

Summary: March 23, 2022

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Emergency Department Workplace Violence Prevention

- The Committee and Task Force structure for this work includes frontline staff, physician, patient and family advisor and leadership engagement.
- Their work is to implement workplace violence prevention initiatives/programs/processes in TBRHSC's Emergency Department (ED) that are based on evidence, best practice and are measurable.
- Improve ED staff experience related to workplace violence. Improve the incidence of violence in the ED. Other goals include:
 - Improve safety reporting
 - Improve staff engagement
 - Increased safety (for all)
 - Improved patient satisfaction
 - Anticipated positive impact on patient flow and operations
- The committee receives new data every month to help evaluate change and setting change targets.
- There are 6 Project Working Groups with Director Leads working on the first 6 priority projects identified by ED staff as priority:
 - Public Communications
 - After-Hours Psychiatry
 - Training for Security & Security Consistency
 - Addictions Worker
 - Search of Personal Belongings Policy
 - De-escalation room in ambulance bay
- All of these projects are in progress and some are nearing completion.
- There are different accountability measures to ensure that this work stays focused and remains an organizational priority including regular reports to JOHSC & SLC, an Accreditation ROP and it has been selected as TBRHSC Quality Improvement Plan indicator.

COVID-19 Status Update: Provincial

- On March 9, the province rolled out its plan for living with and managing Covid-19 and shifting to a more balanced response and longer term approaches. Details of the plan include moving away from emergency measures to ongoing operations and not relying on directive. These directives will continue to be adapted and lifted by the end of April.
- As a start, on March 14, directive 6 was lifted. This was the directive that pertained to mandatory vaccine policy. There has been no change to our mandatory vaccine policy at our Hospital. Mandatory vaccination policies remain in place at all hospitals across our region and many other health care setting across Northwestern Ontario.

- The mask mandate lifted on March 21st, however masking and entrance screening are will continue to be required to enter all TBRHSC buildings. This safety measure is in place for the protection of staff, visitors and patients.
- Last Friday the Ontario Covid-19 Advisory Table released projections that indicate cases and hospitalizations are expected to increase as we see restrictions lifted but not to the extent of wave five.
- Today the province reported 2,149 new cases and 18,300 tests were completed.
- As of today, across the province, hospital occupancy continues to decline. There are 611 people in hospital with 174 in ICU who have previously tested positive or are currently testing positive for Covid-19.

COVID-19 Status Update: Regional

- TBDHU reporting 138 active cases.
- Northwestern Health Unit (NWHU) reporting 258 active cases.
- Vaccination Status in TBDHU district is 85.4% of ages 5 and up received 2 doses.
- Vaccination Status in NWHU district is 89.9% of ages 5 and up received 2 doses.

COVID-19 Status Update: TBRHSC

As of March 23rd at 10am

Total Positive Cases in the Hospital	29	Current COVID-19 Outbreaks in the Hospital	0
Positive Cases in the ICU	7	Our Hospital's Internal Pandemic Response Level	Red (Control)
Number of Patients on the 3B COVID-19 Unit	18		
Active Lab Confirmed Cases of COVID-19 in the TBDHU district	138		

- Hospital occupancy is at 100.8%.
- ICU occupancy is at 81.8%
- ED volumes continue to remain high.
- As of today, there are no outbreaks. We continue to see a decrease in staff being off due to either testing positive for Covid-19 or being a close contact.

TBRHSC Response: IMT

- Our Hospital moved its internal COVID-19 Pandemic Response Level from **Grey (Lockdown)** to **Red (Control)** on March 21st. This decision was made based on the

number of patients in hospital with Covid-19, community activity and decrease in the number of staff impacted by Covid-19. We continue to balance risk and safety.

- ALL staff, professional staff, learners, volunteers, and contractors while in any Hospital location, must wear a mask and eye protection immediately upon entry until exit and at all times.
- Masks and eye protection can only be removed if you are in an approved break area when eating, drinking and when able to maintain a distance of two meters / six feet or more from others (this includes patients and co-workers) or if you are in a private office or workspace.
- Volunteers are allowed back on site.
- Educations simulation will resume.
- Testing for all new admissions at pre-op will continue.
- There are no changes in Essential Care Partner policies. Any exceptions will continue to be vetted though unit managers.
- Gradually reintroducing all non-urgent and non-emergent clinical services and are working to towards resuming surgical and procedural activities. We will continue to increase these services in response to the decrease in hospitalizations of patients with Covid-19 while staying within the phased approach that aligns with the province.

