

# Board of Directors Highlights September, 2022

# Enriching life's journey together.

# Cultivating quality care that is patient centred, timely, efficient, effective, equitable and safe.

## **Emergency Room Services**

Following ER closures in smaller hospitals across the Province of Ontario and extensive wait times in larger facilities, Ontario Health included strategies to ease pressures in Emergency Departments within their 5 part strategy to stabilize the Ontario healthcare system. It is unlikely that any of these strategies will have an impact in the short term.

Collectively, the hospitals in the former South West LHIN have agreed to work together on an emergency department strategy. The work has been further focused at a sub-Region level with LWHA participating in the Huron Perth discussions.

There is an extensive list of potential initiatives that are currently being compiled and evaluated. Hospitals have acknowledged that there are insufficient health human resources to continue to operate all health care facilities as they have historically been operated. There is also a strong desire to have an emergency health care system that is planned in a way that provides patient access to a safe, appropriate and sustainable ER system. Ideally this would eliminate the necessity for short notice ER closures.

These are very preliminary discussions and the likely impact to specific ER departments and sites remains unknown.

At this time, there are no Emergency Department vacancies that are posing a risk for closure. Staffing remains very precarious - one sick leave has the potential to change things drastically.

#### Bill 7 – More Beds, Better Care Act

This legislation has received a lot of press and political attention. There is very little capacity in long term care anywhere in the province. The Ministry of LTC recently directed LTC homes to bring COVID isolation beds back online by December. Beds in three and four bed wards will remain out of service. Numerous LTC home builds are delayed as a result of construction inflation and many of the expected new builds may not be completed. We do not expect that this legislation will have a significant impact on LWHA. Currently 15 of 45 patients in hospital are designated as Alternative Level of Care or ALC and should be receiving care elsewhere.

#### **COVID Response**

We continue to require staff, patients and visitors to wear a mask when in hospital and in the presence of others. Hospitals across the South West are expected to reduce the active screening at the public entrances based on the needs of their individual organization. We are

evaluating the effectiveness of active screening and will be making a decision shortly. Our testing centre is also serving very low volumes and we are working with Ontario Health to better understand their expectations and our obligation to continue to provide this service.

# **Listowel Complex Continuing Care (CCC) Temporary Bed Closures**

In June we made the very difficult decision to temporarily close 5 CCC beds in an effort to stabilize staffing. We are very pleased to announce that we plan to reopen these beds October 3, 2022 with the start of the new RPN staffing schedule (delayed due to outbreak).

## **Listowel Site: Obstetrical Department (OB) Staffing**

The nursing schedule for the Listowel OB department remains extremely fragile. Our department is small and with two active full-time maternity leaves staffing the unit is a challenge. We are hopeful that as we start to see staff return to the workplace this fall that this will improve. Knowing that we will have more maternity leaves in the future we are making plans to over hire and train more nurses. Orientation and training to this program is extensive and we are very fortunate to have built a partnership with Birthing Center at the Walkerton Hospital. The hospital and staff continue to help support the mentorship of our new hires and without them we would be unable to support new staff with a robust orientation.

## Wingham Laboratory

This was to be a planning year for the proposed Wingham laboratory renovation. Due to staffing and management capacity issues the planning has been delayed to 2023/24 fiscal. There have been new models of care trialed in the lab due to summer staffing issues. LWHA committed to the purchase of full chemistry analyzers and informed IHLP of interest in additional point of care instrumentation and testing based on time of day and staff availability.

#### Mammography

The new mammography equipment is installed and operating. The contrast enhanced mammography training is scheduled for January 2023.

#### **Pharmacy**

The Pharmacy team is planning the automated packager replacement for mid-October at the Wingham site. Wingham packages the majority of our oral tablets and capsules and supplies to our Listowel site.

#### **Health and Safety / Emergency Response:**

The Listowel site completed their annual vulnerable occupancy evacuation exercise in partnership with the North Perth Fire department August 31st. There was a tremendous amount of effort and demonstration of team work exhibited during the evacuation, which took 2.02 minutes, however, we were unsuccessful evacuating the "hot room" in the required 1.75 minutes. Although the required time was not achieved the intent of the exercise is to ensure we have a process in place to ensure we address any learnings and additional opportunities to strength our evacuation responses going forward. Additional education and training will take

place with staff and we will repeat the exercise in the month of November. The Wingham evacuation drill will also take place in November.

In response to recent safety and security incidents over the last few months at both sites, a safety and security working group was formed. The working group brain stormed security risks, identified improvement opportunities and have a working action item list. As staff safety is of utmost importance, additional safety actions and initiatives will be led and implemented by the Operations Quality Committee.

