various literature and best practice guidelines. The Regional Total Hip Replacement Pathway endorsed by the LHIN is in fact a template from the GBHN EBC Program. <http://www.longwoods.com/product.php?productid=17737&page=1>

More recently the EBC Program has had significant impact in the development of the pathway project in PEI and Nova Scotia, with much of the work there being referenced and supported by the EBC Program. The ability to share successes has been an investment in the future of the program and has set the stage for additional collaborating efforts to share further projects on a national level.

The entire Order Set project outline was published in Healthcare Quarterly (Vol 12, No 1, 2008) entitled “Adaptation and Implementation of Standardized Order Sets in a Network of Multi-hospital Corporations in Rural Ontario”.

<http://www.gbhn.ca/ebc/documents/AdaptationandImplementationofStandardizedOrderSets.pdf>

During the period from 2002 to 2007, while corporations struggled with financial restraints, Ms. Wilson diligently reinforced the impact this project could have on patient outcomes, safety, collaboration and quality patient experiences. A significant challenge.

In 2008, the first hard evidence of the projects’ success was published following the completion and evaluation of a large network audit. Data was collected and published in Healthcare Quarterly (Vol 14, No 2, 2011) Managing Smarter, entitled “Standardized Network Order Sets in Rural Ontario: A Follow-up Report on Successes and Sustainability”

http://www.gbhn.ca/ebc/documents/StandardizedNetworkOrderSetsinRuralOntarioHQ_vol14_no2_Rawn.pdf . Of note, the EBC Program wishes to acknowledge the help of Dr Bob Lester at the OHA for his encouragement.

Briefly this data supported Ms. Wilsons’ belief in the project; in that order sets and pathways reduced length of stay, reduced readmission rates and lead to greater patient satisfaction. All this while providing standardization of care, putting forth best practice information and establishing a unique form of communication between knowledge expert and general knowledge practitioner in a network of small rural hospitals. Information and updates to best practice from the regional expert can be transferred to the clinician through the order sets and pathways in a print on demand fashion from a current GBHN website.

The Order Set project has taken on a life of its own and since the audit completed in 2008, usage has increased significantly. Requests for new order sets and changes have created a steady exchange of information sharing, not only between sites, but between specialties as well. The different hospital sites are better able to connect with the availability of services throughout all sites and the larger sites are identifying some of the barriers to smaller rural healthcare. Identification of these barriers has led to increased communication and education to facilitate repatriation of patients back to their home communities and better allocation of beds, within each facility as well as across the network.

Along with this increased global awareness comes the responsibility of the EBC Program to make accessible all the services outlined in the individual order sets based on diagnosis. Innovative ways to access the outpatient services and programs were developed in cooperation with our Order Set repository partners in the form of associated documents. Now all the relevant referral forms, nursing guidelines, worksheets, unusual facts, etc. can be accessed at will through the association to an order set. For example, a community CHF clinic information can be accessed from the order set through the associated document link and the patient directed to go there for teaching and self- management of their disease. This was information historically difficult to obtain across multiple acute care setting. And the referrals are not limited to any specific disease process or corporation. Public Health information is linked here for Women and Child Care reducing redundancy and increasing coordination

of care. Diabetes Education referrals and specific order sets and protocols can be accessed by those practitioners who chose not to be part of the inpatient system, yet need these referrals available. It is beneficial to them in that they no longer have to store an outdated paper copy in their offices, but print referral forms on demand and thereby have up-to-date current information on the programs and their accessibility.

All that being said, the EBC Program would not be where it is today providing coordinated, relevant, best practice information to a network of 11 hospitals if not for the forward and innovative thinking of the lead CEO, Ms. Wilson, and the collaborative thinking of the other network partners.

I therefore wish to nominate Katrina Wilson as project lead of the Evidence Based Care Program as well as the Grey Bruce Health Network partners for the award of Small, Rural and Northern Award of Excellence as an example of what can be accomplished regionally, provincially and even nationally.

Other Network Partners included for nomination are:

Maureen Solecki, President & CEO, Grey Bruce Health Services
Paul Davies, President & CEO, South Bruce Grey Health Services
Sandra Stockman, Executive Director, Community Care Access Center
Andrea Rawn, Program Coordinator, Evidence Based Care Program

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