

Health Sciences North 2021 Annual General Meeting

Report from the President & CEO
Dominic Giroux



Health Sciences North
Horizon Santé-Nord

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Annual General Meeting - June 2021**

Good evening, Aanii, bonsoir.

Thank you all for attending our AGM.

I would like to thank the Boards of HSN and HSNRI for their effective stewardship of our organizations, and for their renewed confidence and support.

It will be a privilege to continue to lead HSN and HSNRI through the recovery from the pandemic, the implementation of our 2019-2024 Strategic Plan and the development of our strategic directions for 2025 and beyond.

This is my fourth annual report as President and CEO.

I would like to review how HSN responded proactively to the pandemic.

I will summarize our performance on Quality Improvement Plan targets and our patient experience survey results.

Finally, I will comment on progress made on some of the desired outcomes of our Strategic Plan that are not being discussed by other presenters tonight.

The past year has undoubtedly been focused on the pandemic response.

It has been a true collaborative effort involving all departments within HSN, and numerous partners.

For our clinical teams, this included:

- Providing simulation events to train staff on protected Code Blue and safe use of personal protective equipment;
- Providing care to more than 190 admitted COVID patients and many more through the Emergency Department;
- Rapidly mobilizing HSN's geriatrics, palliative and mental health and addictions outreach teams to support over 600 individuals in the community impacted by COVID;
- Adapting to evolving external and internal requirements, safety briefings and audits;
- Supporting long-term care and retirement homes and other congregate living situations in COVID outbreak, including with proactive virtual medical consultations;

- Developing pathways for COVID patients from long-term care and retirement homes to be directly admitted to our Respiratory Care Unit;
- Developing safe isolation beds at our Withdrawal Management Services;
- Ramping down and rescheduling surgeries, procedures and non-urgent clinical services;
- Managing COVID outbreaks in inpatient units and contact tracing;
- Implementing same-day knee replacement surgery and direct anterior hip replacement procedure to reduce length of stay and demand on inpatient beds;
- Ramping up surgeries and procedures 7 days per week between October and March to bring waitlists back to near pre-pandemic levels, until Wave 3 hit;
- Repurposing acute beds into critical care beds to address the surge of COVID patients from Southern Ontario;
- Implementing a transportation team along with Sudbury EMS to transfer COVID patients from overwhelmed Southern Ontario Intensive Care Units to HSN; and
- Providing relief to Northwestern Ontario and Manitoba hospitals by admitting some of their patients, in addition to our normal admissions of critical care patients from Northeastern Ontario.

The pandemic led us to achieve more in one year than we were envisioning over many years to achieve outcome #4 of our Strategic Plan which calls for an expansion of virtual care models and remote patient monitoring.

Progress in the past year included:

- Increasing virtual care appointments from 22,000 in 2019-2020 to 58,000 in 2020-2021 especially in oncology and mental health and addictions care;
- Expanding Virtual Critical Care to a second studio to support regional surge demands;
- Launching a Virtual Emergency Department Service which has since provided care to more than 1,500 patients; and
- Implementing a virtual care application post-surgery.

For our clinical support teams, this included:

- Initially establishing an assessment centre at HSNRI on Walford Road;
- Searching and establishing a more winter-friendly location for COVID assessment on Regent Street;
- Administering more than 96,000 tests at our COVID assessment centre;
- Developing a bilingual web-based booking system for assessment centre appointments;
- Processing at our laboratory more than 331,000 COVID swabs from across the North, and supporting other laboratories in introducing COVID testing in over 40 locations across Northern Ontario, thereby reducing turnaround times and accelerating contact tracing;

- Becoming in March 2021 the first hospital laboratory in Ontario able to screen COVID tests for Variants of Concern;
- Re-focusing research activities to support pandemic-related programs;
- Improving CT wait times to 66% being within provincial target, better than pre-pandemic and up from 41% within provincial target in January; and
- Supporting Public Health Sudbury and Districts in the vaccination rollout, administering more than 10,000 doses to local workers, community members and over 600 HSN patients.

For our support services, this included:

- Implementing technological changes to enhance work from home, virtual meetings and educational events including the rapid deployment of numerous laptops;
- Ensuring the appropriate type and supply of personal protective equipment and drugs;
- Changing our warehouse facilities from a just-in-time delivery system to creating multiple warehouse spaces to accommodate stockpiling of pandemic supplies;
- Developing contingency plans for shortages of personal protective equipment and drugs;
- Purchasing capital equipment, relocating departments and making minor capital renovations to enable better patient care including an Emergency Department surge area;
- Screening more than 570,000 patients and visitors at our points of entry to check for signs of COVID;
- Rolling out a virtual application to make the active screening more efficient;
- Renovating the main entrance to provide a sheltered entry for patients and visitors waiting for screening;
- Redeploying staff internally to higher priority areas and recruiting additional staff;
- Seconding staff at the request of long-term care homes who were facing serious shortages;
- Coordinating a Mobile Enhanced Support Team response to support significant and prolonged outbreaks in congregate settings;
- Recruiting staff volunteers to assist Southern Ontario hospitals as required;
- Clarifying provincial guidelines and administering pandemic pay for select front-line employees and medical staff as set by the Province, over several periods;
- Establishing internal and external reporting systems to capture, account and report along with administering the additional accountability requirements associated with provincial funding programs;
- Securing lines of credit to finance the pandemic; and
- Developing internal dashboards to enable the organization to be more responsive and make evidence-based decisions.