# **COVID-related initiatives and practices:**

Both sites experienced an increase in employee COVID activity during the summer months. From June 1<sup>st</sup> to September 4<sup>th</sup> there were a total of 41 positive staff members and 8 staff working under work isolation as a result of a high-risk exposure.

There have been recent changes to the Ministry of Health guidelines concerning the management of cases and contacts of COVID-19 for Healthcare workers.

- The period of time that an employee cannot come to work at the hospital, is now 7 days for our current staffing operations, provided the employee meets the criteria of being free of fever without fever reducing medications for 24 hours AND symptoms are improving for 24 hours (but it is 48 hours for GI symptoms, such as vomiting and diarrhea).
- The 7 days is defined as: 7 days after symptom onset OR date of specimen collection, whichever is earlier.
- In ongoing critical staffing shortages, employees may return earlier than day 7
  without testing AND the employee meets the criteria of being free of fever
  without fever reducing medications for 24 hours AND symptoms are improving
  for 24 hours (but it is 48 hours for GI symptoms, such as vomiting and diarrhea).
- There is no longer a requirement for employees to test negative to return to work if they meet the criteria.
- o Employee exposures to symptomatic persons, COVID positive persons and asymptomatic persons require self-monitoring for 10 days. If the exposure is from a COVID positive household member but the employee is asymptomatic, the employee can return to work as long as they self-isolate at work. If you become symptomatic at any point, then you are required to self-isolate and seek immediate testing.

# Cultivating a workplace that nurtures individual and collective potential.

#### **Vacations**

We all appreciate the value of vacation time and especially looked forward to time away from our work this past summer following two years of pandemic restrictions. While everyone may not have received their preferred vacation times, all LWHA staff who applied were granted

vacation consistent with collective agreements. No staff were called back to work while on vacation although some staff chose to work in order to cover vacancies or support colleagues. We have an exceptionally dedicated group of staff and physicians who continued to make personal sacrifices to care for patients.

#### **Bill 124**

Bill 124 resulted in fixed wage increases of 1% per year over a 3 year period for defined public sector organizations in Ontario. This legislation has been demotivating for many of our staff. Consumer inflation that is higher than recent memory is also influencing wage expectations across the country. It is clear that the government does not yet have a strategy for labour negotiations and settlements once the 3 year restraint period is over. Significant concerns also exist regarding the impact of long standing executive compensation freezes.

## **Day Care**

With a large number of staff currently on maternity leave, we began investigating the day care situation in our communities. Both local municipalities are challenged with staffing their day care operations and both have extensive wait lists. Current wait lists significantly exceed the number of children in care. Both local municipalities are open to the idea of partnering with the hospitals on creative day care initiatives to create additional day care spaces that support health care employee work schedules.

#### **Organizational Capacity**

The ER closures, health human resources and other staffing challenges consumed a significant amount of hospital and physician leadership time and energy this summer. Leadership turnover is also a factor. There are a number of corporate initiatives that were necessarily delayed as a result.

#### Nursing Health Human Resources (HHR) Update

We have made several changes to schedules and staffing in order to prepare for the go live of our nursing workforce strategy. The start and end of nursing schedules vary between the two sites therefore these initiatives will start at different times across the Alliance. The Listowel Site started with their changes on September 12, 2022 and the changes in Wingham will take place October 31, 2022. Our team will continue to assess the need for further scheduling changes to support staffing and clinical service delivery.

#### **Clinical Leadership Changes: Infection Prevention and Control**

This summer, Pauline Daugherty, our IPAC/OH Coordinator decided to make a change and move on to a new role at the Canadian Association for Mental Health. We are very excited to announce that Deirdre Woodward has accepted this position and started earlier this month. Deirdre is a Registered Nurse who has worked in a variety of critical care settings over her career. Deirdre has been working on her Occupational Health Nursing Diploma while working casual in the Wingham Emergency Department.

#### **Nursing Recruitment**

From June – September LWHA has recruited 11 new nurses. 4 of these hires were recently students. Both sites have taken on several nursing student placements throughout this fall and winter.

Recruitment continues to be a key focus for various departments at both sites such as nursing, allied health, paramedical, clerical, administration and support services. Although there are permanent vacant positions, many are related to temporary leaves. As of the end of August the Listowel site had 31 long term leave of absences and the Wingham site had 14. This is a total of 45 leave of absences between the two sites with the majority related to pregnancy and parental leaves.

Since January there have been a total of 204 posted positions (internal and external) with a current total of 35 vacant positions between the sites which we are actively recruiting for. Since January 2022 we have onboarded a combined total number of 56 new employees.

