

Summary: November 10, 2021

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COVID-19 Status Update as of November 10th at 10am

Total Positive Cases in Hospital	Positive Cases in ICU	Active COVID-19 Cases in the TBDHU district	Our Hospital's Internal Response Level
6	1	21	Green (Recover and Prevent)

- PPE is important as we see the cases in the district increase.

Clarification of eye protection and masking guidelines for clinical and non-clinical staff

- Please refer to the memo "Clarification of Eye Protection and Masking Guidelines" <https://comms.tbrhsc.net/wp-content/uploads/2021/11/Memo-Clarification-of-Eye-Protection-and-Masking-Guidelines-November-3-2021.pdf>
- If you are entering a clinical area, eye protection is required at all times.
- If you are in a non-clinical and providing patient care, eye protection is required.
- Non-clinical areas where you are NOT providing patient care, eye protection is not required.

Updated travel guidelines for vaccinated and unvaccinated staff

- Please refer to the memo "Travel Guidelines for Vaccinated and Unvaccinated Staff" <https://comms.tbrhsc.net/wp-content/uploads/2021/11/Memo-Updated-Travel-Guidelines-for-International-Travel-November-4-2021.pdf>
- You must be cleared by ArriveCAN before returning to work. It can take more than 5 days to receive clearance.

Third Dose Eligibility: COVID-19 Vaccine

- The Ontario government, in consultation with the Chief Medical Officer of Health, has released eligibility guidelines indicating that all health care workers who have received their second dose of the COVID-19 vaccine **at least six months ago**, are now eligible to receive a third dose (or "booster shot").
- Note: the 6 months is counted as each month having 28 days.

- Our Hospital's role will be to provide third doses for health care workers that work at our Hospital. That includes our staff, professional staff, learners and volunteers.
- The third dose will provide our staff with an extra layer of protection against other variants of COVID-19.
- The clinic will be located on the 3rd floor outside of the SIM lab to allow us to coordinate and administer third doses for eligible staff in an equitable and timely manner.
- First bookings will be available on Monday, November 15th. Details on how to book your appointment will be sent out shortly.
- We will be using an internal booking system. You can book online and there will be limited access to book by phone.
- Please wear both a mask and goggles when you come to your appointment.
- For staff who have been identifying potential in-patients for COVID-19 vaccines:
 - We will be putting that clinic on hold to focus our efforts on the third doses for staff.
 - More information will be shared shortly.
 - If you do have a patient who cannot get vaccinated in the community or will not be leaving the hospital, please reach out through our in-patient vaccine email and we will provide in-patient doses where we can.
- We are also encouraging staff to get their Flu shot.

Vaccine Policy Update

- The provincial government has decided not to impose mandatory vaccinations on hospital workers – instead, hospitals have been directed to make decisions made on their own local and regional situations.
- 95.9% of our staff fully vaccinated.
- As an academic and regional health sciences centre with considerably vulnerable and at-risk populations – together with a trending increase in COVID-19 cases provincially – we need to decide what to do on this front at a time when many of Ontario hospitals have already gone with mandatory vaccinations for staff.
- This decision will not be taken lightly.
- Collaborative partnership with all of our regional hospital partners.

Staffing Update: Major Projects

The team has identified 4 major projects that they will pursue and implement over the next year.

1. **Automation:** Automate staff scheduling functions and staff call-in processes.
2. **Acuity Tool:** Choose and implement a real-time acuity tool and leverage tool to assess current patient acuity and inform staffing requirements/gaps at start of every shift.
3. **Forecasting Tool:** Develop consistent methodology for assessing patient demand and comparing to current and future expected staff capacity.

4. **NRT Redesign:** Review and redefine scope of NRT (Spring Hire, Unit Care Aides, Nursing float pool).

Staffing Update: Short Term Activities

Activities that will be implemented over the next few months include:

- **Staffing Clerk FTE:** To support immediate & future call ins. Approved for immediate implementation.
- **Internal Processes:** Identify and Implement co-designed synergized solutions in collaboration with the staffing clerks to improve scheduling efficiencies.
- **Scheduling Trial:** Identify if alternate scheduling models for clerks is feasible.
- **Resources:** Develop supplemental tools to support the interpretation and understanding of scheduling processes, including clarity regarding individual roles and responsibilities, and timelines. Communicate widely.
- **Master Rotations:** Review and adjust master rotations, where needed based on areas of highest need.
- **Vacancy Report:** Work with HR, Decision Support, to develop an accurate methodology for measuring staff vacancies by department in real time. Apply organization wide.

