

## CEO Report to the Regular Board meeting November 11, 2015

### System Transformation

On November 4<sup>th</sup> at the Ontario Hospital Association annual conference called Health Achieve, Dr. Eric Hoskins, The Minister of Health and Long Term Care remarked that in order to meet our fundamental commitment for patient well-being, we will have to transform the system. He said that it is time for structural change.

One area he intends to tackle is in closing the health gap between geographic areas in the province to ensure equity of access and equity of treatment.

He intends to work towards a national pharmacare program.

He referenced the Baker-Price report on primary care which gives recognition to more local governance. He thinks it is time to consider greater integration between the CCAC and the LHINs. He stated, “End-to-end, population based integration across the health care system. That includes public health; it includes primary care; and it includes home and community care.”

He endorsed the concept of Rural Health Hubs saying that he will make an announcement in the coming weeks.

He referred to the success of Health Links – which targets the province’s most complex patients. 10,000 patients in 82 Health Links have benefitted from care coordinators to improve their well-being.

### Integration

- Health Links- The Integrated District of Rainy River, Health Links Steering Committee, have progressed to the point where we will begin to prepare our business plan. We are working with over 18 other health service providers, in particular the local RRDSAB and their paramedics in the community program.
- North West Health Alliance – This is an all member shared services organization in our LHIN. The organization manages such services as PACS and Meditech. It provides project leadership and Business Intelligence services to its members. It has been funded for several years from the Small Hospital Transformation Fund which will not continue after April 2016. The CEO is chairing a task force to examine the feasibility of a new governance structure, funding and scope of services.

## **Project Report**

We are in month 6 of the 20 month project and we are generally on schedule, on budget and on scope. At times there were up to 13 labourers on site, with one local. No safety incidents to report. The major activity now is in forming the basement and perimeter foundation walls and support pillar bases. Concrete pouring is proceeding this week along with the installation of weeping tile.

Last week, asbestos was successfully removed from the basement of the hospital. This was to make room for new conduit required to be installed in the ceiling to connect the new and renovated sections with hospital wide services. The activity took place in the evening/night so as to minimize disruption to hospital operations.

Early planning continues on preparing our Stage one request to the ministry to build a new addition to hold the Emergency department and the laboratory.

## **Workplace Excellence**

- **Recruitment** – Recruitment is busy filling positions vacated for Executive Assistant, a Lab Technologist, several temporary part time nurses to replace staff on leave, and one full-time Mental Health and Addictions (MH&A) Counsellor, as our most senior staff member will be retiring next spring.
- **Incident Reporting** – Our Risk Manager Marie Cornell received specialized training in workplace investigations of staff complaints. She intends to communicate the new program at the next leadership meeting.
- **Counselling** – The counselling team, currently located in the basement of the clinic building, is considering a move to facilities that would be better for staff and clients. Staff participated in Applied Suicide Intervention Skills Training (ASIST) last week. The three trainers who brought this to us were from RRDSB, Fort Frances. ASIST is an acceptable model for accreditation purposes.
- **Succession Planning** – Three of our staff have received robust training and development support from a recent 360 feedback exercise. The exercise is designed to identify competences that we can develop over the next months so that the organization is ready to support the expected retirements of senior managers in late 2016.