



President & Chief Executive Officer and Senior Management Report December 8, 2020

Vice President – People and Transformation

Disability Management Assessment

On December 1, 2020, the Disability Management Team met with representatives of the REED group for a project “kick off” meeting related to the Disability Management Assessment being undertaken. A presentation was prepared and delivered to the REED group to familiarize them with the current state of disability management here at Central Health. The review will be completed in three months and an improvement plan developed.

Employee/Physician Engagement Survey

The Employee/Physician Engagement survey was conducted in November. This survey was an action from one of the recommendations of the External Review. Over 1130 employees/physicians participated, the highest response to any survey in recent memory.

Recruitment

Recruitment is very busy at this time as we establish a specific team to recruit for the new long-term care facilities which are set to open in the summer of 2021. To provide quality care, Central Health continues to hire travel nurses given there are a number of nursing vacancies. Recruitment efforts are focused on nursing positions and hard to fill vacancy. A new marketing plan is being developed as a part of a recruitment and retention strategy at Central Health.

Health Emergency Management

Health Emergency Management has been refocused at Central Health with a renewed focus towards planning. An Emergency Planning Coordinator has been recruited and will sit as a member of the Quality, Planning and Performance Team. Transition planning of the new hire to the position has **begun.**

Privacy Review

In response to the Privacy Review 2020, an improvement plan has been developed to meet the recommendations. The actions are at various levels of completion. The Privacy Improvement Plan will be presented to Senior Management Team for approval and progress will be monitored by the Quality Assurance Committee of the Board.

Partnership with Patient Experience Advisors

The Patient and Family Advisory Council (PFAC) continue to meet virtually on a monthly basis. At meeting in November, the Council provided input into two policies (1) Video Surveillance Policy and (2) Discharge Process Policy.

The Mental Health and Addictions PFAC met in November where there was a discussion centered on the question: What matters to you in terms of physical space when attending appointments? There was great conversation and ideas for a new space. Advisors continue to take part in leadership interview panels – this month we increased advisors taking part in this work; we now have 3 advisors who participate as members of interview panels. Advisors continue to be engaged in providing input into various infrastructure projects throughout the region.

Vice President – Integrated Health and Chief Nursing Executive

Person and Family Centered Care

Ongoing partnership with Conne River Health and Social Services Director (CRHHS), to ensure collaborative efforts for service delivery. This includes the development of cultural sensitivity training for Central Health employees. Also, discussion has occurred with representatives of both indigenous populations in the Central region, Mi'kmaq and Qualipu, to plan for incorporation of culturally appropriate items in new P3 long term care buildings.

Better Value Through Improvement

The space designated for an influenza-like-illness (ILI) assessment clinic is currently under renovation for both acute care sites. This is developed as part of pandemic planning response to an increased trend of ILI presenting to emergency rooms.

Continued work with the Home First team to prevent unnecessary admissions in hospitals, along with collaboration with the social work team to discuss discharge planning and patient flow.

Better Health

Partnership initiation with Mental Health and Addictions, Town of Gander, Town of Grand Falls-Windsor and Choices for Youth around initiatives supporting youth in the central area. Choices for Youth is leading the partnership discussions with the RHA and Municipalities.

Better Care

Strategy developed to enhance communication to communities regarding operations of the After-Hours Clinic (AHC) in the Lewisporte.

Starting December 2020, Central Health will have a full complement of Clinical Pharmacists. Once orientation and training is complete, Pharmacy will resume full clinical services in areas that have had reduced service due to staffing shortage.

Table 1. Number of unique individuals reported to have been administered an influenza vaccine in NL Pharmacies, reported in Meditech data (acute, long-term care and dialysis), or documented in physician and RHA EMRs*, by RHA of Service, 2020/21

RHA of Service	Number of Vaccines reported to have been administered					Last Year's comparison as of Nov. 25, 2019
	Pharmacy (as of end of day Nov. 25)	Meditech (as of end of day Nov. 25)	EMR (as of end of day Nov. 21)	Non EMR physicians (as of end of day Nov. 25)	2020 Total (Nov. 25)	
Central Health	14,727	573	19,691	302	35,293	22,534

Vice President – Corporate Services & Provincial Shared Services Supply

Financial Services

This month we have started working with Newfoundland and Labrador Center for Health Information (NLCHI) on electronic filing/workflow process type systems to allow for more efficient & consistent method of working electronically. This is in line with System improvements strategic goals.

Budgeting

The budget process for fiscal year 2020/2021 has commenced with the receipt of the budget the guidelines. Central Health's budgeting office will submit the needed reports as requested.

Engineering and Support Services

Projects

- Work is ongoing in planning for the commissioning of the buildings for our long-term care P3 projects and we are working collaboratively with both steering committees and family councils at Lakeside Homes and Carmelite House. We are in process of meeting with First Nations representatives to ensure inclusion of indigenous cultures from the Central area into the operations.
- Considerable work continues in the Central Newfoundland Regional Health Centre. Some examples of this are;
 - Renovation and upgrades to rooms on 3A and 3B, this must be done as patient occupancy allows and we currently have 5 of 13 rooms completed.
 - Renovation to accommodate and Influenza Like Illness (ILI) Clinic within the old endo area.
 - Morgue Ventilation Upgrade in process.
 - Planning for the Switchboard area redevelopment.,
 - As well, there are a number of upgrades and renovations to tub rooms and support areas such as biomedical and engineering.
- As in the last report the new Green Bay Health Centre and 20 bed extension to DR. Hugh Twomey Health Centre have been delayed but there are no additional delays to report.

