

VIRTUAL ALL STAFF TOWN HALLS



March 22, 2023



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Virtual All Staff Town Hall

2:30 pm – 3:15 pm

Agenda for March 22

- ▶ **Introduction** – *R. Crocker Ellacott*
- ▶ **Patient Story** – *J. Verdenik*
- ▶ **COVID-19 Response Activities – Phase 1 Transition** – *J. Wintermans*
- ▶ **Staff Advisory Committee** – *J. Verdenik*
- ▶ **Virtual Library** – *A. Carr*
- ▶ **Digital Patient Experience Survey** – *B. Nicholas*
- ▶ **Changes to VRE testing and isolation and MRSA admission testing** – *J. Ross*
- ▶ **Quarterly (Q3) Performance Debrief** – *J. Logozzo and P. Myllymaa*
- ▶ **Your Questions Answered** – *J. Wintermans*
- ▶ **Closing Remarks** – *R. Crocker Ellacott*

Patient Story



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COVID-19 Response Activities – Phase 1 Transition

- ▶ Throughout COVID-19 pandemic, protocols were shared through guidance documents and fluctuated based on pandemic response levels
- ▶ Many hospitals moving to normalizing activities into operations
- ▶ The following activities will be aligned to a **Normal State** vs **Restricted State**:
 - ▶ **Screening** — Staff, Professional Staff, Learners, Volunteers, Contractors, Vendors, Researchers, Foundation Staff
 - ▶ **Essential Care Partner/Care Partner Restrictions**
 - ▶ **Points of Access & Entrance Screening**

Normal State vs Restricted State

- ▶ Identified through different avenues (OHS, IPAC, SLC)
- ▶ Escalated to Senior Team
- ▶ Terms can be applied at any time – not just used for Pandemic
- ▶ Normal operations are day to day
- ▶ Restricted state would be an exception to normal operations

Changes to take effect for April 1st, 2023

COVID-19 Response Activities – Phase 1 Transition

Screening – Staff, Professional Staff, Learners, Volunteers, Contractors, Vendors, Scientists and Researchers

Current State	Approved Recommendations
<ul style="list-style-type: none">All staff, professional staff, learners, volunteers, contractors/vendors are required to submit RedCap screening on the days they are scheduled to work (both when working in person and remotely)	<p><u>“New” Normal State</u></p> <ul style="list-style-type: none">Move to passive screening <p><u>What this means:</u></p> <ul style="list-style-type: none">Self-monitor for symptoms daily and <u>only</u> submit RedCap screening <u>if</u> you are experiencing symptoms, have exposure, or test positive for COVID-19. This will flag OH&S to then follow OH&S protocols (ie. staying home and booking a test)
	<p><u>Restricted State</u></p> <ul style="list-style-type: none">Reactivate active screening (if deemed necessary by OH&S, IPAC)This will be communicated broadly



COVID-19 Response Activities – Phase 1 Transition

Essential Care Partner/Care Partner Restrictions

Current State	Approved Recommendations
<ul style="list-style-type: none">• Following the Pandemic Guidance Document (ver 13)• ADMIN-07 Visitor Policy• PAT-5-164 Care Partner and Family Presence Policy	<u>Normal State</u> Implementation of the new Essential Care Partner and Care Partner Policy for Inpatient Units
	<u>Key points:</u> <ul style="list-style-type: none">• Removal of the “visitor” role• Each inpatient will be able to identify up to 2 Essential Care Partners and 4 Care Partners at admission, which can be changed throughout the patient’s stay. Two people may be present at the bedside at any given time• Patients who are palliative or at End of Life will have the ability to identify unlimited ECP/CPs, with two people at the bedside at a time, unless special circumstances are made with approval of the unit Manager
	<u>Restricted State</u> <ul style="list-style-type: none">• If the Hospital needs to move to a Restricted State, the number of ECP/CP(s) will be limited



COVID-19 Response Activities – Phase 1 Transition

Points of Access – Entrance Screening

Current State	Approved Recommendations
<ul style="list-style-type: none">• Points of public access are limited to the Main Entrance, Emergency Department and if approved, Labour and Delivery doors.• Active Screening staff assisting with COVID-19 screening, wayfinding, ECP/CP management, patient transportation etc.	<u>Normal State</u> <ul style="list-style-type: none">• Points of access to remain limited• Re-open of Renal Department doors (plans are forthcoming)• Discontinuing the screening role• Implementation of passive screening• Relocation of the information desk and security communication window• Increased volunteers accompanied by one staff member• Broad public communication
	<u>Restricted State</u> <ul style="list-style-type: none">• Reactivate active screening questions (if deemed necessary by OH&S, IPAC)