Strategic Plan 2026

- Our Strategic Plan 2026 was approved by both the TBRHSC and TBRHRI boards in December 2021.
- There will be a soft launch of the Strategic Plan.
- Our vision: Exceptional care for every patient, every time.
- Strategic directions:
 1. Equity, Diversity, and Inclusion
 2. Patient Experience
 3. Staff Experience
 4. Research, Innovation, and Learning

Sustainable future – focuses on our health information renewal, managing patient flow and balancing our budget

Strategic Alignment Update

- Hospital's that have been successful in advancing their strategy have taken the opportunity to align their strategy and structure.
- This is critically important to ensure that our organization is streamlined and transformed to set ourselves up for success. It comes with careful analysis, attention to detail and review of what we can do and what we can do differently.

Principles for Redesign

- Align leader accountabilities with the strategic priorities.
- Support and Advance Cultural Change Organizationally.
- Advance Accountability and role modeling the values of the organization.
- Change the Shape of the organization.

- Reduce silos and create synergies.
- Facilitate decision making and communication.
- Flatten the organization and reduce the number of layers.
- Ensure reasonable and equitable spans of control that recognizes scope & complexity.
- Support leader development and succession planning.
- Create efficiencies/reduce redundancy where possible so that we can invest in new priorities to support needed changes / new priorities.
- Leverage the skills and talents of our people.
- Enable and support academic & research activity throughout the organization.

Aligning our Strategy and Structures to Achieve Results

What we are trying to achieve: Exceptional care for every patient, every time.

How we are aligning our structures/processes to achieve it...

- Creation of Office of Health Equity.
- Investing in ways to better support the Patient Experience.
- Investing in our Staff – resources for Recruitment, Retention, Engagement and Learning.
- Investing in support for the Front Line.
- Integrating Practice, Academics and Learning.
- Improving and streamlining research process.

Primary Areas for Strategy / Structure Alignment

- Equity, Diversity & Inclusion
 - VP Indigenous Collaboration & Equity – Leadership equity
 - New Office of Care Equity and Indigenous Care/Collaboration
- Patient Experience
 - Streamlined and integrated Patient Care Portfolio – enables major initiative alignment related to PFCC, HIS implementation, Quality / Hand Hygiene etc.
 - Invest in support at front lines for patients and their families
- Staff Experience
 - VP People and Culture – aligned and supported by HR and leadership development and overall staff wellness – including dyad relationship with Physician / Professional Staff/ COS
 - Investment to support front line staff
- Research and Innovation
 - Introduction of an unencumbered Research Role supporting Research as a major priority moving forward
 - Integration of AVP Research / Chief Scientist Role with VP Research for one single focused executive role
 - Streamlining the research process

Next Steps

- Engage cross organizationally on model.

- Assess opportunities for realignment.
- Phase implementation.

Ontario Health Teams

- We have achieved a number of significant milestones in the advancement of system integration and Ontario Health Team (OHT) development.
 - Expression of Interest submitted on February 16
 - Ministry of Health approval received on February 24 to proceed to Full Application
 - Submitted full application on March 22
 - Virtual site visits will be held the week of March 28
- Pending Ministry approval, we anticipate the OHTs to be operational in Q1 of 2022/23.
- TBRHSC will participate as a signatory and active member at both the local level (in the City and District of Thunder Bay OHT) and at the regional level (in the Regional Specialized Services structure/OHT)
- City and District of Thunder Bay OHT is comprised of 27 signatories, along with 6 other partners and observers.
 - Inclusive of health and human service providers, from across the continuum of care and lifespan - coming together to improve the health of the population by looking at the social determinants of health.
 - In Year 1, the OHT will focus on Mental Health and Addictions
 - OHT has committed to a leadership structure that has equal voice of Indigenous and non-Indigenous organizations/partners
- The overarching regional OHT structure
 - Ensures a coordinated approach for planning and delivering 'regional specialized services' that is required to ensure the full continuum of care is available to the OHT population
 - Supports regional enablers (i.e. digital health, population health data/management, etc.)
- Sioux Lookout/Red Lake/Dryden OHT is comprised of 13 signatories, along with a number of other partners and observers.

Alignment to Strategic Directions

- The Advancement of Ontario Health Teams a key enabler of *TBRHSC/TBRHRI Strategic Plan 2026*.
 1. Advance **digital health** to improve patient and staff experiences and to enhance ongoing operations.
 2. Advance **partnerships and system integration** for better health outcomes.
 - Strengthen our **partnerships and programs with regional hospitals** to ensure the needs of the people of NWO are met as close to home as possible.
 - Support the **NWOIC plan** of being a leading integrated care (health and human services) system, where partners work

together to achieve the best outcomes and care experience for the people of Northwestern Ontario.