- Other work in the region included;
 - The Mental Health and Addictions FACT and Doorways teams, in Gander, relocation from 50 Memorial Drive to the location at the McCurdy Complex.
 - James Paton Memorial Health Centre redevelopments in the Medical Unit and Pharmacy area. These are being done to bring these areas up to code and national standards.
 - There are also a number of projects ongoing in the region that deal with building infrastructures and the supply of heat and power.

Food Services

The Food and Environmental Services open call has closed RFP has closed and is now scheduled for evaluation of the submissions.

Provincial Shared Services - Supply Chain

Supply Chain continues to concentrate on Personal Protective Equipment (PPE) and is also acquiring equipment (e.g. cardiac monitors, infusion pumps, etc.) to support a potential surge in Intensive Care Units (ICU) activity due to an increase in COVID cases.

Delivery of PPE going to health system partners such as Personal Care Homes, Home Support Agencies and Self-Managed Homes has been transitioned from supply chain to two vendors that were awarded the contract (via an open call process). Supply Chain had been delivering PPE to these stakeholders since May 2020. The health system has been paying for this PPE and will continue to do so. During this transition, the provincial supply chain will still provide delivery backup in case of supply disruptions.

Vice President – Medical Services

Better Value Through Improvement

Improvement highlights:

- Physician leadership position *Round 1* interviews occurring November 30-December 15th with a focus on Department Chief, Chair of MAC and Medical Director Primary Care. Subsequent rounds to focus on Department Site Lead and Deputy Chief positions.
- New electronic application developed by IMaT is nearing completion. The app is to be used to house physician demographics and credentialing/privileging status. This will line up with the new credentialing/privileging process as per the new bylaws. On target to go live when new bylaws are implemented.
- Medical Services are implementing new software to support efficient onboarding and privileging processes. Contract request updated to meet program requirements.

Better Health

Physician Recruitment:

- New position approved called 'Care of the Elderly' in Family Medicine. The position will support some of CH's key strategies in increasing quality care for our frail elderly. Interviews complete and moving forward with offer.

- New temporary position approved for a Clinical Associate for Obstetrics Gynecology at JPMRHC. This position will support the Obstetrician Gynecologists until another Obstetrician Gynecologist can be recruited. Position posted.

Physician Positions (as of November 30, 2020)

*Numbers are reflective of a snapshot in time and not indicative of resignations received or future anticipated needs due to leaves of absences etc. For example, is an ER resignation for January, but this physician is still in their role currently, so this would not yet be appreciated in this report.

*Total number of physician FTE positions refers to the total number of salaried physician positions in Central Health in addition to the estimated number of FFS positions. It is important to note that FFS positions are based on historical numbers in a given specialty. FFS positions can vary considerably and the ideal number of FFS physicians for specialists and family medicine have not been determined for CH.

*Total number of filled physician FTE positions reflects the physicians occupying the positions at the present time. It does not account for upcoming movement resulting from resignations pending.

*Total number of physician vacancies refers to a position where there is no full-time physician in the position at the present time. The position is vacated. However, it does not reflect if there is a physician hired to move into the position. Physicians off on extended leave would not appear as a vacancy.

- Total Number of Physician FTE Positions – 171.55
- Total Number of Filled Physician FTE Positions – 150.55
- Total Number of Physician FTE Vacancies – 21

Location	Filled Positions	Vacant Positions
JPMRHC in Gander	50.1	7
CNRHC in Grand Falls-Windsor	65.45	8
Rural	35	6
Totals	150.55	21

Summary of Filled Physician FTE Positions - Referral Centers

Position Type	JPMRHC	CNRHC
Specialties	27.1	34.65
Emergency Medicine	5	5
Family Medicine	12	24.8
Hospitalists	3	1
Surgical Assist	2	NA
Psychiatry Clinical Associate	1	NA
Totals	50.1	65.45

Summary of Physician FTE Vacancies

Department	JPMRHC	CNRHC	Rural
Radiology	1	0	
Pediatrics	1	1	Botwood
Ob/Gyn	1	0	St. Alban's
Pathology	1	0	Springdale
Anesthesia	2	1	Harbour Breton
Internal Medicine	1	1	Harbour Breton
Psychiatry	0	1	Brookfield
Palliative Care	NA	1	
Surgery	0	0	
FM/Hospitalist	0	1	
Dermatology	NA	1	
Urology	NA	1	
Totals	7	8	6

	CH Required # (FTEs)	Actual # (on the ground)	CH Deficit # (FTEs)	Vacancy Rate
Rural Total Physicians	41	35	6	14.6%
GFW Total Physicians	73.45	65.45	8	10.9%
Gander Total Physicians	57.1	50.1	7	12.3%
Total Physicians	171.55	150.55	21	12.2%