LWHA is committed to continue with student placements for both post-secondary and cooperative education. In additional to our high-school coop rotation program, plans are currently under way to coordinate an on-site learning opportunity for the LDSS Grade 10 students enrolled in the Health Care course to provide them with an opportunity to learn the various careers and experiences within a local hospital.

LWHA in partnership with the Pathways and Careers Committee developed a careers video showcasing various careers within the Alliance. The video will be shared with high-school students of the Avon Maitland District School Board as an initiative to retain our students with careers within our local communities. The video will be available on the LWHA website under job opportunities for review by external recruits within the coming weeks. We would like to thank all our staff and physicians for their creativity and enthusiasm in developing the video. <a href="https://www.dropbox.com/s/vlbo1ji6c9l1rjf/AMDSB%20PAC%20-%20Listowel%20Wingham%20Hospitals%20Alliance.mp4?dl=0">https://www.dropbox.com/s/vlbo1ji6c9l1rjf/AMDSB%20PAC%20-%20Listowel%20Wingham%20Hospitals%20Alliance.mp4?dl=0</a>

We have recently enhanced our standard recruitment process to include the opportunity for a potential candidate to participate in a job shadow experience if desired to gain a greater understanding of the position and the organization prior to formally accepting an offer. We anticipate this initiative will support the retention of new hires as the job shadow experience will provide them with an opportunity to assess whether the role and environment aligns with their expectations.

# Cultivating a sustainable and resilient environment that is here for future generations.

#### **HIRF**

The Hospital Infrastructure Renewal (HIRF) preliminary funding allocations and submissions for

additional funding have not been confirmed. We have decided to defer the WDH generator replacement at this time as quotes far exceed the funding available. A request was also submitted for the updated Heating Ventilation Air Conditioning in Listowel in the amount of \$863,683. Currently the engineering study and RFP are being developed in anticipation that the funding request will be approved.

## Cybersecurity

LWHA, in partnership with the Regional Security Office Centre, is working to have 24x7 day a week monitoring of McAfee anti-virus alerts.

#### **Scheduling**

As many departments are experiencing a high volume of vacancies, each department will be determining what is needed to implement a business continuity plan.

# Compensation

Eligible RNs and RPNs received their first installment of the retention bonus in June with the second payment in September. Nurses were eligible to receive up to \$5,000 in total. Wingham's total eligible payments inclusive of statutory payments were \$267,000 with funding of \$246,000. Listowel's total eligible payments were \$347,000 with funding of \$309,000.

## **Organizational Development:**

In June the LWHA Physicians were provided with training/resource material related to the Physician responses related to emergency codes within the hospitals.

Leaders will participate in a workshop October 14<sup>th</sup> related to workplace mental health. This training is offered through Your Health Space which is funded by the ministry through the Canadian Mental Health Association. This workshop is specifically designed for Leaders and will seek to increase leaders' confidence in supporting staff members who may be experiencing mental health challenges, while providing a foundation for fostering Psychological Health and Safety in the Workplace.

# Cultivating partnerships to offer a seamless patient experience.

#### **Patient Portals**

MyChart is a service provided by Sunnybrook that has allowed patients access to their electronic health record for the past several years. This service is being discontinued and replaced with ConnectMyHealth. The replacement allows patients access to the same database as clinicians, ClinicalConnect. Once the details are received, we will be directing patients interested in having access to their electronic medical record to this new patient portal.

#### **Patient Partner Council**

The patient partner council continued to meet monthly cover the summer months. Their focus has been on improving and creating opportunities to hear from our patients. A formal council report and update with will be coming forward to the Board in October.

#### **Regional Partnerships**

As the southwest hospitals start to plan for the future of healthcare, the Huron and Perth subregion continue to have local conversations to ensure that we are moving forward as a collective where possible. Huron and Perth leadership meetings are attended by Karl, Dr. Suggitt, Dr. Vander Klippe and Justine.

#### **One Chart**

The One Chart Regional Hospitals HIS Ops Committee is continuing with the due diligence to prepare a firm estimate for Phase Two, Wave One with a launch date of April 2023. It is expected that further details on this phase and the resources required will be presented and tabled, for discussion, as part of the Finance package for the October Board meeting.

# **Recognition:**

Staff, physicians and leaders at LWHA have demonstrated continued dedication to their patients, community, organization, and their professions/careers as we continue to be faced with unprecedented Health Human Resources challenges. In mid-August to the end of October there were approximately 290 vacant shifts between the two sites. Although there have been ER closures and service interruptions, all staff continue to make sacrifices working additional hours to minimize the overall disruptions while managing personal pressures outside of work.