



October 31, 2022

The Honourable Doug Ford
Premier of Ontario
Legislative Building
Queen's Park, Toronto, ON M7A 1A1

Via Email: premier@ontario.ca

The Honourable Sylvia Jones
Deputy Premier of Ontario and Ontario Minister of Health
College Park 5th Floor
777 Bay Street, Toronto, ON M7A 2J3

Via Email: sylvia.jones@ontario.ca

**RE: Chesley Hospital
Closure of Emergency Department due to Nursing Staff Shortages
South Bruce Grey Health Centre – Bruce County**

Dear Premier Ford and Deputy Premier/Minister Jones,

The Municipality of Arran-Elderslie is one of eight lower-tier municipalities within the County of Bruce. Arran-Elderslie is predominately a rural municipality with a population of 6,900 which is served by one-18 bed hospital, located in the community of Chesley. The Chesley Hospital is one of four hospitals servicing our local area (Durham, Kincardine, Walkerton, Chesley) directed by the South Bruce Grey Health Centre.

On October 6, 2022, the South Bruce Grey Health Centre (SBGHC) informed the Municipality of Arran-Elderslie that the Emergency Department (ED) of the Chesley Hospital would be closed until December 2, 2022 due to a critical shortage of nurses. This eight (8) week Emergency Department closure followed a series of sporadic hospital ED overnight closures earlier this fall.

The same situation occurred as a result of a shortage of health care staff in September of 2019, resulting in the Chesley Hospital's Emergency Department being closed overnight until June, 2022 when it returned to full 24/7 service.

These sporadic closures have left our community unsure as to what hospitals are open and operating. Residents fear that in a case of an emergency unnecessary risk may occur due to confusion in getting to a hospital that is open and operational. This further compounds the current situation for our residents, many of which do not have a family physician and may also have barriers to access viable transportation to enable travel to another hospital (horse & buggy).



With all of the ED closures, SBGHC have indicated that these are primarily based on the following reasons: a result of job vacancies & turnover, recruitment difficulties, retirements, staff illness and short term leave of absences, leaving the nursing profession, accommodating staff vacation schedules, etc.

The closures of Chesley's Emergency Department is not an unfamiliar situation, as we have seen this in many other hospitals across Ontario i.e., Clinton, St. Mary's, Perth, Durham, Listowel, etc. All of which have been faced with the same type of closures due to a shortage of nursing staff.

In an attempt to try to understand the matter further, in January of 2022, the Municipalities of Brockton (after closures at the Walkerton Hospital) and Arran-Elderslie retained an external consultant, CD Consulting, to further explore the reasoning behind why SBGHC, in particular, was experiencing such a constant shortage of nursing staff. The report was completed on February 16, 2022 which outlined 48 recommendations related to staff retention, workload issues, and recruitment. A copy of the final report is attached for your reference. SBGHC was provided a copy of this report in attempt to assist them with the identification of issues and to provide appropriate recommendations to help address this situation as quickly as possible.

After the most recent announcement of closure of the Chesley Hospital on October 6th, a local group of citizens "The Friends of the Walkerton and Chesley Hospital" presented a letter to Arran-Elderslie Council seeking support for a new board and governance of SBGHC. Arran-Elderslie passed Resolution 307-24-2022 (as attached) supporting the request in principal and directing staff to prepare correspondence to the Minister of Health and Members of Provincial Parliament to notify them of this situation.

Arran-Elderslie also requested that SBGHC hold a community meeting to provide the public an opportunity to better understand the current situation and to have the ability to ask questions and seek clarification.

This community meeting was held on October 18, 2022, and attended by over 600 extremely concerned residents in person and virtually.

At the meeting SBGHC, CEO Michael Barrett provided a thorough presentation (copy attached) that outlined the current situation and reasoning behind these closures. In addition, SBGHC Board Chair Bill Heikkila and MPP Rick Byers were also in attendance to respond to questions raised by the public.



Some of the following SBGHC issues were presented:

- 30% vacancy of RN,RPN, PSW's
- 1% wage cap for Non-Agency Nurses for 3 years – Bill 124
- Agency Nurses cost 3 times that of Non-Agency Nurses
- \$1.9 million projected cost for Agency Nurses to 2023
- \$153,000 spent to keep physicians paid during closed ED

In summary, SBGHC indicated that their goal is to have four strong viable hospitals and they outlined all of the work that has been done to address this staffing shortage.

