

2022-2023

Annual Report



Contents

- Contributors 2
- A Word from the Board Chair 2
- A Word from the Chief of Staff 3
- Executive Summary 4
- Quality 4
- Risk 5
- Communications 6
- Enterprise Projects..... 7
- Finance 9
- Human Resources..... 9
- Support Services 10
- Primary Care & Outpatient Services 11
- Mental Health & Community Support Services 13
- Hospital Services 15
- Long-term Care (LTC) Services 18

Contributors

This annual report is a compilation of submissions from the entire leadership team of Services de santé de Chapleau Health Services (SSCHS). Each program and service group is tasked to provide highlights, accomplishments and challenges from the previous fiscal year. The following report contains contributions from the Board Chair, Chief of Staff, Chief Executive Officer, Chief Nursing Executive and the Chief Financial Officers, as well as members of their departments and teams.

This report is truly a collaborative effort and the contributions of all leaders are deeply appreciated.

A Word from the Board Chair

This has been a year of transitions. We have had board members who have served the maximum number of terms and had to step away. We have had other board members who have left for personal reasons. Despite these departures, we have filled board vacancies and I am happy to welcome our new board members: Victoria Cheng-Rioux, Nicole Loreto, Natalie Tessier, Michael Levesque, and our newest board member, Lina St-Amand. I would like to take a moment to thank every team member for his or her commitment in ensuring the success of our organization.

I know that the last few years have been very challenging for our organization. Vacancies and staffing are ongoing challenges; there are still many vacancies to fill. Although the team was creative with the budget, we will be running a deficit, primarily due to the use of agency employees. I would like to add that many other health care organizations are facing similar challenges, brought about in large part by the pandemic.

However, despite the challenges we have faced this past year and also during the pandemic, we do have some highlights to celebrate:

- The successful merger of the Chapleau and Districts Family Health Team with SSCHS in order to better serve our clients.
- Going live with UKG on March 6th.
- Recruitment of a new doctor who will begin this fall.
- Increased social media visibility and interest in our organization.
- Participation in recruitment fairs and an aggressive ongoing recruitment drive for a variety of positions.
- Staff recognition at our spring gala and Christmas party.
- An active wellbeing committee, which is already hard at work planning things for next year.
- In-person participation at the OHA summit in early May after a 4 year hiatus. The presenters were excellent and it was a wonderful opportunity

to network with members of similar organizations. There is strength in numbers.

- The receipt of an award from the Réseau du mieux-être francophone in recognition for our delivery of services in French.

I would like to extend my profound thanks, appreciation and gratitude to the leadership team, the managers and the entire staff who keep going above and beyond in their daily duties to support our clients, all while respecting the SSCHS vision, mission and values, despite the challenges. Chapleau and districts are truly blessed to have such a dedicated team to meet their healthcare needs.

A Word from the Chief of Staff

It's hard to believe that 2022-23 has come to an end. It was not without its challenges.

Covid continued to put stress on all facets of healthcare in our community. With everyone's hard work we have pulled through the worst of it. The light is at the end of the tunnel.

Our emergency department has remained very busy over the last year. Patient volumes remain above previous years. We continue to use our Locum physicians to help staff our emergency department along with our local physicians. We have been very fortunate to not have any closures in our emergency department.

Physician recruitment continues to be a priority. SSCHS has made every effort to attend as many job fairs as possible and will continue to do so until our positions are filled. Our community is funded for four full time physicians and presently we remain at 50% capacity. Over the last several months we have been in discussion with several physicians who have expressed interest in our community. We are happy to announce that we have secured one full time physician who will be starting September 1, 2023. Ongoing recruitment will continue.

The past year has been a busy time for the Chapleau and District Family Health Team. The CDFHT Board voted to merge Boards with SSCHS and to have the CDFHT become a functioning program under SSCHS. We want to thank Dawn and Randi for all this hard work. We will continue to ensure primary care remains at the forefront of healthcare at the CDFHT. As well all know, primary care is what keeps patients out of the hospital.

Meditech expense continues to move forward. Thank you to Jamie for her hard work. She has ensured all critical points and information are made available to physicians.

I want to thank Dawn for her leadership. She has pulled us through some challenging times. Her positive outlook always seems to make things a little easier.

We have amazing staff and every day I am thankful to be a part of such a great team. I look forward to 2023-24 and the new challenges it will bring.

Executive Summary

The last year of operations for Services de santé de Chapleau Health Services (SSCHS) felt like it was non-stop action: from Covid-19 outbreaks, to staffing shortages, organizational integrations and software implementations, we haven't had a moment to rest on our laurels.