For our leadership, this included:

- Working with St. Joseph's Continuing Care Centre to open 30 beds, then a total of 60 beds at the Clarion Hotel, and helping secure the necessary funding while supporting the cash flow requirements to operate the beds;
- Working with Monarch Recovery Services to develop a temporary step-down bedded level of care for adequate physical distancing on crowded psychiatric units;
- Revising and implementing policies on hospital access by caregivers, family members and visitors;
- Restructuring access plans for learners and volunteers;
- Holding 41 internal town-halls;
- Holding 118 meetings of our Incident Command team, and as many meetings of our Operations team and touchpoints with our medical leadership;
- Producing 217 internal COVID bulletins;
- Holding virtual town-halls with the 181 volunteers who were active at HSN throughout the pandemic, to keep them informed and engaged;
- Collaborating with Chiefs of Staff from Northeastern Ontario hospitals to ensure open dialogue regarding regional issues;
- Co-leading a coordinated approach for a phased re-introduction of clinical services in Northern Ontario hospitals after Wave 1, aligned with provincial direction;
- Having leaders of HSN serve in regional and provincial leadership roles associated with the pandemic response; and
- Advocating with the Province for financial compensation for COVID expenses and losses in non-Ministry revenues.

So that's the kind of year it has been at HSN!

To all our teams, from the bottom of my heart, thank you for everything you have done in the past year, and for continuing to demonstrate patience, kindness and compassion, and for looking out for each other's well-being.

Let me briefly review our Quality Improvement Plan and patient experience survey results.

Our Quality Improvement Plan in 2020-2021 focused on three targets.

The first one was to contain our Time to Inpatient Bed for patients admitted through the Emergency Department below 30 hours, nine times out of ten.

This target was met every month in the last fiscal year, except in February.

Our target this year is to contain our Time to Inpatient Bed below 25 hours, nine times out of ten.

From April 2020 to April 2021, the average length of stay in the Emergency Department for patients admitted to HSN was below the provincial average in 11 of 13 months, in part due to the opening of additional beds.

The second target was that by March 2021, at least 70% of patients would receive a reconciliation of their medication upon discharge.

This target was met, reaching 73% in May, up from 49% in June and July.

The third target related to workplace violence.

Any workplace violence incident is one too many.

While we see progress in fostering a culture of reporting of workplace violence, we were not successful in reducing the proportion of workplace violence involving physical force.

To improve the situation, a Workplace Violence Prevention Committee was established in January 2021, with the initial task to initiate a Behavioural Escalation Support Team.

Positions have been posted and we are making a \$400,000 investment this year towards this initiative.

I am pleased to report that our patient experience survey results exceed the average of Ontario academic hospitals on most indicators.

Results have improved on most indicators over the last three years, with most noticeable improvements on indicators such as:

- Received information regarding symptoms to look for;
- Room kept clean during stay;
- Overall rating of hospital;
- Quiet around room at night;
- Had a better understanding about condition; and
- Overall rating of experience.

We have continued to make progress in the implementation of our Strategic Plan.

When I joined HSN four years ago, our medical leadership told me: we need more beds, a second MRI and an integrated regional electronic medical record (EMR).

The Board Chair has already spoken about the EMR going live at HSN in April 2023.

On new bed spaces, we secured capital funding from the Ministry of Health for renovations to open 52 new beds in space currently occupied at the Ramsey Lake Health Centre by the Children's Treatment Centre.

The amount of this capital grant will be disclosed after the tendering process.

Beds will be operational in December 2022.

We also secured \$3.4 million from the Ministry of Children, Community and Social Services for renovations at Southridge Mall to relocate the Children's Treatment Centre this fall.

Northerners know that HSN was built too small.

We were intended to be a single-site hospital, yet today we have 14 sites in the City of Greater Sudbury.

The population of Northeastern Ontario of age 70 or more will grow by 26% in the next decade.

You can expect to hear more in the coming year about our plans for Phase 1 of our capital redevelopment, to provide over the next decade more space for NEO Kids, mental health and addictions and inpatient beds.

Outcome #3 of our Strategic Plan calls for the acquisition of a second MRI.

In February 2020, we secured approval from the Ministry of Health for this acquisition, with 100% of the \$7 million capital cost to be raised locally.

Here is [an update from Dr. Heidi Schmidt, Medical Director and Chief of Medical Imaging at HSN](#).

The second MRI and the upgraded MRI will be operational by December.

Thank you to all donors to the MRI campaign.