Unfortunately, this is not enough. Provincial assistance is needed to address this crisis.

Therefore, we are requesting a response to the following:

1. Clarification from the Province on recommendations and best practices for how governance of the South Bruce Grey Health Centre should be structured, in particular should Board Membership be based on population and representation and how new Board Membership should be determined.
2. Clarification on the process to repeal Bill 124 as it relates to the restrictions on wage suppression legislation for certain public sector professionals such as nurses.



3. Clarification on what the Province is doing to rectify the situation of wage disparity caused by no wage control for agency nurses which has resulted in wage disparity and hospital recruitment issues.
4. A meeting with the Minister of Health, our local MPP's, and Bruce County Mayors to discuss what actions are being taken by the Province and to discuss & collaborate on other possible solutions to address this health care crisis before temporary emergency department closures become permanent hospital closures.

As we look at the Province's plans for municipal growth we become increasingly concerned about the most recent bill *More Homes, Build Faster Act* that was announced on October 25th which would enable over 1.5 million more homes to be built in the next ten years. This has Arran-Elderslie faced with the question:

Who will be building in our communities to accommodate this growth, if there is no essential health care services for these future residents?

Again, we need urgent Provincial support to address this matter and look forward to a response to the above questions and a meeting to discuss this with you further.

In the interim, should you wish further clarification or to discuss meeting arrangements, please do not hesitate to contact the undersigned or my CAO, Sylvia Kirkwood, at 519-363-3039.

Regards,
MUNICIPALITY OF ARRAN-ELDERSLIE
Per:

Steve Hammell

Mayor

mayor@arran-elderslie.ca

c: 519-379-8063

Attach.

c: MPP Rick Byers
MPP Lisa Thompson
Susan deRyk, Chief Regional Officer Ontario Health Central and West Region
Bruce County Mayors
Arran-Elderslie Council
Christine Fraser-McDonald, Clerk



MUNICIPALITY OF ARRAN-ELDERSLIE
Council Meeting
ADDENDUM AGENDA

Meeting No. 24-2022
Tuesday, October 11, 2022, 9:00 a.m.
Council Chambers and via Teleconference
1925 Bruce Road 10, Chesley, ON

Pages

11. Correspondence

11.2. For Information

11.2.4. *Letter from the The Friends of the Walkerton and Chesley
Hospitals*

1

October 7, 2022

To: Municipality of Arran Elderslie Council
Municipality of Brockton Council
Municipality of Huron Kinloss Council
Municipality of Kincardine Council
Municipality of South Bruce Council
Municipality of West Grey Council

From: The Friends of the Walkerton and Chesley Hospitals

Re: Governance of the South Bruce Grey Health Centre

We are writing today to bring to your attention our grave concerns about the ongoing operations and continued viability of our local hospital corporation. We have seen continued deterioration of services and alarming reports that we interpret to indicate a total collapse is imminent.

Last week we learned that the Chief Nursing Executive has resigned after a brief tenure of 6 months. We also learned that 49 vacancies and 30 leaves of absence exist within the nursing compliment. Based on these numbers we believe approximately 40% of the nursing staff positions are unfilled. This week we learned Chesley Emergency Department will be fully closed for 8 weeks

It is well known that a nursing shortage exists province wide but at the same time draw to your attention that neither Hanover Hospital nor the seven hospital Grey Bruce Health Services system are experiencing the reduction of services we see at South Bruce Grey. We believe there must be unique challenges within our local Hospital Corporation that the other local corporations have avoided or are not encountering.

We have been repeatedly told that the accountability of the Hospital Corporation to our residents lies with the Board of Governors. We have meet multiple times with the Chair and Board representatives, CEO, and our local MPP's. We have been ensured that efforts are being made to fix the issues including a detailed Recruitment and Retention plan instituted at the beginning of the year. We have also brought forth concerns that the composition of the Hospital Board is not representative of the population served and that we believe the Board is not operating in Compliance with the Public Hospitals Act. To date, our concerns have been largely unanswered.

Although it is assumed that the current board is diligently attempting to address our situation to the best of their abilities, given our current status, their work has not resulted in positive outcomes and the

situation is getting worse. We believe a change is immediately necessary. Along with that change, enhanced accountability to residents the hospital corporation serves should be embedded.