COVID-19 Response Activities – Phase 1 Transition

What is not changing

- ▶ Masking continues to be mandatory
- ▶ Eye protection in clinical areas where face to face contact occurs
- ▶ Limiting access to those who have a purpose in our hospital

Phase 2 will include:

- ▶ Masking, eye protection, spacing, distancing, movement
- ▶ COVID-19 Pre-Admission Swabbing
- ▶ Review of Assessment Centre operations

Next Steps:

- ▶ Further details will be communicated via memo outlining changes
- ▶ Communications to the public on changes



Staff Advisory Committee: Our Mandate

- ▶ Contribute to the staff and patient experience by participating in forums to review and provide feedback on new and existing initiatives.
- ▶ Be a voice for the broad needs of the Hospital Community to inform strategy, policy and process.
- ▶ Provide insight and guidance to the President & CEO (CEO) and Senior Leadership Council to support staff engagement and change management.
- ▶ Act as a champion to communicate initiatives and promote participation and understanding between and among all staff and departments.
- ▶ Requirement for revenue neutral initiatives or proposals with revenue sources identified.



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Staff Advisory Committee: Meet the members

Ann Forget

Pharmacy
Clerk 3

Samantha Dziver

Mat/Newborn Labour
and Delivery
Ward Clerk

Jane Varley

Academic Affairs
Advisor

Madeline Reinikka

Human Resources
Consultant

Dana Lamminmaki

Information Systems
Health Information
Specialist

Amanda Gerow

Strategy and
Performance
PI Consultant

Caitlund Davidson

Prevention and Screening
Health Promotion &
Communications Planner

Leanne Baird

Simulation
Sim Technologist

Rajesh Talpade

Internal Medicine Clinic
Nurse Practitioner

Emily Buchan

Covid Assessment
Centre & 2B
Registered Nurse

Guilia Daniele

Mental Health
Assessment Team
Registered Nurse

Billie Hannah-Froehlich

Laboratory
Medical Laboratory
Technologist

Aaron Giba

Respiratory
Registered Respiratory
Therapist

Laurenne Stuart

Renal
Social Worker

Steve Potec

Maintenance
Electrician

Ashley Henderson

Housekeeping
Lead Hand

Kimberly Cully

3A
Personal Support Worker

Mary Ironside

2A
Registered Practical Nurse

Tanya Niederer

Human Resources
(TBRHRI)
Coordinator

Rabail Siddiqui

Clinical Research
Services (TBRHRI)
Orthopaedic Research
Development Officer

Shelley DiGiuseppe

Volunteer Services
Volunteer

Lyl Stavropoulos

Clinical Lab
Coordinator

Donna Jeanpierre

Volunteer Services
Manager

Dr. Rhonda Crocker Ellacott

President and CEO at
TBRHSC and
CEO at TBRHRI

Jeannine Verdenik

Vice President, People
& Culture



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Virtual Library

- ▶ Our Hospital is enhancing access to its library resources by transitioning to a virtual service.
- ▶ Acquisition of e-books:
 - ▶ Over 5,000 titles in three collections Clinical, Nursing, Psychology.
 - ▶ Searchable and accessible through EBSCO online and will provide our users with unlimited access.
- ▶ March 24 to April 7, 2023: Hard copy collection book give away.
- ▶ Computer workstations will be temporarily relocated to suite #1480 (Purchasing Department) and accessible to all staff.
- ▶ Computer workstations will be relocated to the first floor main staff lounge at a later date.

Qualtrics XM: Digital Patient Experience

- ▶ TBRHSC has adopted a global leading vendor, Qualtrics XM, that utilizes a digital platform for patient experience surveys (e.g. email, text messages, QR codes).
- ▶ Digital surveys offer many benefits:
 - ▶ Portable, allowing patients to complete it anywhere anytime.
 - ▶ Patients receive in a timely manner, potentially increasing response rate and enabling quicker results.
 - ▶ Lower cost.
 - ▶ Automatic data inputted into the system and available in real-time.

Qualtrics XM: Implementation

- ▶ Informatics and Privacy have led and guided best practices.
- ▶ The patient registration screens in Meditech will be improved for a more fluid collection of patient experience survey data.
 - ▶ We will continue to collect email address with consent.
 - ▶ A script to help staff explain consent to patients, how their data will be used and the importance of their participation.
 - ▶ Those-affected by the changes are currently engaging in training.
- ▶ Implementation is underway, go-live date **April 2023**.

Qualtrics XM: Questions

▶ Who Can I contact if I have questions?