- Support Clinical Services Plan.

Accreditation: May 15 – 19, 2022

- **WHY?** Quality health care matters to us, and that's why we are taking part in Accreditation Canada's accreditation program.
- **WHO?** Patients and families, clinical and administrative staff, leaders and board members. Four surveyors will be visiting TBRHSC to conduct an on-site survey.
- **WHAT?** Inform your patients that surveyors will be interacting with them.

How we will be evaluated

- We will be evaluated on 19 standards.
- We need to be compliant with 29 required organizational practices (ROPs) to pass accreditation.

Resources

- All resources are being collected on an Intranet resource page
 - Required documents including the Strategic Plan, the operational plan, the patient safety plan, etc.
 - The surveys that were conducted last year: the Canadian Patient Safety Culture Survey and the Work Life Pulse Action plan
 - Accreditation survey schedule (once available)
 - ROP evidence presentations and poster are uploaded

What to Expect

- Review: Surveyors will come on site and will review client files and documents.
- Talk and listen: Individual interviews/discussions and group discussions.
- Observe: Direct observations and tours.

It is important to note: surveyors are not evaluating individual team members' performance, but observing processes and procedures to assess compliance with the standards.

On the day of the survey...

Do

- When surveyors arrive, be friendly and welcoming.
- Introduce yourself and explain your role.
- Be prepared and speak with confidence about what you do.
- Let your patients know that the surveyor will interact with them.

Don't

- Using language like "sometimes we" or "usually we". This kind of language leaves shadows of doubt.

Instead, use language like "our practice is to.."

- Telling uncomplimentary stories. This is not the time to share all that has gone wrong at TBRHSC!
Have some stories ready that had positive outcomes and/or demonstrated the kind of care that we aspire to each day.

Q&A

Why is the hospital still enforcing a 10-day isolation for non-clinical staff when the health unit stipulates only 5 days are required as long as you are asymptomatic? If we have a family member that contracts and shares Covid-19, they can carry on their way but someone that works at the Hospital has to be off for 10?

- Our guidelines come from the Ministry of Health.
- The current protocol outlines processes for exposures that relate to community exposures and high-risk settings. Our Hospital is considered a high-risk setting and our practices need to reflect those protocols.
- Given our Hospital staffing situation, the process we have in place aligns with the guidance document. If there was not a staffing issue, the expectation under the ministry of health would be to follow the directive of not returning to work of any staff member to the Hospital for 10 days post exposure.

With loosening restrictions across the province, how does TBRHSC intend to proceed with regard to current restrictions?

- As we change levels and transition to recovery, we will be looking at any actions that have been implemented and align them to provincial guidance and recommendations. We will make sure they function well within our operations and continue to provide a safe environment and positive work experience.
- More information will follow as any changes take effect.

Why is our Hospital waiting 7 days before testing staff that have a family member home sick with Covid-19 especially if they are required to give direct care to that family member? With all the staff shortages, are there no ways to identify special circumstances and allow PCR testing to be done within 2-3 days to cut down on isolation time?

- Given the ongoing exposure that exists when a household member tests positive, testing at day 7 gives the best picture of the potential for acquiring the infection.
- 38% of our staff that have been isolating due to household exposure have tested developed Covid-19. This is in line with the provincial statistic.
- This measure has been implemented to assist us with our staff shortages in accordance with the provincial guidance document.

As part of the Strategic Plan, would there be a deep dive into remote work? Along with having the proper systems and tools that make a seamless working environment for staff to work remotely? Proper investment and tools for working remotely are important.

- Working remotely during the pandemic has created opportunities and is now something that we know is needed in order to be competitive as a workplace.
- There is a working group that has been looking at:
 - What is the future of remote work within our organization
 - What can it look like post pandemic
 - What investments are needed
 - What cultural changes would we need to adapt
- We will continue to work on this and provide any updates as we have them.

Closing remarks

- As we talk about Covid-19 in the Q&A, we realize that we are at a point of stabilization. We need to look at how we transform and restore our organization moving forward. We have seen Covid-19 directives being lifted across the province and changed what it looks like from a public health perspective.
- Within our Hospital, while directives are being lifted or shifted provincially, our internal protocols will need to change in form but not in terms of function. We will be looking at what things continue to work well in our organization from the perspectives of public health, safety, quality, and infection control. What does the new normal look like? More information will be shared as changes are made.
- We look forward to kicking off our Strategic Plan and celebrating everyone's contribution throughout the pandemic in the coming months. We are looking forward to an exciting and bright future.