The following chart outlines the population by municipality, the estimated catchment area of each municipality, a suggested composition of a new smaller board and the current board composition.

Municipality	Population	Catchment	Population Basis	% of total	Suggested Board	Current Board
Arran Elderslie	6,803	50%	3,402	9.7%	1	2
Brockton	9,461	85%	8,042	23.0%	2	1
Huron Kinloss	7,069	60%	4,241	12.1%	1	0
Kincardine	11,389	90%	10,250	29.3%	3	4
South Bruce	5,639	60%	3,383	9.7%	1	0
West Grey	12,518	45%	5,633	16.1%	1	3
Non-Resident						1
Total	52,879		34,951	100%	9	11

It is our position that it is time for a fresh approach to the Governance of the Hospital Corporation with a new board that is more representative of the population served and accountable to that population via appointment by the respective municipal councils. By reducing the board size, both recruitment and the agility of the board would be enhanced.

We ask for your careful but urgent consideration of this important issue. If you are supportive of our proposal, we ask you that you formalize your support by making it know to the local MPP's Lisa Thompson and Rick Byers, the Minister of Health Sylvia Jones and Susan deRyk, Chief Regional Officer, Ontario Health Central and West Regions.

We also welcome any and all other suggestions you may have to improve the situation. The loss of healthcare services in our area is unacceptable. We are quickly running out of time and must act quickly to protect our services. We would be happy to come forward as a delegation to your council if you wish.

Thank you.

Greg McLean
Darren Holm
Randy Purves
Sharon Musehl
Nathan Rhody

Agenda Number: 11.2.4.
Resolution No. 307-24-2022
Date: Tuesday, October 11, 2022



Moved by: Deputy Mayor Davis
Seconded by: Councillor Bell

Be it Resolved that Council hereby,

1. Supports in principal the correspondence from The Friends of the Walkerton and Chesley Hospitals; and
2. Directs Staff to prepare a letter to the Minister of Health and copy MPP Thompson and Byers as well as appropriate municipalities related to the concerns raised in the correspondence; and
3. Provide a report back to Council on the findings.

Carried

AD

Mayor Initials

CPM

Clerk Initials

Chesley ER is closed for at least 2 months



What's next?

NO ER = NO Physicians = NO Hospital

PLEASE Attend the community meeting
at Chesley Community Centre

Tuesday, Oct 18 7:00pm



**SOUTH BRUCE GREY
HEALTH CENTRE**

CHESLEY | DURHAM | KINCARDINE | WALKERTON



Community Information Session Retaining Hospital Services in Chesley During the Provincial Nursing Shortage

October 18th, 2022

Bill Heikkila, SBGHC Board Chair
Steve Hammell, Mayor, Arran-Elderslie

Dr. Jacqui Wong, SBGHC Chesley Physician Site Chief
Rick Byers, MPP Bruce-Grey-Owen Sound
Michael Barrett, SBGHC President & CEO
Mandy Dobson, SBGHC Interim Director of Clinical
Services / Chief Nursing Executive (CNE)

TOGETHER, ENRICHING HEALTH CARE IN OUR COMMUNITIES

Agenda

Welcome & Introduction

Bill Heikkila, SBGHC Board Chair

Steve Hammell, Municipality of Arran-Elderslie Mayor

Overview of Issue and Current Status

Dr. Jacqui Wong, Physician Site Chief – Chesley

Rick Byers, MPP Bruce-Grey-Owen Sound

Michael Barrett, SBGHC President & CEO

Mandy Dobson, Interim Director of Clinical Services/ Chief Nursing Executive (CNE)

Question and Answer Period

Adjournment

Bill Heikkila, SBGHC Board Chair

Steve Hammell, Municipality of Arran-Elderslie Mayor



**SOUTH BRUCE GREY
HEALTH CENTRE**
CHESLEY | DURHAM | KINGCARDINE | WALKERTON

Context for today's discussion

- Our goal is to have four, strong viable sites
 - We want the Chesley hospital to remain viable long into the future – there is no plan to close the Chesley hospital
-
- We recognize that travel to other hospitals for care can be challenging, and there are a lot of people in the community without a family physician.
 - We recognize the challenges attached to this issue, and the history in the Chesley community of lost services (high school, long-term care beds).



Context for today's discussion (cont'd)

- We want to ensure that the Chesley community has access to care
- We will consider all options for service delivery, which may look different than it has in the past.
- Mayor Hammell, on behalf of Arran-Elderslie Council, has asked us to focus on where do we go from here.



