

Summary: December 15, 2021

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Opening Message

Firstly, we want to thank you all for your continued efforts and ongoing commitment to support our patients and families, to protect each other and to provide safe and effective care to our community. It's been challenging over the last year, and the changes you've endured have been significant. No matter what your role has been within the organization, your work doesn't go unnoticed. Together with our complementary strengths, it has helped us to navigate through the pandemic.

As we reflect back on the last year, there have been so many accomplishments. Thank you for how you've responded and been supportive. You have been dedicated and committed to helping us navigate the past year.

We're facing a new normal. There will be new challenges and we are testing your resilience at every level. You continue to be dedicated, to respond and to put our patients and their families first.

COVID-19 Status Update as of December 15th @ 10 am

Total Positive Cases in Hospital	Positive Cases in ICU	Active COVID-19 Cases in the TBDHU district	Hospital Staff Vaccination Rate	Our Hospital's Internal Response Level
4	3	64	96.6 %	Orange (Restrict)

- Our internal response is currently Orange (Restrict). This gives us the opportunity to review some of the actions we need to consider to be ready if the situation should worsen.
- There are currently 36 active in the Northwestern Health Unit district and 164 new cases in Manitoba.
- Provincially, there are 1808 new cases. Up to 80% could be caused by the Omicron variant. 357 are in hospital and 154 in ICU throughout the province.
- Additional measures will be announced today by the province.
- We will monitor the situation and adapt our operations as necessary.

Mandatory COVID-19 Vaccination Policy

- We know how important vaccines are in the fight against COVID-19.
- The decision to make COVID-19 vaccination mandatory was not easy. We need to do what's best to protect our patients and ensure the safety of our organization.
- Our Hospital is part of a regional approach with all 12 hospitals in Northwestern Ontario, who support the mandatory vaccine policy, along with Chiefs of Staff across all hospitals.
- Implementation of this policy aligns us with our partners in long-term care.
- The policy, announced on December 6th, is for all employees, credentialed professional staff, active volunteers (including Board members) and learners.
- Both new hires and current staff will be required to receive their first dose by January 14th, 2022 and be fully vaccinated against COVID-19 as a condition of employment effective February 11th, 2022.
- For a full 8-week interval in between doses, individuals will need to have their first dose no later than December 17th, 2021, to be compliant with the timelines.
- Individuals with a valid medical exemption that is in line with Ministry of Health's updated guidance for medical exemptions, may be exempt from this mandatory requirement.
- Individuals who have not provided proof of all required doses by February 11th, 2022, may resign or will be terminated with cause for non-compliance with Hospital policy.

Strategy and Structure Alignment

- We expect the Boards of the Hospital and Health Research Institute to approve the Strategic Plan 2026 later this month.
- It's important to look at how we align our organization to ensure that the priorities we set for ourselves over the next 5 years support the overall success of our organization.
- Health care organization are systemically challenged and are facing more uncertainty moving forward. We need to position ourselves so that we are able to adapt.
- There have been a number of cultural assessments done of our Hospital through the strategic planning process as well as through the strategy and structure alignment process. It has identified some deficiencies that we need to look at in order to be successful with our Strategic Plan 2026.
- We also know that we need to bring in certain skill sets and expertise to align the organization for success.

Principles for Redesign

As we move forward with Structure and Strategy alignment, there are some principles we need to look at to ensure that all of our decision making is aligned with our principles.

- Align leader accountabilities with the strategic priorities. As we look at the four strategic pillars, it is important to provide resources in each of these areas to set us up for success.
- Change the shape of the organization to create a triangular structure. This will allow the Senior Team to be more nimble and to have more support for the frontline.
- Reduce silos and create synergies.
- Flatten the organization and reduce the number of layers between the frontline and the Senior Team in order to support better decision making and communication.
- Identify and create efficiencies/reduce redundancy where possible so that we can invest in new priorities.
- Ensure reasonable and equitable spans of control while recognizing that there needs to be flexible in our design to be able to adapt.

Recommended Senior Team Structure

Key changes:

- Addition of EVP Indigenous Collaboration, Equity & Inclusion. This will support the strategic pillar of Equity, Diversity & Inclusion.
- EVP Patient Experience, Regional Cancer & CNE working in a dyad with the EVP Medical and Academics. This ensures one portfolio with aligned major initiatives such as Patient and Family Centred Care, HIS implementation, quality and hand hygiene.
- EVP People and Culture is aligned to support human resources, leadership development and overall staff wellness. This position will work in a dyad with Chief of Staff to ensure that physicians are working collaboratively with all other staff.
- EVP Research is now an unencumbered role focusing solely on research. It integrates the previous Associate Vice President and Chief Scientist into one role.

