

## Summary: May 11, 2022

View the session: <https://www.youtube.com/watch?v=VsIPVt6DNVc>

### COVID-19 Status Update: Provincial

- Increase in hospitalization during this wave, but not to the extent as that during the 5<sup>th</sup> wave
- Provincial masking requirements which were set to expire on April 27, 2022 were extended in current settings until 12:00 a.m. on June 11, 2022
- Extension of other Directives
- Expansion of eligibility for fourth doses of the COVID-19 vaccine
- Access to antiviral treatments such as Paxlovid
- Provincially exiting out of 6<sup>th</sup> wave
  - 1, 995 new cases
  - 1, 528 Hospitalizations across the province
  - 176 in ICU across the province; 81 are vented

### COVID-19 Status Update: Regional

- North region continues to have community transmission
- TBDHU reporting 307 active cases, 108 new cases today
- 24% positivity rate in TBDHU
- Northwestern Health Unit (NWHU) reporting 132 active cases
- There are currently 23 outbreaks in High-Risk Settings (i.e. hospitals, complex care facilities, congregate living facilities, long-term care homes, retirement homes, First Nations Elder Care lodges, hospices and correctional facilities) across our region
- Vaccination Status in TBDHU district is 86.1% of ages 5 and up received 2 doses, 58.0% 12 and up have received 3 doses
- Vaccination Status in NWHU district is 90.6% of ages 5 and up received 2 doses, 58.9% 12 and up have received 3 doses

### COVID-19 Status Update: TBRHSC

As of May 11, 2022 at 10am

Total Positive Cases in the Hospital	44	Current COVID-19 Outbreaks in the Hospital	2 (TCU-Cedar, 2A Unit)
Positive Cases in the ICU	3	Our Hospital's Internal Pandemic Response Level	Red (Control)
Number of Patients on the 3B COVID-19 Unit	26		

Active Lab Confirmed Cases of COVID-19 in the TBDHU district	307		
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- Hospital occupancy is at 98.1%
- ICU occupancy is at 77.3%
- ED volumes continue to remain high; ED saw 289 patients yesterday, 11% admission rate
- Two units in outbreak – TCU-Cedar site and 2A
- We continue to see an increase in staff being off due to either testing positive for COVID-19 or being a close contact.

## **TBRHSC Response: IMT**

- Our Hospital's internal COVID-19 Pandemic Response Level remains at Red (Control)
- IMT continues to be active
- We will be considering the move to Orange level on May 24<sup>th</sup>
- Ongoing assessment of response activities to operations
- Masking and eye protection remain mandatory for all staff, professional staff, learners and volunteers
- IPAC protective measures

## **Strategic Plan 2026**

### **Our Vision**

- New vision - Exceptional Care for every patient, every time
- Philosophy of Care remains the same – patients at the centre of everything we do
- Guided by our new values of diversity, compassion, excellence, innovation and accountability

### **Our Strategic Directions**

- Equity, Diversity and Inclusion
- Patient Experience
- Staff Experience
- Research, Innovation and Learning
- Sustainable Future

### **What we are going to do**

As we aim to achieve our vision of exception care for every patient, every time there is a lot of work we will need to complete over the next four or five years

- **Equity, Diversity and Inclusion:**
  - Conducting an assessment of our policies and procedures, looking at them through an equity and reconciliation lens;
  - Creating an Equity, Diversity and Inclusion Steering Committee

# VIRTUAL TOWN HALL



- Focused efforts to recruit Indigenous staff
- Cultural safety, and equity, diversity and inclusion training for all staff
- Conduct a walk-through of the Hospital's physical environment with an equity lens
- Implement the principles of the Truth & Reconciliation Call to Action
- **Patient Experience:**
  - Leveraging Patient Family Centred Care and looking at it from a framework of co-design; for example how do we bring staff/patients together to achieve better patient family centred communication principles across the patient experience
  - Improve coordination, care and support for patients with complex health issues
  - Develop a Substance Use and Addictions Strategy
  - Develop an annual Quality Improvement Plan
  - Incorporate quality best practices
  - Review a summary of patient safety events
- **Staff Experience:**
  - Continue to work on Workplace Violence Prevention
  - Update our Wellness Plan
  - Monitor our staff vacancy rates and enhance recruitment processes
  - Implement recruitment processes to reflect Equity, Diversity & Inclusion
  - Implement a Leadership Development framework
- **Research, Learning and Innovation:**
  - Prioritize research and efficiency of research within the organization
  - Supporting staff in leading and participating in research
  - Recruiting more researchers
  - Looking at an evaluation framework to ensure the research being conducted is impacting the population health in positive ways
- **Sustainable Future:**
  - Enablers underpinning this work, efforts related to partnership, digital health, clinical services planning and operational sustainability
  - Digital first approach in everything we do, advancing the use of technology throughout the organization
  - Advancing partnerships within the system
  - Looking at a Clinical Services Plan to ensure people receive the care they need even outside these walls