▶ You are welcome to contact:

- ▶ Bonnie Nicholas, Manager of Patient and Family Centred Care (Bonnie.Nicholas@tbh.net or by calling ext. 6345).
- ▶ For questions regarding Meditech, please contact the Helpdesk at ext. 6411.

▶ Where can I direct patients if they have questions?

- ▶ Patients and Families can contact the Patient Advocate at 684-6211.



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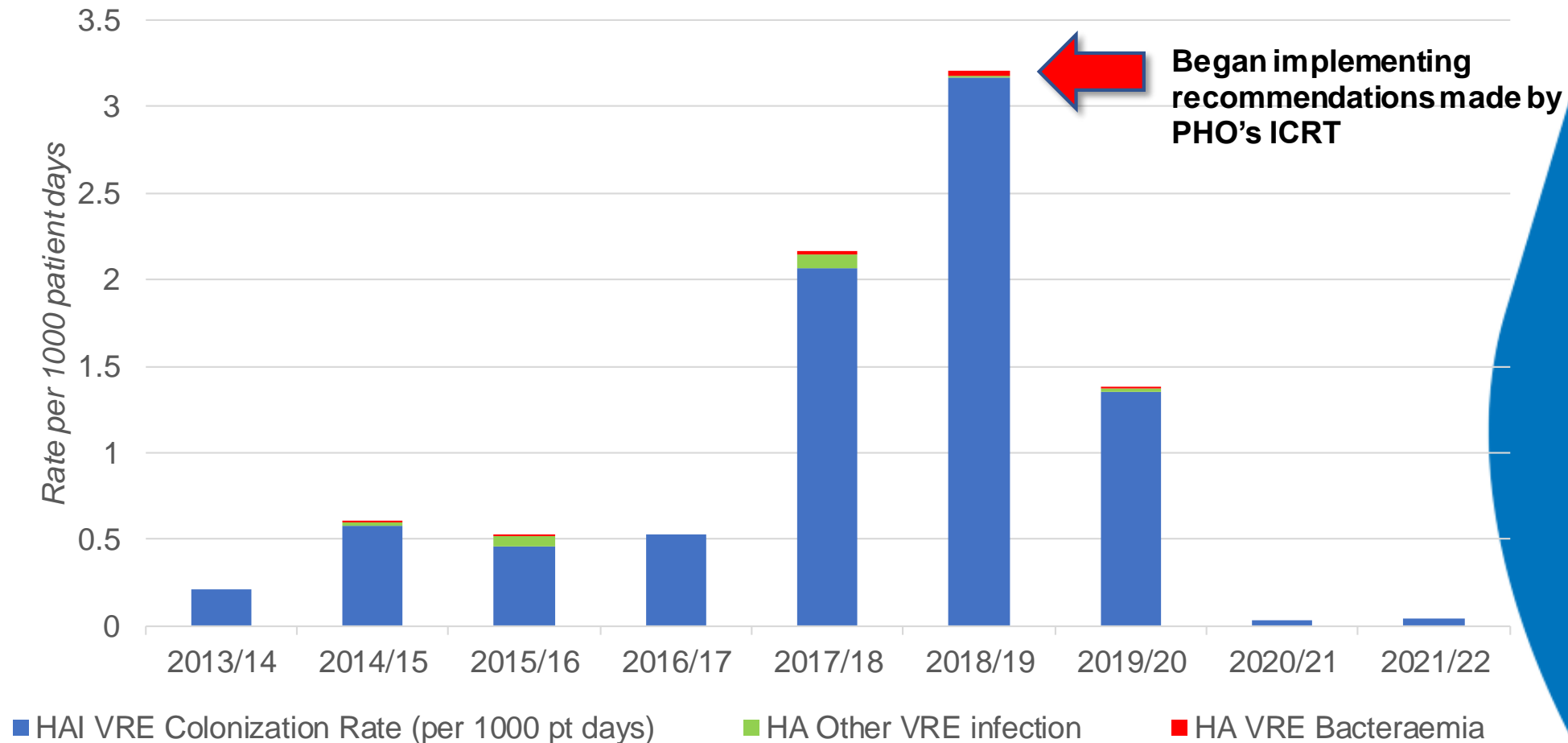
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Why reconsider VRE protocols?

New hospital acquired VRE (Vancomycin-resistant Enterococcus)



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How will things change?

