



UPDATE

Engage

...from Fannie Vavoulis, Director of Communications

I am thrilled to be in my new role and to work with the Communications team. When I was appointed one of my priorities was to develop a communications plan that reflects our commitment to transparency, our pride in CKHA, our belief in the importance of information, and our desire to connect through engagement. In conjunction with my team we are pleased to roll out “Engage” our new communications approach for all staff, physicians, and volunteers at CKHA.

Going forward, we will be providing 30 day written updates that will be posted on CKHA’s intranet and shared with staff at team meetings and huddles. The second component of this plan will be “Town Hall” style meetings, now called “Engage” sessions, where our senior leaders will be available to give an organization update and answer questions from staff, physicians and volunteers.

While we are making great strides to move the organization forward, we understand that people are looking for updates. Both Ken and Rob have been in other organizations that needed to implement change and one of the recurring questions relates to how long will it take. Unfortunately, this is a question that cannot be answered with any degree of precision because hospital’s by their very nature are complex; the community depends on the hospital to be there when they need services; we operate 365 days a year-24 hours a day, and change can be disruptive and can affect other areas. Therefore, change has to be well thought out, paced according to organizational capacity, synchronized with what is also going on in the organization, and sequenced accordingly.

Having said that we understand and appreciate the importance of sharing where we are at and what we are working on.

Please mark your calendars! Our first “Engage” session will be taking place on:

Wednesday, January 11th – Frank and Mary Uniac Auditorium, Chatham Campus at 2 p.m.

Thursday, January 12th – 2W Boardroom, Sydenham Campus at 10 a.m.

We will be broadcasting these sessions via OTN which allows you to watch them live from home or at work, or at a later date. There will be more information to follow on this exciting way to view “Engage.”

As we continue to work towards a positive future, we would like to outline some of the progress we have made so far. The Investigator’s report provided much insight into the governance and operations of CKHA, we have highlighted below some of the work our leaders have done based on the Investigator’s report:

Point number 9: “All three Boards have demonstrated a lack of oversight regarding a serious financial deficit which has been accumulating over time and the current negative fiscal situation for the budget in its entirety.”:

- Ken Deane, President & CEO (Interim) and Rob Devitt, Supervisor, acknowledge that the financial situation at CKHA is a very concerning issue. Previous governance oversight has driven the organization into a financial position that requires much discussion and effort to realize a balanced budget. This must be a main focus of the organization and we will be working together to get to that point. Ken and Rob have been working closely with the Erie St. Clair LHIN and the Ministry of Health and Long-Term Care to come up with a short-term relief strategy.
- A benchmarking process has been launched and initial discussions are underway. This process allows the organization to see where we are in terms of our cost performance versus hospitals of similar size, demographic and other qualifiers. It will provide information to see where there is room for improvement within our organization. In a world where Ministry of Health funding is all driven by formulas, performing well relative to other hospitals is critical for us to operate.

Point number 10: “The Boards have been complicit in administration’s long pattern of decision-making regarding resource allocations that have resulted in the deterioration of SDH’s physical plant and related ability to provide the program and services to its community in accordance with the Rural and Northern Healthcare Framework principles clearly set out in the Alliance Agreement.”:

- In the last few months, a series of significant investments have begun in Sydenham’s physical plant, approaching \$750,000 in value, in an effort to bring back up to date some of the underlying facilities and systems at the hospital. Projects include installation of a new heat exchange unit to ensure the provision of hot water, security systems, water testing and filters and the like. These sorts of foundational investments are essential in order to keep the facility operating and must be made before program investments can be contemplated. While there are more updates to occur, we need to be fiscally responsible on any capitol investments we make in the future.

Point number 11: "Three hospital administrative organizational structure charts dated June 2016 reflect a large number of leadership positions for a 200 bed community hospital.":

- The initial stages of the benchmarking process have taken place. This process allows us to see where our organization is measured against organizations of similar size and scope. We believe this process will allow us to understand how our administrative structure compares to other hospitals of our size.

Point number 12: "The medical leadership organizational chart indicates that there are over 20 medical administrative roles for a medical staff of 185 members.":

- Ken and Rob have worked with the medical staff leadership to craft a new organizational chart based on a program management model. This new structure solidifies the role of physician leaders working with administrative leaders in providing oversight to clinical programs and services. Healthcare is a team based activity and integrating the medical and hospital leadership structures is an important step in increasing team work.
- Having crafted a new structure, positions have been posted and interviews are being arranged with interested candidates. Our goal is to announce a new Chief of Staff and new Chiefs/Medical Directors in the coming weeks.