## How we will know we are successful:

Direction	How We Will Measure Success
Equity, Diversity & Inclusion	<ul style="list-style-type: none"><li>● Increase staff engagement in cultural safety, and equity, diversity and inclusion training and related initiatives</li><li>● Reduce incidents of racism, discrimination and inequities throughout the Hospital</li><li>● Increase positive patient experience survey results related to their experience, views and beliefs being acknowledged as part of care</li></ul>

Patient Experience	<ul style="list-style-type: none"> <li>• Increase positive patient experience survey results</li> <li>• Improve quality of care and reduce preventable harm</li> <li>• Leverage combined Hospital and partner resources to improve access, care and supports for patients with complex care needs</li> </ul>
Staff Experience	<ul style="list-style-type: none"> <li>• Increase positive staff experience and engagement</li> <li>• Recruit and retain staff needed for current and future service requirements</li> </ul>
Research, Innovation & Learning	<ul style="list-style-type: none"> <li>• Increase positive staff survey responses on awareness of research, innovation and learning activities</li> <li>• Increase patients enrolled or involved in research studies</li> <li>• Increase number of research publications, grants and external funding.</li> </ul>
Sustainable Future	<ul style="list-style-type: none"> <li>• Prioritize our services and find operational efficiencies</li> <li>• Increase our use of digital health and technology</li> <li>• Increase partnerships to improve and integrate care for patients</li> </ul>

## Strategic Alignment

### Aligning Ourselves for Success

Ensuring our organization and structures are aligned so that we can achieve success within our Strategy

#### 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 processes

Memo went out on April 18, 2022 on Phase 1 of how we are aligning ourselves; some changes since then include:

- updated nomenclature from EVPs to VPs
- alignment of:
  - Regional Renal Services to the VP Patient Experience
  - Adult and Forensic Mental Health to Women and Children's program
  - Academics under the VP of Medical and Academic Affairs with a joint accountability to the VP Patient Experience
  - Pharmacy, Lab and DI under the VP of Operations
  - Strategy and Decision Support is under VP Strategy
  - Quality and Risk remaining with VP Quality and Corporate Affairs

Engagement on Phase 2 has begun and two engagement sessions conducted with Directors, Managers, and Leadership to determine further work required to achieve structure and process alignment. Through the engagement sessions it was emphasized that communication, transparency, engagement are key.

## **Strategic Plan**

- Roll-out of Philosophy of Care Commitment Boards
- Developed Strategic Plan 2026 Reference guide
- Launch of new corporate templates
- Official internal launch slated for mid-June, and a public launch on June 23, 2022

## **Accreditation Canada Survey: May 15-19, 2022**

### **What to expect?**

- Four surveyors from Accreditation Canada will be visiting our Hospital.
- They will interact with patients and families, volunteers, staff, leaders and Board members.
- Surveyors observe, talk, listen and record findings.
  - It is important to note: surveyors are not evaluating individual team members' performance, but observing processes and procedures to assess compliance with the standards.
- We are assessed on 19 standards and 29 ROPs

## **Patient Safety Plan**

- Hospital's commitment to quality and safety
- Required document, ROP
- ROP focus
- Find it on the iNtranet here: <https://informed.tbrhsc.net/corporate-info/accreditation-2022/documents/patient-safety-plan>

## **Prior to the Survey**

Review your areas:

- Declutter
- Remove old magazines
- Patient hand outs are current
- Hand sanitizers are full
- Sharps bin is 2/3 empty
- Adequate signage
- Inform your patients that the surveyors will be visiting your unit
- Inform your staff that surveyors have permission to view patient charts and they will take consent from the patient before interaction

## **On the Day of the Survey**

## Do:

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

## Don't

- Use language like “sometimes we” or “usually we”. This kind of language leaves shadows of doubt.
  - **Instead use** “our practice is to...”
- Tell uncomplimentary stories. This is not the time to share what has gone wrong at TBRHSC
  - **Instead** have some stories ready that had positive outcomes and/or demonstrated the kind of care that we aspire to each day

## Survey and Limitations to Break Room Use

A memo with the details of the survey schedule will be circulated on Friday so alternate plans can be made regarding meeting and break rooms. The following rooms will not be available while the surveyors are on site:

- Executive Board Room
- Auditorium A
- ICP Main Meeting Room
- ICP Video Conference Room will be used for site meetings

## Q&A

No questions

## Closing remarks

Thank you for taking the time to join this All Staff meeting. We are already in the month of May and it has been extremely busy for everyone. As you get some down time, reflect on all you do to support our community, patients, and families through all your incredible work. Our days are filled with fluctuation in emotion, but please know you are appreciated and your work matters. You have lots to be proud of and we know that as we get closer to our Strategic Plan 2026, we will continue to be a part of something great as we work together towards making our Hospital a great place to work and visit as needed. Thank you everyone and enjoy the wonderful spring weather.