Throughout the challenges of the last year, SSCHS remains one of the few hospitals in northeastern Ontario to experience zero closures—neither in ED nor Acute Care. In fact, other than some adjustments to scheduling for specific allied health programs such as Physiotherapy, no single program or service was closed outright.

This is a testament to the incredible team at SSCHS, and the community of Chapleau at large. This group goes above and beyond every single time. They are invested, creative and dedicated to the patient's experience and quality of care.

This report provides a series of highlights from the past year for each of our programs and services. The report is not meant to be comprehensive, but rather provide a glimpse into selected achievements, challenges and accomplishments of the last fiscal year. This report is made public on our organization's website.

I invite you to read along and discover the amazing things happening at SSCHS...

Quality

In 2022-23, reporting on quality improvement initiatives was voluntary due to the Covid-19 pandemic. Despite this, SSCHS continued to track several indicators and made some improvements to our processes.

We developed a new indicator spreadsheet to efficiently track our QIP indicators. We invested in software called 'Safety Culture' that allows us to create and track audits and checklists for quality indicators and health and safety practices.

LTC introduced Best Practices Guidelines Clinical Pathways within the Point Click Care charting system. The Bignucolo Residence joined phase 2 of the implementation with 6 modules implemented over 2 years. This ensures consistency in assessments, charting, completion of resident care plans, as well as tracking indicators such as pain, falls, etc. SSCHS and CFHT staff collaborated to implement a patient discharge program.

Accreditation

Since our on-site accreditation cycle, we continue to work on our post-accreditation action plan. This includes the renovation of the Spiritual Room on LTC, and leadership development training.

The beginning of 2023 marks a renewed focus on the accreditation process, and preparation for the next on-site visit in the fall of 2024. Accreditation Canada implemented OnBoardQI, which will allow SSCHS to create and assign electronic self-assessment questionnaires. The responses to those questionnaires provide us with analytics and allow for the development of action plans within the platform.



Policies

Our policy working group ensures consistency in policies across SSCHS. In 2022-23, members reduced the number of obsolete policies and forms, and focused on eliminating redundancy. A new policy template was implemented to reduce policy length and inconsistencies in formatting; as policies are reviewed and updated, they are converted to the new template.

Risk

SSCHS strives to embed risk management and safe practices into all operations. We commit to consistent, effective and accountable decision-making in management practice, and board governance oversight. SSCHS designed its risk management framework to be consistent with Accreditation Canada Standards.

In 2022-23 SSCHS participated in HIROC's Risk Assessment Checklists (RAC) self-assessment program. The RAC program provides focus for ongoing risk management and patient safety within the organization. In 2022, the risk management policy was updated to include HIROC Risk Assessment as part of the program.

New to 2022-23, patient safety incidents are included within the overall SSCHS incident-reporting database. SSCHS records all reported incidents in a central location and findings are reported on a quarterly basis to the Quality Working Group, and the Board of Directors. Quarterly reports provide targets for quality improvement plans, departmental goals, and external reporting requirements.

Incidents collected are summarized in 7 main categories; LTC Patient Safety, Acute/ED Patient Safety, LTC Medication, Acute Medication, Employee Incident Report, Complaints, and Patient Surveys. The categories are then broken down to type of incidents, which provides an extra level of detail to help with identifying opportunities for improvement.



Emergency Preparedness

Post-pandemic, emergency preparedness activities resumed at SSCHS.

In September, a visitor presented to reception without taking a number. Concern and impatience evident while explaining quickly and loudly their situation. As their frustration grew their behavior became increasingly erratic.

During this mock Code White (violent or suspicious person), staff responded quickly by removing the visitor from a public area, using verbal de-escalation and by calling "Code White" when the situation continued to escalate.

Lessons learned: staff working in the vicinity but not involved should relocate to ensure their own safety while monitoring the developing situation. Any staff who are suspicious of violence or possible violence can overhead page "Mr. (or Mrs.) White to (location)."

Local volunteer

firefighters came to SSCHS for a minimum occupancy fire drill; the drill occurred as though staff were working a night shift.

A debrief session with the firefighters followed the drill, providing feedback and clarification to participants.

We look forward to having more of these activities with staff in the upcoming year.



Communications

Social Media

Over the course of the last year, we grew our Facebook reach from the previous year, due to a new recruitment campaign as well as a refresh of branding and image around recruitment specific campaigns. Our LinkedIn has become more active for job postings as well as daily content.

Our Instagram has grown as well, thanks to the usage of more active hashtags and more frequent posting of content related to the hospital. The next step is gaining more engagement from our followers across all of our platforms.

Corporate Branding

Solidifying the SSCHS brand was a top priority this year with a focus on incorporating our mission, vision, and values into our communications, and ensuring the consistent use language across various channels such as job postings and updates.



