SAULT AREA HOSPITAL
HÔPITAL DE SAULT-SAINTE-MARIE

# Briefing Note
## Board of Directors
## September 26, 2022

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| **Topic:** | Hospital Operations Update | | |
| **Item For:** | Information | **Time Required:** | **30 mins** |
| **Strategic Direction:** | All Strategic Directions (ALL) | | |
| **Motion:** | **N/A** | | |

**Purpose:**

**To provide observations on the fragility of the health system, its impact on the local environment and SAH specifically. To consider, in this context, the organization's focus on safe, quality care for patients.**

**To review the ongoing impacts of the COVID-19 pandemic on SAH resources.**

**To identify Health Human Resources (HHR) instability and investigate and implement solutions aimed at preserving our community's access to acute health care.**

**Background:**

- The health system is facing significant health human resource challenges while dealing with the seventh wave of COVID-19, ongoing and related staffing impacts, and, particularly for SAH, a return to pre-pandemic patient visits to our Emergency Department, increased number of alternate level of care (ALC) patients in hospital, and an increase in surgical demands.
- We have taken all steps to:
    - mitigate reliance on agency nursing replacement;
    - secure ongoing ED and Critical care resources;
    - maintain all in-patient beds; and,
    - continue to meet surgical wait list pressures.
- Overall, we continue to provide safe, quality care at SAH however recognize that our ongoing stability continues to be uncertain during this time of heightened risk to our health human resources and increased system pressures.
- SAH continues to engage with Ontario Health and local, regional and provincial partners to implement the government's *Plan to Stay Open: Health System Stability and Recovery Plan* (August 2022)[1].

**Analysis:**

News coverage of the ongoing health sector instability has been widespread and fills local, provincial and national bulletins, with particular focus on emergency department closures and hospitals' inabilities to meet patient care volume and demands.

The Ontario government's *Plan to Stay Open: Health System Stability and Recovery Plan* (August 2022) acknowledges the urgent need to preserve hospital capacity, particularly with the flu season approaching, unknown impact from further COVID-19 waves, ongoing HHR challenges in most health care provider groups and patient flow into and out of

[1] https://files.ontario.ca/moh-plan-to-stay-open-en-2022-08-18.pdf

acute care. This plan offers health care systems and organizations solutions ranging from support for additional beds, additional nursing places offered in post-secondary education, to new direction for supporting patients designated ALC for long term care. Some of these activities will logically take 2 to 4 years to determine impact. On September 21st, regulations under *Bill 7: More Beds, Better Act* (2022)[2] will bring new community case management responsibility and authority for decision-making with our patients and families regarding long term bed selection and placement. The legislation allows for a Community Case Manager to identify and enable a hospital patient designated ALC waiting for long term care to be placed in accommodation available up to 150 km from their preferred address (or hospital), while waiting for their first choice bed selection. Hospitals will be directed to discharge the patient when the admission to long term care is authorized. SAH generally has up to 15 patients waiting for long term care placement, accounting for approximately 25% of our ALC patient population. We are working with Ontario Health to implement initiatives that further our work with the ALC patient population and the internal and community-based teams that support their care.

SAH Emergency Department (ED) physicians continue to support the Thessalon hospital Emergency Department with their ongoing HHR pressure. The ED physician group is closely monitoring this impact while we continue to resource the SAH ED. ED patient volume has now returned to pre-pandemic state and averages greater than 140 visits per day. Over 20% of those patients are predicted to arrive by ambulance and our ambulance offload times are monitored daily to ensure the community has sufficient EMS coverage to manage the 911 call volume. Our target for EMS offload is 40 minutes with varying performance day to day. Seventy-five percent or greater patients are triaged as high acuity patients. This is a modest but important shift in patient acuity from pre-pandemic (from approximately 68% to current state). This data has not been researched to determine any reportable nuances, however assumptions may be drawn that patients are sicker on presentation.

