

Sault Area Hospital

Board of Directors, Chair's Report

Updates and News from the SAH Board Meeting



From: **Brent Rankin**, Board Chair
Sault Area Hospital

October 2022 Board of Directors' Meeting

The Board of Directors holds its regular meetings each month from September through June. Each month the Board of Directors, through the Board Chair, will share an update on key governance updates and Board decisions impacting the hospital. The Board held its regularly scheduled meeting on October 24, 2022. Past Board Chair Sharon Kirkpatrick chaired this month's meeting in Board Chair Brent Rankin's absence.

At the Board of Directors meeting, board members, senior leadership team, guests, and members of the media heard reports from several of the Board of Directors Committee Chairs. Below are highlights from the committee reports, President & CEO Leadership Report, and Chief of Staff Leadership Report.

Quality Committee Update – Meeting Date: September 21, 2022

Interpreting Performance Data – An overview of performance data reporting was provided.

Performance Report – As per the workplan, the focus was on “Optimizing Length of Stay (LOS)”

Average LOS for Chronic Obstructive Pulmonary Disease (COPD) Readmission Rate for COPD

- Average LOS is above target, but admission volumes are lower than the previous year. Small patient numbers have a significant impact on results. There were no readmissions.

Average LOS for Congestive Heart Failure (CHF) Readmission Rate for CHF

- Average LOS is above target, but admission volumes are lower than the previous year. Small patient numbers have a significant impact on results. Of the three readmissions, two were unrelated to their CHF.
- Barriers to timely consults are being reviewed to ensure consults occur in a timely fashion.

Alternate Level of Care (ALC) Days Rate

- Over the past few months, the ALC rate has increased. There are currently 62 ALC patients in the hospital occupying 23% of patients in beds (18 are waiting for long-term care). Geriatric services provide enhanced care to help individuals maintain their care at home and transition back home rather than to assisted living or LTC. The goal is to ensure patients receive the care they need in the most appropriate place.
- Bill 7, More Beds, Better Care Act, 2022, will bring new community case management responsibility and authority for decision-making with our patients and families regarding LTC bed selection and placement. The legislation allows for a Community Case Manager to identify and enable a hospital ALC patient waiting for LTC to be placed in available accommodation 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 admission to LTC is authorized.

Rate of Visits to the Emergency Department (ED) for Mental Health and Addiction (MH&A) MH&A Readmission

- Performance in both areas is within the target range. The most common reasons for MH&A visits to the ED include substance use and anxiety disorders.
- The SAH MH&A outpatient mental health team has implemented a pilot of remote care monitoring to assist clients/patients in self-monitoring and accurate navigation of the care system.

People & Culture Committee – Meeting Date: September 23, 2022

Terms of Reference and Workplan:

The People and Culture Committee, a newly formed Committee in 2021-22, is the more appropriate Committee to oversee the iCare and Dr. William Hutchinson Awards process. This recommendation will be forwarded to the Governance Committee.

Given the Board of Directors has specific accountabilities in the Accreditation Governance standards as it relates to the hospital's communication plan and to elevate SAH's current French Language Services to improve patient-centred care to SAH's Francophone community members, it is recommended that Communications and French Language Services would be more appropriately reviewed at the Governance Committee.

Changes to the F2021-22 People and Culture Committee Terms of Reference and work plan include a recommendation to change the committee name to People, Partnerships & Culture Committee to better serve Committee's deliverables.

Hospital Operations and Health Human Resources:

Current staffing challenges at SAH are not as dire as what has been experienced elsewhere in that we are not currently at risk of having to consider closing the ED or stopping services; however, overall staffing continues to be a priority issue that consumes a lot of time and effort from leaders and their support areas such as workforce planning. The Board and public will be kept informed of the work at Sault Area Hospital (SAH) and cautioned areas of focus may need to shift based on the current situation. The Committee will ensure the Board has clarity regarding staffing challenges at SAH, as well as what we will be able to accomplish over the coming months.

Chief of Staff Leadership Report

The [Chief of Staff Leadership Report](#) to the Board provides updates on activities at SAH. The following are highlights from the report:

- We recognize the challenges in achieving our pre-pandemic service levels while still coping with the ongoing effects of COVID, and we recognize our role in relation to our smaller neighbouring community hospitals and ensuring timely access to care for all of our district patients.
- Outbreaks of COVID infection continue to challenge us within our hospital. Ensuring adequate availability of staff and physicians within our various areas remains a challenge and continues as active daily work for our various areas within the hospital.
- Our teams are working within their groups to plan for contingencies, and MAC has been working to remove barriers to credentialing etc., to optimize what we can for our various teams.

President & CEO Leadership Report

The [President & CEO Leadership Report](#) to the Board provides updates on activities at SAH for May. The following are highlights from the report:

- A new process has been implemented to enable patients to identify as Indigenous at registration, which will allow SAH to monitor care gaps and improve care. Training is underway to formally launch this across SAH.
- We have signed an agreement with Voyce – to run a trial of their virtual interpreter services in our Emergency Department and Ambulatory Care areas. If successful, this service would be expanded across the organization.
- As part of the safety project in the ED, the senior leadership team has approved 24/7 coverage for a dedicated security guard in the ED. The night shift portion was initiated on October 1, and recruitment is underway to support the remainder of the coverage.
- SAH has received new base funding in the amount of \$332,975 to expand the availability of specialized eating disorders services. In conjunction with the hub site at Health Sciences North (HSN) and our regional partners in Timmins and North Bay, SAH will deliver level 3 intensive day treatment. HSN is the host site for the Level 3 (partial hospitalization or full-day outpatient care), but as a partner site, SAH will support the

referrals and provision of treatment virtually. SAH's new base funding will be used to deliver Level 1 and 2 treatment services in person/virtually for Algoma patients and their families.

- Fourteen new members have been onboarded to the Patient and Family Advisory Council. Nineteen new volunteers have been recruited and onboarded.
- SAH has received final Ministry approval to move forward with building the second cardiac catheterization suite. Construction began on October 3, 2022, with a goal of a fall opening in 2023.
- Six additional staff in the Laboratory are now trained to run and result COVID-19 swabs. Providing more continuity for this service will assist with patient flow, ED length of stay, and ambulance offload times.

SAH Board of Directors Update

Accreditation Governance Readiness

During the upcoming Accreditation survey interview, Board members must be prepared to speak about Accreditation Governance Standards. A recent survey of our Board of Directors identified a few gaps regarding Board knowledge of the standards, the evidence and the actions taken to meet the standards.

The Board of Directors Accreditation Leads have developed an action plan to ensure each Board Member is prepared for our upcoming Accreditation review.

Board Policies

Approved Policies: The following Board Policies have been updated and approved by the Board of Directors at this month's meeting. These policies will be finalized and posted to the SAH website:

- Performance Management Framework Policy
- Whistleblower Policy

Next Board Meeting

The next regular meeting of the Board will be held on **November 28, 2022**.

If you have any questions or comments, please don't hesitate to contact me through Jennifer Doyle, Executive Assistant SAH Board of Directors, at doylej@sah.on.ca.

Brent Rankin