The communications and HR roles worked closely to expand this fresh look to our recruitment and retention efforts. We continued to utilize our “Employee Spotlights” to celebrate our current staff, as well as showcase the positions we have at SSCHS and what it is like to work for our organization.

We also established a new recruitment campaign called “Love where you work/Begin your adventure with us” to showcase the natural beauty of the area and gain more attention to our great community.

The communications department supports all SSCHS departments, including the Family Health Team, Cedar Grove and our community partners such as the Foundation, Maison Boreal and other community events.

Internal Communications

We launched the SSCHS Intranet in the spring of 2022. The site is a central place to share news, internal and external job postings, meeting minutes, policy updates, and helpful staff resources. We continue to utilize this

site for internal communications, policy updates, new forms and job openings under our collective agreements.

Enterprise Projects

Ocean E-referral

In October 2022, SSCHS went live with Ocean e-Referral, a transition from faxing to sending e-referrals to specialists also on the Ocean platform. Many of our common referral sites are on this platform, including Timmins hospital, which went live with Ocean e-referral in April 2022.

E-referrals integrate with most electronic medical records (EMRs), automatically populate forms with patient information, and is easy to search for referral sites using a map-based directory, which also shows estimated wait times where available.

This integration removes the need for follow-up calls, as information can be viewed in the platform (i.e. when appointment is booked and confirmed, and when appointment

is completed), and patients can engage directly to confirm appointments online, receive email notifications around referral status and appointment details.

Our patients have provided positive feedback about their experience with e-referral. We look forward to expanding this service, so that we may receive and accept e-referrals at SSCHS.

UKG Scheduling Software – Phase 1 – Schedule

SSCHS implemented UKG Dimensions, a cloud based timekeeping solution, allowing us to move away from a paper based scheduling process. Scheduling was phase 1 of the project, and went live March 6, 2023.

With this change, comes a new era of workforce management that provides all staff, with direct access to their time and attendance, *in real-time*. Phase 2 of the project, which includes Absence and Analytics, is slated to go-live in the fall of 2023.

Expanse ONE Initiative

SSCHS, along with 22 other North East Regional hospitals are participating in a Health Information System (HIS) transformation aptly named ONE. This project will allow a single electronic health record to exist for each patient within the hospital system and accessible among the participating hospitals through Meditech Expanse.

This project also focuses on the standardization of evidenced based care and documentation, as well as pharmacy formularies and processes, to enhance the safety and continuity of the care provided to patients.

Although the project will not “go-live” until spring 2024, preparatory work is in progress. This year focused on the design and build phase of the project, collecting data around current state workflows, and comparing them to the future state workflows. This identifies gaps and workarounds that will be required to provide a seamless continuum of care for our patients.

It also involved the in-depth analysis of current dictionaries, assessments and protocols, documentation tools and the way we save and send our data etc. It was an evaluation of our complete health management system from nursing to administration to finance to imaging.

A site-specific activation plan runs concurrently with the regional activation plan. This ensures that we remain on target for the milestone activities, and that all tasks are completed in a timely manner.

We are extremely proud of our staff for the work accomplished thus far, and we look forward to what will be accomplished in the coming year.

Finance

The financial situation at SSCHS is comparable to many small, northern and rural hospitals in Ontario. Last fiscal year, a deficit upwards of \$500,000 was posted for the first time in many years. This was disappointing for the team.

However, the deficit can be attributed in large part to the need for Agency Staff to fill vacancies in the clinical departments. Other sources of financial drain are the costs associated with the pandemic, increased costs due to inflation for contracted services and the rising costs of supplies.

Further, there are investments required for the long-term sustainability of the operations: information technology and the implementation of new electronic medical records requires significant upfront investments of time, people and money.

Finally, there are several costs for SSCHS that are necessary to provide services to an isolated community, but that carry no associated funding envelopes: outpatient laboratory services, the Cedar Grove apartment building and one unlicensed bed in our LTC facility.

The team at SSCHS is lean—with most folks “wearing more than one hat” and performing combined roles with multiple accountabilities. Our funding is maximized and spread thin. Over the first quarter of the next fiscal year, we expect to better understand how the Ministry of Health will answer the call of communities struggling to provide care under the funding provided. Our financial statements are publically available on our website and updated annually.