Next steps:

- Recruit where we have gaps.
- Engage the organization in what are the next levels of leadership to ensure alignment within the organization.

Accreditation

We are scheduled for accreditation in May 2022.

Key terms to know:

1. Required Organizational Practice (ROP)

- Accreditation Canada defines a ROP as an essential practice that must be in place to enhance patient safety and minimize risk. All ROPs (including each test for compliance) must be met in order to receive the highest Accreditation Decision Level.
- Tests for compliance outline specific practices, activities, and expectations that must be in place to comply with the ROP.
 - Major test for compliance: have an immediate impact on safety.
 - Minor test for compliance: support longer-term safety culture and quality improvement activities and may require additional time to be fully developed and/or evaluated.
- There are 29 organizational ROPs that must be met corporately.
 - These ROPS are captured under 6 main patient safety areas
 1. Safety culture
 2. Communication
 3. Medication Use
 4. Worklife / Workforce
 5. Infection Control
 6. Risk Assessment

2. Tracer

- A tracer is a flexible and responsive method surveyors use to evaluate priority processes
- A tracer has four main steps:
 1. Reviewing files and documents
 2. Talking and listening
 3. Observing
 4. Recording
- It is important to note that surveyors are not evaluating individual team members' performance, they are observing processes and procedures to assess compliance with the standards.

To Prepare for Accreditation

- Review ROP posters and evidence for standards.
- Participate in team discussions on accreditation.
- Support each other through this process. Celebrate successes, quality improvement is a journey.
- Look out for fun, interactive events including games, quizzes on ROPs, etc. in the coming months.

Drivers for Accreditation

Accreditation is everyone's responsibility.

Accreditation Committee

- Provide oversight for accreditation activities
- Support leaders in engaging staff across the organization
- Ensure policies for high priority criteria and ROPs are updated
- Approve required documents for accreditation

Education Plan

- Familiarize yourself with key terms and the standards that apply to you
- Participate in the dry runs that will be happening in your area

Communication Plan

- Information will cascade down from the senior leaders and Communications department
- Posters will be available for everyone to review

Accreditation Next Steps

Complete assessments and surveys: April 2021

Develop action plans and evidence: June 2021

Review action plan, PDSA, sustain: July – September 2021

Complete service / prog summary: October 2021

Mock survey: November 2021

Dry run: January – March 2022

Upload required documents in portal: March 2022

On site survey: May 15 -19, 2022

Holiday Kindness Carts

- Traditionally, Senior Leadership Council (SLC) has hosted a Holiday Tea in the cafeteria open to all staff, professional staff, volunteers and learners. In addition, food trays were delivered to departments to reach staff who were not scheduled to work on the day/shift of the Holiday Tea.
- Both of these activities require gathering and the sharing of communal food and as such are not consistent with our current infection prevention and control guidance.
- This summer, our Hospital introduced Kindness Carts as a strategy to provide thanks and recognition to our staff.
- During the week of December 19th, the Kindness Carts will be back with a holiday theme in lieu of the Holiday Tea and food trays.

- Two carts will roam the Hospital and will include visits to our offsite locations.
- Carts will be manned by SLC, Human Resources, and Prevention & Screening.
- Carts will include various treats, swag items and will feature local cookies from Bay Village, NOMAD, Nucci's and Sweet North.
- In addition, during the week of December 20, Holiday Cards will be sent to each department and include a Season's gift card for each staff and professional staff.

Has the Hospital ever considered a Central Appointment Bookings for outpatients to group together their various appointments? It would be extremely efficient if multiple tests/procedures (within reason) could be booked chronologically to avoid multiple visits to the Hospital. This type of system is used in larger centers, for example the Mayo Clinic.

- This topic came up often during the 28 HIS/Digital Health Renewal workshops held in August, September and October 2021.
- The ability to see the patient's full appointment schedule may improve the delivery of care.
- It will be considered as part of the HIS/Digital Health Renewal.

When can staff expect a final decision or direction on the Hospital's remote work policy?

- A working group has been working to assess the impact and future of remote work.
- We are still status quo and accepting new applications from staff who are looking to work remotely. The same process and policy are in place.
- We are continuing to support remote work where possible.
- Recommendations were presented to SLC. The working group has been asked to update the policy with definitions for different types of remote work (episodic, hybrid, full-time) to help clarify technology requirements and space impacts.
- Remote Work policy (HR-tce-18) has been revised and will be presented back to SLC.
- Communication will be shared following approval.

Closing Remarks

It is the holiday season and we hope that everyone has the opportunity to spend time with family, friends, or whoever is important to you while recognizing public health guidelines. We hope that you find time to enjoy things that make you smile and are important to you.

Wishing you a healthy and happy 2022!