Strategic Plan 2026 Update

- We have talked about the Strategic plan previously but this will be one of the last opportunities to get your feedback.
- Through engagement with our community, our partners and our staff, we identified 5 areas as being critically important to our future success and sustainability.
- Today, we are sharing the evolution of these 5 areas. This is what we think reaches the needs of our organization and addresses the areas we need to focus on for us to achieve our vision.

Strategic Plan Timeline

- We have been planning for almost a full year.
- We want to share what the evolution looks like with you and get your feedback before we go forward.
- In December, we want to bring forward the plan to both the Hospital and Research Institute Boards and officially launch.

Strategic Plan Framework

Consists of 4 parts:

1. Vision – Who and what we aspire to be in the future
2. Strategy – The things we will focus on and do to get closer to our Vision
3. Mission – Our purpose. Why we exist.
4. Values – Behaviours and boundaries that guide everything we do.

Strategic Plan 2026

Mission: We provide quality care to patients and families, supported and advanced by research, innovation and education that is responsive to the needs of the peoples of Northwestern Ontario.

Vision: Exceptional care for every patient, every time.

We will:

- Be a valued leader and supportive partner in our regional healthcare system.
- Provide exceptional care to the people of Northwestern Ontario, co-designed with our patients and their families, and delivered with compassion in every encounter.
- Provide a safe and effective work environment, where all can work, grow, and thrive.
- Appreciate the diversity and value of every person and ensure they belong.
- Embrace research, teaching and continual learning that is informed by our patients and our staff and that improves the health and well-being of the communities we serve.
- Ensure sustainability by focusing on our acute care mandate, advancing digital health, and using an accountability framework to guide our planning and decision-making.

Values

- **Diversity:** We foster a people-centred environment that is inclusive of all.
- **Compassion:** We show respect and compassion by acknowledging ourselves as learners in understanding the experiences of others, and by considering the needs thoughts and feelings of those we serve and with whom we work.
- **Excellence:** We deliver the highest quality service in every encounter.
- **Innovation:** We embrace continual learning and improvement to drive positive change.
- **Accountability:** We sustain and reinvest in our mission and communities by wisely planning for and managing our resources

Our Philosophy: Patients at the centre of everything we do.

Notes:

- Our philosophy remains the same as in 2020.
- The mission is very similar to 2020.

- Our vision has changed considerably based on feedback. Each of the behaviours that are linked to our vision correspond to one of our strategic directions.
- Our values are similar to past value but have evolved.

Our Strategic Directions

In the past, many of these directions were woven through the Strategic Plan. Now, we are making them defined priorities and putting them front and centre in our new Strategic Plan.

Equity, Diversity, & Inclusion: We all belong

1. *Embed Equity, Diversity, and Inclusion in everything we do.*
 - 1.1 Address racism, homophobia, and other inequities through clear, consistently applied, well-communicated policies and procedures, holding everyone accountable
 - 1.2 Create meaningful learning experiences, and develop pathways for learning and hiring that reflect the diversity of our communities.
2. *Provide a culturally safe experience for all patients and staff.*
 - 2.1 Provide culturally safe care informed by the Truth & Reconciliation Call to Action.
 - 2.2 Develop strategies and processes to ensure a safety culture is evident and supported across the continuum of health services we provide.