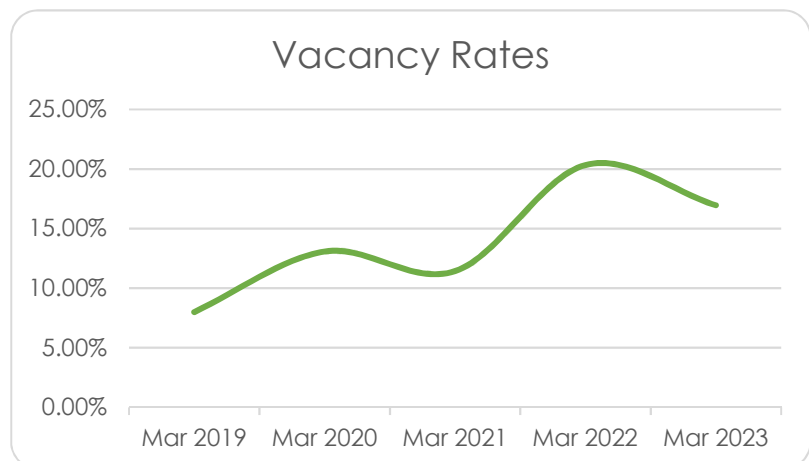
Human Resources

Recruitment & Retention

With the return to a new normal after the pandemic, we attended career fairs in person at a local level, college, university and physician recruitment fairs across Ontario.

We held a student career day here at SSCHS last spring and plan to keep scheduling this event every 2 years.

We developed 6 & 12 week temporary full time positions to entice professionals to join our team. Being flexible is key for work/life and thinking outside the box.



There were over 25 new hires in the past fiscal year.

We had multiple summer students join us last summer across the organization, and we hosted several high school co-op students in multiple departments, administrative and clinical. We currently have 3 Nurse Practitioners and 3 Personal Support Workers return of service agreements.

Health Records & Registration

This year, the health records function implemented barcodes on all hospital forms to quicken the process of chart scanning and filing into the EMR. There was a focus to reduce the amount of old paper charts, record keeping of charts that can be destroyed as per the retention policy of OHA, and what can be scanned into an associated visit in Meditech is scanned.

In 2022-2023, we emphasized updating and modernizing forms, implementing a new process for release of information and a completion letter of the release of information.

Occupational Health

Many new staff and students have joined us over the last year. As Covid-19 restrictions eased, we also re-implemented our volunteer program. In order to ensure compliance with legislation, all employees, students, independent contractors, volunteers are required to complete an Occupational Health Clearance prior to their start of duties. Our clearance statistics:

New employees	41
Agency staff	8
Volunteers	9
Students	13
Physicians	2

There were 165 N-95 mask fit tests completed onsite! Our Influenza vaccination rate was 67% for staff with vaccines available on site, at the Chapleau and District Family Health Team and physician's offices. Confirmation of 2 Covid-19 doses remains as condition of employment.

Support Services

The Support Services department has marked the 2022-2023 year with multiple achievements and challenges.

Dietary

The Food Services department team introduced a new 21-day menu for our LTC Dining Room, Acute patients and Meals on Wheels clients.

Housekeeping

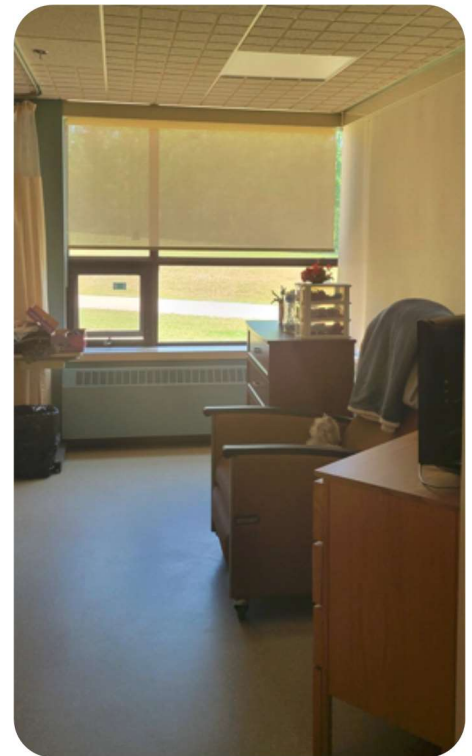
Housekeeping and Laundry department are enjoying the new window treatments in LTC resident rooms. The stress of removing 20-year-old curtains for washing has ended!

As time and budget permits, we are slowly replacing curtains with new roller shades that are more aesthetically pleasing for residents, provide better coverage from the sun, and also easier to clean in an isolation or outbreak situation.

Maintenance

Maintenance worked closely with Honeywell to create a monthly report to review the LTC rooms' temperature, to be compliant with the new LTC act. The maintenance team also moved to fully managing all service requests through a ticketing software that provides tracking information.

This year also brought opportunities to revamp multiple Cedar Grove apartments and our maintenance team has been working diligently in updating these spaces. We also completed the last of the 30-year-old acute care patient room TV upgrade.



Materials Management

Multiple new purchases and exciting equipment were procured for different departments. Some of our important purchases this year include:

- defibrillators replaced with an upgraded R series
- pharmacy Omnicell equipment,
- the new UKG Software,
- a new reagent refrigerator,
- clinical analyzer,
- microscope
- slit lamp for the ED, and
- pressure mattresses for LTC.