Point number 14: "The CKHA organizational culture has been frequently described by both hospital staff and medical staff to be one of fear, intimidation, distrust and an unsafe environment in which to voice their opinions without retaliation."

- NRCC Staff and Physician Engagement Survey - On November 24th we launched the confidential and anonymous NRCC Staff and Physician Engagement Survey. This went to staff and physicians. The survey will continue until Thursday, December 22nd. Once we have the results they will be shared with all departments. From there we will develop plans to ensure our staff members and physicians' voices have been heard and appropriate action is taken. We ask that all staff complete the survey as this will give us the information we need to move our organization forward.
- Workplace Violence Committee - We are in the process of establishing the Workplace Violence Committee. This committee will be made up of staff, patient relations advisors and physicians. This allows us to provide a safe and secure workplace for all staff, physicians and volunteers.
- Whistleblower 'Hot Line' – We will be launching a Whistleblower 'Hot Line' in early 2017 that will be managed and operated by a third party vendor. In this way we can ensure that you can report issues confidentially. There will be more information to follow on this once we have everything in place.

In addition to the preceding items related to observations in the Investigator's report, we have focused on other areas that are critical to transforming CKHA such as:

- **Rural Advisory Committee**
 - Over the past few weeks we have developed an appreciation for the catchment area served by CKHA and in particular the unique issues facing our rural communities. Therefore, we recognized the need for a mechanism through which we could receive input and advice on rural issues. This mechanism is a Rural Advisory Committee that will include members from Walpole Island to Wallaceburg to Wheatley – and everything in between. Over half of Chatham-Kent’s citizens live in rural areas so we are aware that we need to make healthcare decisions for ALL of Chatham-Kent. Terms of reference have been developed.
- **CEO Search**
 - We launched the CEO Search six weeks ago. We would like to thank everyone who participated in the discussion and offered their thoughts on what they would like to see in their next CEO. The video developed by Rich Barry and the Communications Department was extremely well received, and made it to the Ontario Hospital Association bulletin for its creative approach to recruiting CKHA’s next CEO. We are in the interview process now and hoping to have an announcement soon.
- **Capitol Planning Report for Redevelopment**
 - We are aware of the needs for both Sydenham and Chatham Campuses in terms of their aged buildings and building systems. Early in the New Year we hope to launch a capital planning process to help us develop plans and options for the long term redevelopment of both Campuses. It is important that hospitals develop plans to keep their facilities current, being able to keep up with changes in patient care while having plans that are affordable for the community and Province. We look forward to expediting the process on how to redevelop both sites for the next 20-25 years. Much discussion will revolve around trying to predict future needs and developments in healthcare while also being able to be financially supported locally and provincially. We will work towards developing exciting visions for both Campuses.
- **Patient Involvement**
 - We have a fantastic team at CKHA who provide exceptional patient care. We have involved patients in many of the processes and decisions over the last number of months. A patient representative sat at the table for the CEO interviews and we will also include one during the medical leadership interviews. Other ways we have involved patients include:
 - Launched a new process for patient stories. A patient story is now brought forward to staff through department meetings and team huddles. We also share the videos with Senior Leadership and Rob to ensure all levels of the organization are aware of the patient experience. Working with Patient Relations, the patient story is video taped and used for discussion and education purposes for our healthcare professionals. This method has been applauded and

is a great resource for our staff. Thank you to everyone who has been involved in this new process.

- Internal Controls

We have requested our external auditors to conduct a review of internal controls in order to ensure that our control environment is appropriate and effective in ensuring (a) reliability of internal and external reporting, (b) compliance with applicable laws and regulations and internal policies, and (c) safeguarding the organization's resources.

There has been much success in the first 90 days since welcoming Ken and Rob to CKHA. Many people across the organization have stepped up to take on new projects and activities as the work to turn around the organization gathers steam. For this, we are grateful for everyone's efforts and everyone's tolerance for change and uncertainty. While sometimes it feels like things are quiet, much work is being done behind the scenes. On behalf of Ken, Rob and the entire Senior Leadership team, we want to thank you for your patience. CKHA is a great organization with exceptional people that continue to prove we deliver compassionate quality care everyday.

2016 is nearly behind us – we want to wish everyone a very happy holiday! Enjoy the time with your family and friends! A New Year is around the corner and with that comes a time for great change and opportunities.

We look forward to seeing you at the “Engage” sessions in January and wish each and every one of you the happiest of holidays!