Indicators

1. Patient satisfaction on “Respect” domain. [metric: % positive scores on composite of questions for respect domain. May need to add a question to specifically address EDI]
2. Staff awareness and commitment to EDI [metric: % positive scores on specific questions re EDI awareness and commitment]

Patient Experience: Compassion, respect, and humility in every encounter

1. *Lead the evolution of patient-centred care to co-designed care that is provided to each person with compassion, and respect and empathy.*
 - 1.1 Engage patients and families as equal partners in planning, developing and providing care to ensure it meets their needs and provides the best outcomes.
2. *Focus relentlessly on quality*
 - 2.1 Ensure all services are free from preventable harm, accessible, appropriate and integrated.
 - 2.2 Create an environment that promotes and sustains continuous quality improvement, with focus on our unique patient needs.
3. *Become experts in complex care needs associated with a combination of multiple acute and chronic conditions, mental health and addiction issues and social vulnerability.*

3.1 Ensure more effective and efficient care for patients with complex care needs who are frequent users of hospital services.

Indicators

1. Patient satisfaction – All dimensions [metric: % positive to box scores]
2. CIHI Harm indicator – composite with 25 elements related to safety and harm [metric: % patient encounters that result in no harm]
3. Repeat ED visits for patients with complex medical conditions [metric: would take some work to develop but will be based on original Healthlinks rationale and methodologies]

Notes:

- We've been doing patient-centred care for a while now but there is always room for improvement. We were challenged to look at what is next in the evolution of patient-centred care to take it to the next level.
- Based on quality data, when compared to other acute care hospitals, our quality is very good. Still, we want to do more to improve quality of care across our organization.
- At any given time there are about 2000 patients that are frequent users of our Hospital's services. We want to help them live healthier lives outside of the facility and have fewer encounters with the Hospital.

Staff Experience: This is where we want to work, grow, and thrive

1. *Retain and recruit the people needed to shape our future.*
 - 1.1 Develop a vigorous recruitment and retention strategy to create a desirable environment for existing and new staff.
2. *Provide our people with access to the leadership, resources, development and supports needed to thrive in a physically and emotionally safe environment.*
 - 2.1 Develop a robust wellness plan to prevent burnout and to help our staff feel safe, supported, healed and valued.
 - 2.2 Create a just culture where staff can speak up and learn from mistakes in a psychologically safe environment.
 - 2.3 Allow our leaders to take the coaching approach to support our staff, to reinforce our culture, and to live our values.
 - 2.4 Develop a framework and processes for providing education days for all staff.
 - 2.5 Implement an Interprofessional Collaboration Model of Practice to unite all professions in our work together.

Indicators

1. Vacancy rate will be X% [metric: average % of approved positions that are vacant over the year]
2. Every employee spends 'x' days per year on education [metric: average education days per full-time equivalent]

3. Average unused vacation days for full time staff [metric: average unused vacation days per full time equivalent for full-time staff]

Notes:

- Recruitment and retention have been at the forefront of the past year.
- We want to respond to concerns about safety in different departments

Research, Innovation, & Education: Driven by the needs of our patients, our staff, and our communities

1. *Build our people and capacity to clearly articulate our focus in Population and Health Services Research.*
 - 1.1 Transition our research business model and service models to enable our identity of Population and Health Services Research.
 - 1.2 Develop and attract current and future talent and enable the best care for our patients and communities.
2. *Create an environment inclusive and supportive of research, teaching, learning and innovation.*
 - 2.1 Develop and implement a corporate-level education road map to enable people to advance and to practice to scope.
 - 2.2 Increase emphasis on translating knowledge to practice, applying research findings at the bedside to enhance professional practice and improve the quality and safety of patient care.

Indicators

1. Percentage of surveyed staff and public who are familiar with research priorities [metric: % of surveyed of staff and public who are familiar with research priorities]
2. Percentage of research studies that are informed by unique needs of our communities [metric: to be refined based on existing TBRHRI metric]

Notes:

- This direction has changed quite a bit based on consultation.
- Focusing on population research is different from what we normally do which is peer research and bench research.

Sustainable Future: Ensuring our healthy future

1. *Advance digital health to improve patient and staff experiences and to enhance ongoing operations.*
 - 1.1 Create a sustainable regional digital health structure roadmap to guide future development that embraces a “digital first” approach and that further improves the maturity and functionality of our systems.

- 1.2 Upgrade our current electronic health record (EHR) system to advance our digital maturity, and to improve patient safety and operational efficiency.
- 1.3 Leverage our technology to support our patients, our staff, and our operations.