Primary Care & Outpatient Services

Diagnostic Imaging

Both technicians are now certified to perform Nuchal Translucency Screening tests. This screen is completed during an ultrasound in early pregnancy to help determine the risk

of congenital conditions such as Down syndrome, Patau syndrome and Edwards syndrome. The team continues to further their education through educational sessions and rounding with our neighbouring communities.

Diabetes

The Chapleau Diabetes program continues to excel in service delivery and patient care. The team saw more patients than any previous year, indicating the prevalence of diabetes in the community. The team continues to develop community partnerships such as hosting collaborative workshops with Maamwesying and the Foleyet Nursing Station.

The team joined a North Eastern Community of Practice with the Cochrane District to standardize diabetes processes and service delivery across our region. The team partnered with the Wawa Family Health Team for point of care diabetic retinol screening pilot, where a shared Opti-Med camera is able to provide retinal imaging for clients without having to leave the community. This is especially important for our elderly patients and during poor weather months.

Laboratory

We are excited to announce our integration with the Timmins Lab Cluster. This group provides support and supervision to northeastern Ontario hospital laboratories for quality assurance, technological assistance, policy and procedures, and best practice updates. The group also allows the lab to access discounts on service and supply contracts.

In light of this, the lab purchased new equipment to replace two older machines. The equipment aligns with what the group is already utilizing and as such, will provide a backup in the event of equipment failure.

*During the previous year, the Lab staff processed and analyzed **797** Covid-19 PCR tests.*

This is an incredible accomplishment and we are truly grateful to the Lab staff for their dedication.

Occupational Therapy & Physiotherapy

The therapy department continues to search for a full-time physiotherapist (PT). A contract PT assists the most acute patients in the community, providing virtual services while delegating tasks for the OT/PT assistant to complete with patients. The Occupational Therapist (OT) continued to work with patients to meet their personal goals. The OT hosted a student for four weeks in January, allowing students from southern Ontario a taste of the North and all the great things we can offer. This partnership will continue into the new fiscal year.

Foleyet Nursing Station

A casual nurse practitioner was recruited to provide services to the community of Foleyet. Her hours fluctuate based on community needs and virtual appointments are now available to assist with medication renewals and form completion. This advancement would not be possible without the installation of new internet, which has significantly improved access to health care for community members.

Nurse Practitioner Clinic

Two virtual NPs continue to provide services to the community of Chapleau. Each year, the number of appointments increase, which alleviates some of the pressure on local emergency department. The team celebrated the advancement of online booking, which increases access and flexibility in booking appointments. The organization is currently supporting three staff members in their educational journeys to become Nurse Practitioners, securing permanent, in-person services for the community and surrounding areas.

Family Health Team

The CDFHT is excited to announce that they have joined the local health hub and is now a department under SSCHS. Community services are not impacted, internal processes can streamline, and further collaboration between departments can ensure superior quality care to the community.

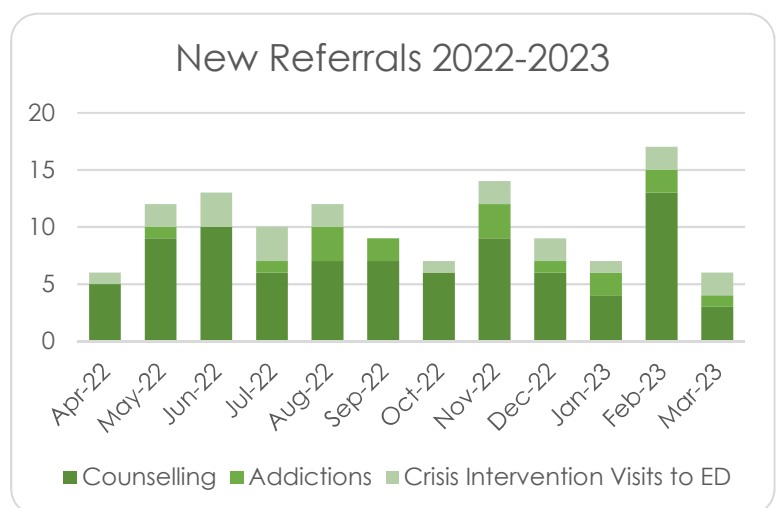
Each year the clinic expands programs and services to the community. Last year, programs such as Well Baby/Child, prenatal program, foot care, immunization clinics and acute/episodic care have serviced a large proportion of community members. The local physicians support each of the programs through directives, active participation and quality assurance.

