



## ***President & Chief Executive Officer and Senior Management Report January 25, 2022***

### ***Vice President – Integrated Health and Chief Nursing Executive***

Overall response for the programs this past month has been to support the care of patients, residents, and clients throughout another outbreak situation with the Omicron variant in several communities.

Teams have been busy with contingency planning and delivery of services.

Mass immunization clinics for third dose has been a priority for the population of Central Health, aligned with provincial direction.

### ***Vice President – Corporate Services & Provincial Shared Services Supply***

#### ***Provincial Shared Services - Supply Chain***

With the arrival of the Omicron COVID 19 variant the past month has seen a great deal of the VP Corporate Services taken up time supporting Supply Chain as it manages the sourcing and logistics of PPE. This has been done through the Provincial PPE Task group that recommends changes to the PPE guidelines and supports implementation of PPE guidance as it comes from public health and occupational health. The other Provincial committee on Supplies involves all RHAs and is made up of corporate services VPs as well as representatives from Health and Community Services. The changes in the recommendations on N95 respirator use and the roll out of booster shots by the health system has contributed to a significant higher usage (burn) than was anticipated. Supply chain in partnership with the RHAs Occupational Health and Safety Staff have had to mitigate issues with N95 respirators by fit testing to alternative models and placing higher orders than originally forecast for N95 respirators.

#### ***Financial Services***

The Code Grey - Cyber-attack continues to impact processing of vendor payments, and we are several weeks behind in monthly reporting, but it is slowly being caught up.

#### ***Budgeting***

The Budget 2022-23 submission was completed in late December and there have been some minor questions and revisions. We have been asked to present our overall budget to the Ministers of Treasury Board in the last week of January.

### **Engineering and Support Services**

Engineering has been heavily involved with supporting screening and vaccines clinics throughout the region during the month. While that has taken a considerable time and resources to manage the department has moved forward on implementation of the Long-Term Care safe Restart funding with projects identified to move from single rooms from shared rooms. Also, we have posted a request for proposals for Carbon Reduction Strategies for Notre Dame Bay Memorial Health Centre in Twillingate and the Baie Verte Peninsula Health Centre in Baie Verte. Also, the department continues to work on the Wayfinding Project ongoing as per the strategic plan initiative

### **Environmental and Food Services**

We continue implementation of the new Environmental Services program, reviewing of current work loads and realignment of duties. We have scheduled listening tours for the coming months and have a survey posted for retail food options for the Central Newfoundland Health Centre and James Paton Regional Health Centre.

### **Major Projects**

The following is an update on major projects:

#### *New Long-Term Care Grand Falls-Windsor & Gander:*

Continue to work on deficiencies and now have an expected opening of facilities in the spring. A Major life safety issues was resolved with Projectco and the Department of Transportation and Infrastructure during the month.

#### *James Paton Memorial Pharmacy Upgrades to NAPA Standards*

This project is still showing a delay due to unavoidable equipment delivery delays.

## **Vice President – People and Transformation**

### **Our People**

In the period of January 1, 2021 to December 31, 2021, selected new hire stats include the following. *Please note these numbers do not include retirees, and is inclusive of all job types (i.e., temporary call-in/casual, temporary full-time/part-time and permanent full-time/part-time).*

- 50 RNs
- 69 LPNs
- 61 PCAs

### **Systems Improvements**

- Privacy Walk Arounds (PWA) continue to be held in collaboration with Patient Experience Advisors and unit managers. The most recent PWA took place within the Mental Health and Addictions outpatient department at JPMRHC with two Patient Experience Advisors present on-site as volunteers have recently been re-introduced to facilities following the pandemic restrictions. Positive feedback was received from both advisors and management.

- Central Health has established a new structure for work around improvement of stroke care. A Stroke Steering Committee has been established and held its first meeting on November 24, 2021.
- A FEMA (FAILURE MODE AND EFFECTS ANALYSIS) was completed on Virtual ED, led by Risk Management and partnership with the VP Medical Services. A FEMA is a systematic, proactive method for evaluating a process to identify where and how it might fail and to assess the relative impact of different failures, in order to identify the parts of the process that are most in need of change.

### *Quality Patient Experience*

- SMT has approved a request for **Just Culture** education to support a learning culture, build trust, and improve employee and patient safety at Central Health. Current evidence from incident reporting, quality reviews, surveys and Accreditation Canada standards indicate the need to move to a just culture across the organization.

### *Improved Health*

- In November the Mental Health and Addictions (MHA) Program was selected for a 2021 safety grant on behalf of the HIROC Foundation with the topic “Preventing suicide and attempted suicide across the care continuum through improved training in suicide risk assessment and tools”.

## *Vice President – Medical Services*

### *Pharmacy*

- Progressing with clinical improvement project with involvement of clinical pharmacy, specifically development of a thrombosis clinic for the region. Upcoming meetings with NLCHI are scheduled to move further.
- Exploring clinical pharmacy involvement in INR monitoring for patients now unattached as a result of recent primary care provider retirements in the region.
- Pharmacy has continued to provide support for vaccination clinics to attempt to reach targets for population and health care worker vaccinations.

### *Laboratory*

- Continuing with Accreditation Canada process
- Ongoing support offered for public health throughout the current covid wave for both testing and vaccination clinics.
  - No disruption to the majority of laboratory services has yet been caused due to covid outbreaks across the region.
- RHA and provincial move to use rapid molecular testing, which has been approved as a confirmatory test from two separate platforms, to assist with clinical decision-making and staff deployment.

### **Medical Imaging**

- No disruption to the majority of medical imaging services has yet been caused due to covid outbreaks in the region.
- Disruption in transportation of nuclear material due to weather for nuclear medicine caused some disruption in scheduling of nuclear medicine patients. The disruption was for less than one week, and affected patients were contacted and rescheduled.

### **Cardiopulmonary and Rehabilitation Services**

- Respiratory therapy has received training to be able to provide support for vaccinations and is expected to receive training to support rapid molecular testing as that is implemented across the region. Personnel from speech language pathology and clerical staff have also volunteered to support vaccination clinics.
- No disruption to the majority of cardiopulmonary and rehab services has yet been caused due to COVID outbreaks in the region.

### **Medical Services**

- PRA candidates expected to begin work within the RHA upon completion of the PRA program.
- Recruitment continues to be a challenge, with additional resignations received primarily from category B sites in the region and retirements/practice closures announced by additional physicians creating additional pressures in primary care and emergency room coverage

	CH Required # (FTEs)	Actual # (on the ground)	CH Deficit # (FTEs)	Vacancy Rate
RURAL TOTAL PHYSICIANS	42	30	12	28.6%
GFW TOTAL PHYSICIANS	73.95	66.95	7	9.5%
GANDER TOTAL PHYSICIANS	61.1	52.6	8.5	13.9%
Total Physicians	177.05	149.55	27.5	15.5%