BEFORE	AS OF APRIL 1, 2023
✓ Test ALL admissions for MRSA and VRE who meet high risk criteria	<ul style="list-style-type: none"> ✓ Test ALL admissions for MRSA ✓ Test ONLY admissions to 1A Acute Oncology for VRE
✓ Test ALL patients admitted in hospital for VRE every 30 days	✓ Test ONLY patients admitted to 1A Acute Oncology for VRE every 30 days
✓ Isolate all patients who are VRE+ or VRE-C	✓ ONLY isolate VRE+ and VRE-C when admitted to 1A Acute Oncology



VRE & MRSA Project Plan / Timeline

- ✓ **September 1** Policy and medical directives revised to align with UHN
Feedback from various internal stakeholders
- ✓ **February 6** Policy and medical directives submitted for review by Standards
of Practice and Clinical Leadership
- ✓ **February 14** Presentation to Clinical leadership
- ✓ **February 21** Presentation to Regional CNEs
- ✓ **February 23** Presentation to Patient and Family Advisors
- ✓ **February 28** Presentation to Medical Advisory Committee
- ✓ **March 13** Policy and medical directives submitted for approval by P&P, MAC
and SLC (**official approval pending**)
- ✓ **March 16** Presentation to Managers group
- ✓ **March 17** Memo to Regional IPAC programs
- ✓ **March 22** Presentation to Operational leadership
Presentation to Nursing Counsel
- ✓ **March 27** Memo to all staff CNS to provide in-services if needed, and answer any
Further questions
- ✓ **April 1** **GO LIVE**



Financial Debrief: Overall Comments – To December 2022

- ▶ Q3 results show considerable (3%) deficit, which should improve slightly in the final quarter due to additional expected revenues.
 - ▶ Results similar to most ON hospitals.
- ▶ Salary expenses slightly below budget mainly due to vacancies.
- ▶ Sick time and overtime usage remain very high, worse than Ontario peers. Many regular shifts being filled by overtime due to vacancies and staff capacity issues.
- ▶ Drugs, medical/surgical & other supply expenditures considerably higher than budget, worse than Ontario peers.
- ▶ Inpatient occupancy averaging ~95%, with peaks well over 100%, which is very high compared to recent years.
- ▶ Inpatient length of stay is ~15% above expected length of stay, which results in 48 more patients in Hospital on average.
- ▶ Alternative level of care improved since 2021-22 but still averaging 91 patients per day, which adds to occupancy pressures.



Strategic Plan 2026 – Q3 Progress Report

Overall Status Report

Strategic Direction	Status
Equity Diversity & Inclusion	On Track – 2 initiatives underway
Patient Experience	On Track – 4 initiatives underway
Staff Experience	On Track – 3 initiatives underway
Research, Innovation & Learning	On Track – 1 initiative underway
Sustainable Future	On Track – 3 initiatives underway



Our Initiatives Underway

Equity, Diversity, & Inclusion

We all belong

1. EDI Steering Committee Development
2. Truth & Reconciliation Call to Action Implementation

Patient Experience

Empathy, compassion, and respect in every encounter

1. Evolution of PFCC
2. Focus on Quality
3. Substance Use & Addictions Strategy
4. Seamless Transitions

Staff Experience

This is where we want to work, grow, and thrive

1. Staffing, Vacancy Reporting & Recruitment
2. Workplace Violence Prevention
3. Leadership Development

Research, Innovation, & Learning

Driven by the needs of our patients, our staff, and our communities

1. Research Prioritization & Operationalization

Sustainable Future

Ensuring our Healthy Future

1. Build & Enhance System Partnerships
2. Digital Health, including EHR upgrade
3. Develop Sustainability & Accountability Framework



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Strategic Indicators – Highlights:

At or better than target

- # patients who self-identify as Indigenous has increased dramatically and already exceeds 2026 target.
- Select categories for inpatient harm incidents better than target.

Slightly below target

- % of patients aligned with regional programs/services slightly worse than target but improving quarter over quarter

Considerably below target

- % operating gross margin worse than target

- ▶ Patient experience data not yet available due to transition from NRC to Qualtrics, which impacts several metrics. Data collection and reporting to resume in 22-23 Q4.
- ▶ Some indicators in development, with measurement and reporting methodologies being investigated.



Cascading and Monitoring Our Plan

Ensuring Accountability, Alignment and Focus



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Key takeaways/actions:

- ▶ **Performance results** – ongoing financial challenges. Tracking well on Year 1 Strategic Plan progress!
- ▶ **Digital Health** – Electronic Health Record renewal planning is progressing well; targeted launch is January 2024. Insights from leaders on needs/supports will inform implementation plan.
- ▶ **Leadership supports** – ongoing engagement with leaders on ideas; planning for more robust supports underway.

Questions?



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Closing Remarks



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