Mental Health & Community Support Services

Turning Point

Last year, Turning Point, the Mental Health and Addictions program at SSCHS filled two new positions. A staff member who works completely remotely filled the vacant Intervention Worker position. The position allowed Turning Point to shorten the waitlist for counselling services.

The other position is a collaboration with the Canadian Association for Mental Health (CAMH) and the



District Social Services Board (DSSB), to fund a Housing Case Manager. This position provides housing support for the Chapleau area and facilitates relationships with various service providers to support vulnerable populations, including people living in community housing, people with low incomes, social assistance recipients, and others who require social services support as well as those experiencing homelessness within the Chapleau area.

Weekly Drop-Ins

Turning Point has set aside time each week to be on-site at the hospital for staff drop-ins. This new initiative allows staff to meet with a social worker in a quiet place to discuss any issues they are going through. This initiative is part of a larger cultural transformation effort at SSCHS.

Your Health Space Presentation

The Canadian Mental Health Association developed a new workplace mental health service called *Your Health Space*. The program aimed to assist organization in supporting leaders, health care working and support staff working in hospital, long-term care as well as home and community settings. *Your Health Space* trainers were on site for two days and provided staff with 5 different free workshops over that period of time.



Sessional Funding

Visiting Psychiatrist, Dr. Hugues Richard began extending his monthly visits by one day in order to provide staff with valuable mental health education.

On these education days, Dr. Richard spends his morning on case consultations with Turning

Point and his afternoons providing education at the hospital with nursing staff and social workers. Some of these topics included schizophrenia, bipolar disorder, acute psychosis; how patients may present to the ED; the dos and don'ts of ED care as well as different types of medications and their uses. These valuable education sessions will continue through 2023-2024.

Seniors Active Living Center

Last year, in addition to the annual operational funding for the Elderly Person's Center at Cedar Grove, a special grant was received. With this special grant, SSCHS was able to purchase new flooring for the seniors' activity room and a new 85" QLED TV.

Cedar Grove

The recent fiscal year marked the highest tenant turnover at Cedar Grove in many years. On average, 1-2 units become vacant each year, however 6 units became

available within 6 months. Where possible, units were renovated with more accessible features. More units are now at market rent, increasing revenues for the building.

Hospital Services

Infection Prevention and Control (IPAC)

Last summer, we invited an IPAC expert from Public Health Sudbury and District to perform a proactive audit of our IPAC processes in Long Term Care to provide an external review. This audit had no unmet findings, with a few quickly implemented recommendations.

In October and March of last year, there were un-planned inspections from a Ministry of Long Term Care Inspector, resulting in no unmet IPAC findings.

In the fall of 2022 an IPAC collaborative quality assurance and audit program was instituted. This is part of SSCHS's ongoing quality improvement program and audits our IPAC processes to ensure that standards, directives and best practices are in place and targets are met.

We navigated a challenging respiratory illness season, unfortunately resulting in the declaration of 2 Covid-19 outbreaks in the fall (1 on the acute/medical wing and 1 on LTC). We worked closely with our partners in Public Health to ensure we were in full compliance with all the ministry guidelines at all times.

CPI recertification sessions in 2022:
4.

IPAC/OH formal in-person hands on training sessions:
9.

Crisis Prevention Institute train the trainer program provides de-escalation techniques and behavior management strategies to create a culture of safety. It provides staff with the skills to safely recognize and respond to everyday crisis situation. It complies with all current legislation and is evidence-based. Staff learn decision-making skills to match the level of the response to the risk of the crisis, focusing on the least-restrictive response to ensure the Care, Welfare, Safety, and Security of those in our care.

Hand Hygiene audits scores are consistently above 90%

Housekeeping Verification Audits are trending above 78%

Organization wide IPAC audit scores have consistently remained above 98%.

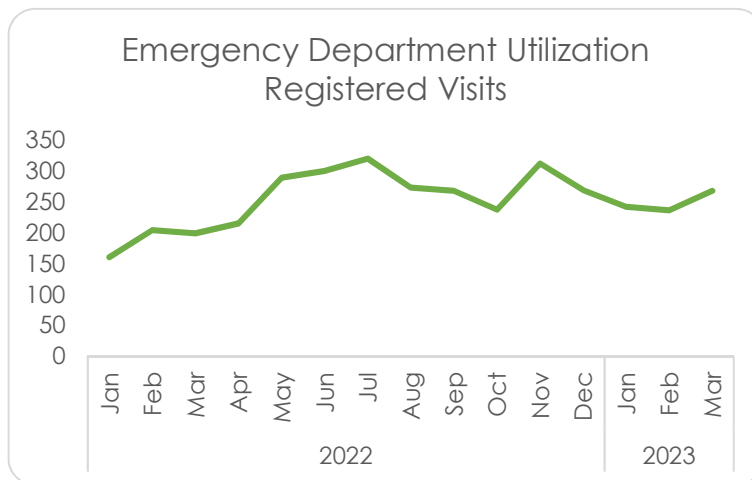
Pharmacy

January of 2023 saw the arrival of SSCHS's new Omnicell Automated Dispensing Unit (ADU), stocked with approximately 80% of the medications on SSCHS's formulary. In an ADU everything is tracked and auditable, every medication removed from the ADU is linked to a patient for traceability and patient safety.