Indicator: Digital health maturity [metric: select components from Electronic Medical Record Adoption Model (EMRAM)]

2. *Develop a Hospital Clinical Services Plan to clarify our acute care mandate, and to inform and guide planning for short to medium term services and related resource requirements.*

- 2.1 Ensure our acute care mandate guides the services we provide and informs our decisions regarding new service opportunities.
- 2.2 Assess long-term service demand and impacts on the resources required to support them.

Indicator: Amount of inpatient care for conditions best treated in ambulatory care [metric: Hospitalization rate for conditions where appropriate ambulatory care prevents or reduces the need for admission to hospital per CIHI definition]

3. *Advance partnerships and system integration for better health outcomes.*

- 3.1 Strengthen our partnerships and programs with regional hospitals to ensure the needs of the people of Northwestern Ontario are met as close to home as possible.
- 3.2 Support our Northwestern Ontario Regional Integrated Care Plan goal of being a leading integrated care (health and human services) system, where partners work together to achieve the best outcomes and care experiences for the people of Northwestern Ontario.

Indicators:

- 1. Extent of care provided close to home [metric: Percentage of hospital care that is provided within 100km of a patient's residence]
- 2. Measure of partnership success [metric: to be determined]

4. *Develop a Sustainability and Accountability Plan.*

- 4.1 Develop and implement a sustainability and accountability framework that addresses our ongoing operating deficits, ensures sufficient funds to support our ongoing capital replacement requirements, and informs and guides our planning and decision-making.

Indicator: Operating gross margin [metric: net operating expense / gross operating revenue]

Notes:

- We want to have the resources for what we want to do.
- The population is aging, there will be pressure on the health care system beyond 2026. Our environmental scan looked to 2046 to help determine future needs and how we need to equip the organization to respond to that longer term demand.
- There is lots of work being done currently to determine how we work together more effectively as a regional system.

2026 Strategic Plan Summary

Strategic Directions	Goals	Objectives	Actions (preliminary)	Indicators
4	9	18	25	10
Strategic Enablers	Goals	Objectives	Actions (preliminary)	Indicators
1	4	8	30	5

- Targets and indicators will be chosen based on priorities in terms of actions.

2026 vs 2020 Strategic Plans

Elements	2020	2026
Directions	5	4
Enablers	5	1
Goals	19	13
Objectives	61	26
Actions	225	55

- We have tried to be more focused with our 2026 plan in terms of actions.
- More refinement and engagement will be done.
- There are still opportunities to provide feedback. To provide feedback, please complete the following survey: <https://www.surveymonkey.com/r/YQH XK2Q>

For employees who have work at home agreements, and work at home regularly, why can't those employees work from home after out-of-country travel? Are we required to inform the hospital we travelled out of the country if we abide by all the rules?

- The policy is applied consistently to all workers.

- Remote workers must remain available to return to site within 24 hours.
- Remote work corporately is being evaluated and situation may change by travel date.
- If you travel out of country, there is a travel process in place. We ask that staff fill out the travel form prior to travel. Completing this form allows OH&S and managers to provide staff with the most up-to-date travel guidelines.
- We are doing everything we can to support staff to travel while minimizing the risk.

I understand health care workers are eligible for COVID-19 booster shots. Are these mandatory? Will we need to have antigen testing if we choose not to have the booster?

- We are following the provincial guidelines, and currently, you do not need the third dose to be considered fully vaccinated. The third dose is voluntary.
- We are encouraging everyone to get the third dose for the extra layer of protection.
- The provincial guidelines may change as research grows and we will continue to follow their guidelines.
- If you choose not to get the third dose, you will not be required to complete antigen testing. You are still considered fully vaccinated without the third dose.

What kind of vaccine will be offered for the third dose? Will we need to get the same kind of vaccine as our previous ones?

- Pfizer will be offered at our Hospital.
- It does not need to be the same vaccine that you received previously. You can mix mRNA vaccines.

How long will the third dose clinic be running?

- We are planning to have the vaccine clinic in place for 10 weeks.
- We will re-evaluate as we go depending on uptake.
- We recommend that all staff get their vaccine at our Hospital in order to allow TBDHU, pharmacies and primary care to focus on other populations who need their third dose.