Surgical wait times grow at a rate equal to surgical case completion. In January 2022, we reassessed all patients' (>3,500) wait times for elective procedures and re-prioritized patients waiting for long periods based on any change in their clinical condition over the COVID slowdowns. All long-wait patients have had their surgery completed now and we have resumed our normal approach to surgical wait time management. There is daily examination of the elective surgical list to ensure that we have the resources, equipment and in-patient services available for each patient. Any patient cancellations are not considered lightly and are prioritized for surgery within two (2) weeks. We are heavily dependent on locum anaesthesia coverage at this time and have had short periods of physician pressure as a result, this summer. We have completed all cancer patient requirements and all urgent/emergent cases throughout the pandemic.

HHR, particularly registered nursing staff, are in short supply across the health system. The Registered Nurses Association of Ontario (RNAO) reports that Ontario entered the COVID-19 pandemic nearly 22,000 RNs short compared with the rest of Canada on a per-capita basis. This longstanding understaffing has grown over the past 30 years and is deeply rooted in a fiscally constrained health system.[3] New vulnerabilities were identified during the early waves of COVID that included nurses' concern with practising in workplaces with high numbers of confirmed or suspected COVID-19 cases, personal vulnerabilities such as pre-existing health conditions and concerns about work-related risks to personal health. The pandemic introduced new pressure into the nursing workforce with a growing concern among nurses related to their inability to manage the personal needs of their family.[4] Some nurses have left the profession only because they were unable to secure adequate childcare with the pandemic closures and therefore unable to work. These identified pressures are less severe at this time however are replaced with workload, frustration with the lack of equitable pay for essential workers and the residual staffing shortages. During staff shortages, staff are encouraged to work as a team to identify challenges and prioritize care to ensure patient safety. A growing body of literature shows that inter-professional collaboration advances quality and patient safety and improves patient outcomes and patient experience. Currently, SAH has approximately 140 vacancies across all departments and all classification of healthcare workers. Innovative recruitment strategies for all nursing and support worker positions are required to stabilize the workforce into the future.

[2] https://files.ontario.ca/laws/statute/s22016
[3] RNAO. *Ontario's RN Understaffing Crisis: Impact and Solution.* RNAO.ca. November 2021.
[4] RNAO. *Nursing through Crisis. A Comparative Perspective.* RNAO.ca. May 2022.

Over the course of the elongated pandemic, SAH has proven to be a trusted community partner and we have maintained our reputation as a leader in health care, locally and provincially. We have demonstrated our ability to respond to urgent and emergent community needs while continuing to accept the pressure that now threatens our precious workforce.

Work is continuously being undertaken to plan for short and longer-term work to bolster stability in our role – internally and within the broader health care landscape. An essential component of this work is to ensure that we have contingency plans to address situations in which we may be challenged with resourcing concerns. This includes:

- Daily standard work that includes occupancy planning and patient flow prediction including safe and effective discharge planning for in-patients;
- Departmental review of patient need and matching staff classification to the care that the patient requires;
- Work with our frontline teams and union partners to support a healthy working environment;
- Overall operational integration of planning, decision making and enterprise level choices and investments including creative approaches to ALC patient management, bedded capacity planning, nursing student recruitment, retention of mid to late career nurses, as some examples;
- Quality care oversight through Collaborative Practice and Medical Advisory Committee (MAC) and regular monitoring by senior leadership team;
- Exploration of use of specific indicators to monitor our stability;
- Partnership work with community partners and stakeholders, including but not limited to, Sault College, the Algoma Planning Table, Regional Ontario Health Planning Groups, Mental Health and Addiction Community Partnership, provincial tables for Critical Care and Internal Medicine planning;
- Advocacy such as with the Ontario Hospital Association (OHA) to support shared provincial pressure;
- Longer term strategy development such as the Nursing Plan;

Management is committed to ongoing strong and transparent communications with the public.

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**Approver:** **Ila Watson, President and CEO**