The ADU reduces the risk of medication diversion, especially important with narcotic and controlled substances, as staff are required to log in every time they access the ADU. The risk of medication errors is also reduced as the unit guides the nurse to ensure the correct amount of medication is removed.

Emergency Department (ED)

ED utilization ranges slightly higher than annual averages over the last fiscal year. Some of this activity can be attributed to Covid-19, shortage of primary care physicians and waitlist for NP and Social Worker care.



In April 2022 RN staff attend a Trauma Nursing Core Course (TNCC) course. This in depth two-day course covers how to properly assess and care for a trauma patient, for patient groups of all ages.

The course teaches how to systematically assess a trauma patient through instructor led lectures and practice scenarios at various skill stations.

The course was enjoyed by everyone that attended.

Also new to the emergency department was the use of Ocean E-referral. Ocean allows the nurses and physicians to send electronic referrals to other physicians and specialties instead of having to send a paper fax. More and more hospitals and programs are coming onboard with e-referral so this should be primary way of sending referrals and consults in the future.

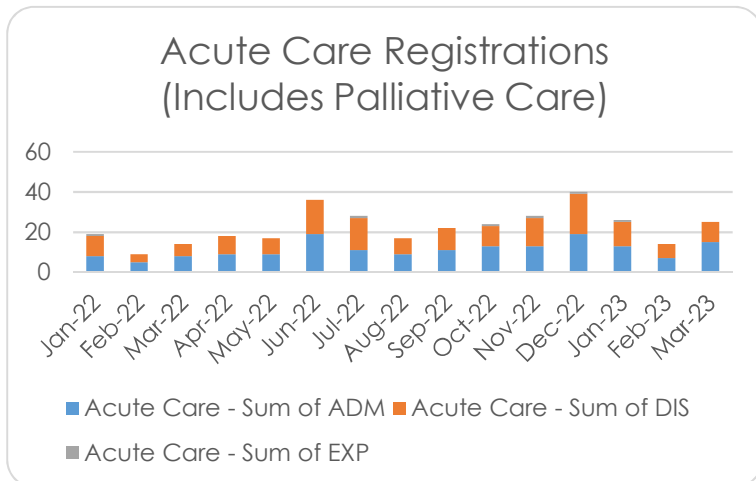
Ambulatory Care

Our ambulatory care patient numbers remained consistent with our usual seasonal numbers. The most common ambulatory care visits seen at SSCHS are antibiotic infusions and wound care.

Acute Care

Given the small facility, the number of Acute Care admissions last fiscal year remains an area of concern. In particular, the seasonal summer bump in June and July along with

the increase in December due to Covid helped to increase the number of patients admitted to hospital.



The acute care department has a new medication room in the centre of the unit, making it more accessible for the nursing staff. The medication room houses the new Automatic Dispensing Unit (ADU). The ADU prepares patient medications efficiently.

The acute care department also received a new ZOLL defibrillator this year which completes the upgrade of all 3 ZOLL defibrillators

in the hospital.

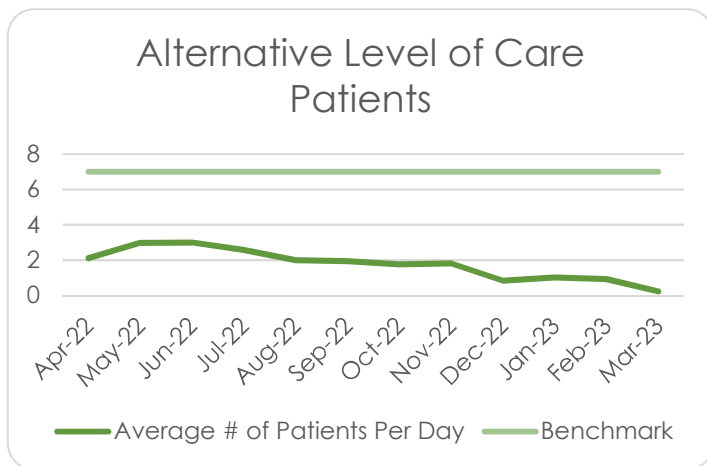
This piece of equipment allows the team to monitor a patient's heart rhythm and to help treat life threatening arrhythmias with electricity.