This includes gifts of \$2.25 million from FDC Foundation, \$500,000 from Carman and Sandy Fielding, \$500,000 from Glencore, \$500,000 from Technica Mining, \$500,000 from an anonymous donor and \$250,000 from Sudbury Credit Union.

Outcome #9 of our Strategic Plan calls for the implementation of a Human Capital Management Solution.

This will reinvent the employee experience at HSN by transitioning paper-based, manual internal processes to digital platforms.

With access to digital tools at our fingertips, we'll easily keep up-to-date on training, grow professionally and develop our skills, check our schedules, and swap shifts from any device.

This project will be implemented between December 2021 and August 2022.

This represents a capital investment of \$12.2 million amortized over 15 years.

Outcome #10 calls for the hospital to be more senior-friendly.

In March, we opened a 20-bed Reactivation Care Unit at Daffodil Lodge, as a prelude to the 52 new permanent beds to open in 2022.

This unit is designed to meet the specialized needs of hospitalized older adults with a focus on reversing or stabilizing a decline in health status, preventing hospital acquired functional decline or delirium, and optimizing recovery from medical conditions to avoid long-term care.

[Here is a testimony from one of our patients, Mr. Fox, about his experience in the Reactivation Care Unit.](#)

Outcome #11 of our Strategic Plan calls for improvements to mental health and addictions care at HSN and in the community.

In May, HSN was chosen by Ontario Health as one of six organizations to serve as a Network Lead as part of the expansion to Ontario's Structured Psychotherapy Program.

Last week, we announced that HSN received additional funding to expand its ability to partner with local police services for mental health and addictions crisis interventions, 24/7.

A 20-bed Addictions Medicine Unit was opened in the Daffodil Lodge in March 2021 to help meet demands for addictions treatment and address crowding in our medical and mental health units.

The unit is designed to meet the medical complications of substance use as well as support pathways to treatment.

Harm reduction approaches are being used, including distribution of naloxone kits at discharge.

Here is [a testimony from Jade, one of our patients in the Addictions Medicine Unit.](#)

Outcome #12 of our Strategic Plan calls for cultural safety and diversity training programs for our teams to meet the needs of disadvantaged and diverse populations. Individuals from these populations will co-design and deliver these training programs.

As a starting point, our plan this year includes providing Indigenous cultural safety training to Emergency Department, the Birthing Center and NEO Kids, and administrative and medical leaders.

This will involve eight self-learning modules, one per month, followed by a two-hour interactive session each month with an Indigenous Elder.

Additionally, all staff will be invited to participate in allyship experiential workshops beginning in September.

Over 100 colleagues already participated in such training offered by Public Health Sudbury and Districts.

Outcome #16 of our Strategic Plan calls for doubling our annual investment in staff and leadership development.

Since then, our annual investment rose from \$1 million to \$1.5 million.

The Leadership Development Program continues to attract great participation.

Two new cohorts of 100 emerging and existing leaders kicked off in February.

Outcome #17 of our Strategic Plan calls for an inter-professional learning culture.

To enable every HSN learner to feel welcomed and supported, our new 28,000 square foot Labelle Innovation and Learning Centre will open this fall.

This expansion is funded by a \$21.6 million grant from the Ministry of Health announced in February 2018, a \$5 million gift from Marcel and Frances Labelle Foundation, \$500,000 from Crosstown Chevrolet, \$400,000 from BMO Bank of Montreal, and \$250,000 from TD Bank.

Outcome #18 of our Strategic Plan calls for the creation of a Northern Ontario Health Innovation Cluster.

A draft business case has been developed by the founding partner organizations and is expected to be submitted shortly to the federal government.

Partners are now holding virtual monthly health research town-halls that are well attended.

Outcome #19 of our Strategic Plan calls for collaborative research to be advanced in Cancer Solutions, Cardiovascular Health and Healthy Aging.

In February, we appointed Dr. Lacey Pitre, Dr. Deborah Sanders, Dr. Mohammed Shurrab and Dr. Chris Verschoor to serve as Leads in these fields.

Dr. Rob Ohle was appointed as Lead for other emerging areas of research activity.

In November, HSN was recognized for the seventh consecutive year among Canada's Top 40 research hospitals.

In 2020-2021, our researchers submitted 66 grant applications to funding agencies, of which 38 were approved totalling \$7 million.

In closing, I want to thank colleagues from the Senior Leadership Committee for their tireless efforts in the past year: Dr. John Fenton, Anthony Keating, Mark Hartman, Kelli-Ann Lemieux, Max Liedke, Maureen McLelland, Dr. Greg Ross, Lisa Smith, Jennifer Witty, and my Executive Assistant Ginette Vocaturo who is retiring this month.

This is a dream team.

Thank you also to members of the medical staff who served on a rotational basis on the Senior Leadership Committee in the past year: Dr. Matt Cavanagh, Dr. Tyler Christie and Dr. Kona Williams.

Our Chief of Staff, Dr. John Fenton, will now present his report.

Thank you. Merci beaucoup. Chi-Meegwetch.