Discharge Planning & Care Coordination

The combined position of Discharge Planner and Care Coordinator is a partnership with Home and Community Care Support Services, and facilitates the transition of patients from hospital to home. A multi-disciplinary approach informs weekly hospital rounds to ensure that care planning is realistic, achievable, and meeting patient's needs.

Coordination and system navigation links patients to community services such as:

- Symptom relief kits (SRK) for palliating patients.
- Non-urgent patient transportation (NUPT van) for community and in-patients.
- Referral to adult day program.
- Referral to support services (housekeeping, meals on wheels, Help Line).
- Access to respite care.



Alternate Level of Care (ALC)

ALC patients are patients awaiting placement in a medical or rehabilitation facility that would better suit their needs, as compared to an Acute Care bed.

Last year, several vacancies in the long-term care (LTC) wing enabled a number of patients to be

discharged from the Acute Care wing as ALC patients, and admitted to a LTC bed.

The benchmark in the graphic *Alternative Level of Care Patients* refers to the maximum number of ALC patients SSCHS can care for before a crisis is declared by the Ministry of Health. The graphic also shows a peak in the number of ALC patient last May, and a steady decrease into the end of the fiscal year. ALC patients are charged a monthly rate for their stay in hospital, and the rules around when and how ALC patients can accept a LTC bed were severely restricted by the introduction of Bill 7, late in the calendar year.

Long-term Care (LTC) Services

Long-term Care at SSCHS comprises 18 beds funded under the Elder Care Capital Assistance Program (ELDCAP), and 6 beds funded under the hospital's Complex



Continuing Care (CCC) allocation. There is 1 bed that is licensed under the ELDCAP flag, but remains *unfunded*. These 25 beds form a wing of the SSCHS campus and are known as the Bignucolo Residence.

Eighty-eight percent of our residents are up to date with COVID-19 vaccines. COVID-19 vaccines continue to be offered regularly to our residents to keep them up to date.

The cultural room has undergone renovations: fresh coat of paint, new flooring, light fixtures and furniture. This is a quiet multi-purpose space that allows cultural gathering, family time or spiritual space. This is a space designed with the resident's personhood in mind, and was a goal arising from the last Accreditation.

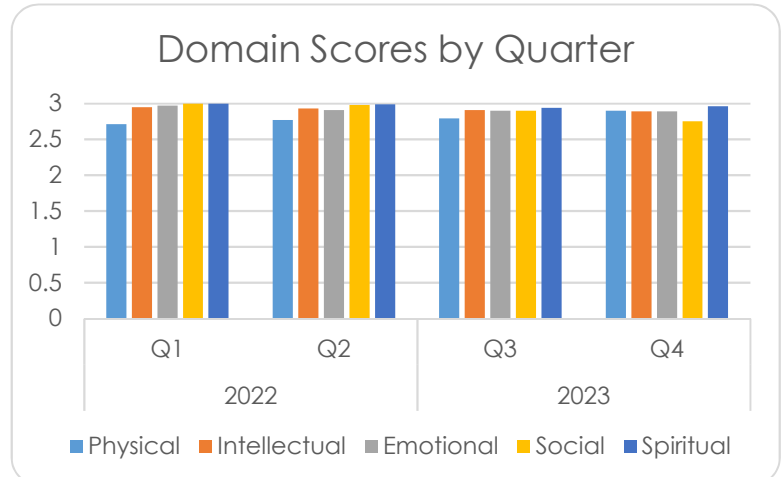
This year also saw a visit from our Compliance Officer under the Ministry of Long-term Care with some identified goals for improvement. The team documented and completed improvements on all areas of concern.

Recreation

The Recreation Department (formerly known as Activation) continues to offer a variety of Recreational Activities, in an attempt to match interests and needs of our residents.

All activities are scored against the 5 domains of Physical, Intellectual, Emotional, Social and Spiritual.

The activities carried out are specifically geared to the strength of each resident, to ensure their success. In the chart *Domain Scores by Quarter*, the highest score achievable is 3. If the resident's score is low in one or more domain, their care plan is revised and activities modified to ensure each resident has the safest, most interactive experience possible in our residence.



Behavioral Supports Ontario

Behavioural Supports Ontario (BSO) provides behavioural health care services for older adults in Ontario with, or at risk of, responsive behaviours/personal expressions associated with dementia, complex mental health, substance use and/or other neurological conditions.

The BSO team lead supports individuals with or at risk of responsive behaviours/personal expressions, supports family care partners and helps facilitate transitions across sectors. The BSO program is currently supporting 15 of our LTC residents. Last fiscal year, funding for the BSO position was increased to a full-time person from 0.5 FTE.

The BSO program is also available to inpatients to support safe transitions home or to LTC and to outpatients to support aging at home.

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