**SOUTH BRUCE GREY
HEALTH CENTRE**
CHESLEY | DURHAM | KINCARDINE | WALKERTON

Pressures in the Ontario Health Care System

- 1.8 million Ontarians do not have a family physician
- Over 6,000 Alternate Level of Care (ALC) Patients in Ontario hospitals
 - This morning, 30% of our beds are filled with patients designated as ALC
- Access to home care in rural communities is challenging
- Wait times for elective surgical procedures and emergency departments in larger hospitals are excessive
- Surgeries are regularly cancelled in larger hospitals due to a lack of beds
- Urban centres can frequently be left without an ambulance because all ambulances are waiting to off-load their patient at the hospital



Pressures in the Ontario Health Care System

Nursing

- The Ontario Nurses Association (ONA) has stated that the Province of Ontario is short 22,000 nurses
- The Canadian Institute for Healthcare Information (CIHI) provided data on RN-to-population ratio:
 - Ontario has the lowest ratio at 665 RNs per 100,000 population
 - Newfoundland and Labrador has the best at 1,097 RNs per 100,000 population
- Nursing shortages are impacting services across all hospitals
 - ED closures
 - Departmental Service Reductions
 - Longer ED wait times
 - Longer wait for surgeries
 - Ambulance off-load delays



Nursing staff shortages are not unique to SBGHC, or the Chesley hospital. There is an overall shortage of nurses in the province, and the large majority of hospitals in Ontario are experiencing staffing challenges.

NEWS

Breaking: Clinton Public Hospital temporarily closing Emergency Department because of staff shortage

NEWS

Staff shortages impact Kingston General Hospital, Hotel Dieu over long weekend

By John Lawless - Global News
Posted August 3, 2022 1:51 pm



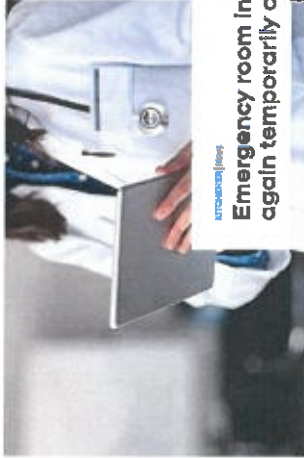
Obstetrics services unavailable at hospitals in Palmerston, Mount Forest

Jordana Snodden May 31, 2022 @ 1:38 pm Community News, News

NEWS

Listowel emergency department closing overnight as staff shortages continue

Cathy Montabali Jun 30, 2022 • July 1, 2022 • 1 minute read • [Join the conversation](#)



Wingham, Ont. hospital temporarily closing ER again overnight on Monday

Seaforth Hospital Emergency Department to temporarily close

Emergency room in town of St. Marys once again temporarily closing



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Small and Rural Emergency Departments Closures across Southern Ontario

- Listowel
- Wingham
- Clinton
- Seaforth
- St. Marys
- Durham
- Chesley
- Walkerton
- Glengarry
- Perth and Smith Falls
- Almonte General
- Carleton Place
- Kemptville
- Montfort Hospital
- Northern Ontario



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HEALTH CENTRE**
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What has happened in Chesley specifically?

2018 Ongoing staffing challenges – difficulty filling shifts, managers / CNO filling shifts

2019 Chesley ED closed overnight due to nursing staff shortage - recruitment and retention of Registered Nurses (RNs) is very challenging in rural communities, as nurses are required to develop a high degree of competency in a number of clinical domains and specialties.

Of SBGHC's 4 hospital sites, Chesley has the lowest volume of ED visits, making it challenging for staff to maintain skill and comfort level.

2020-21

Pool of available nurses in the province drastically decreases post-pandemic.

Nurses leaving union positions to join agencies.

Despite active recruitment and retention, staffing challenges worsen

2022



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HEALTH CENTRE**
CHESLEY | DURHAM | KINCARDINE | WALKERTON

Why Chesley?

- Large number of the vacant nursing shifts are at the Chesley site.
- Number of new leaves over recent weeks, with no pool of staff available to back-fill
- Although there are some nurses that work at other sites that have declared availability to work at the Chesley site, moving staff from another site would in turn destabilize that site.
- The collective agreement we have in place with our union partners does not allow the hospital to move staff to a site where they do not have declared availability.

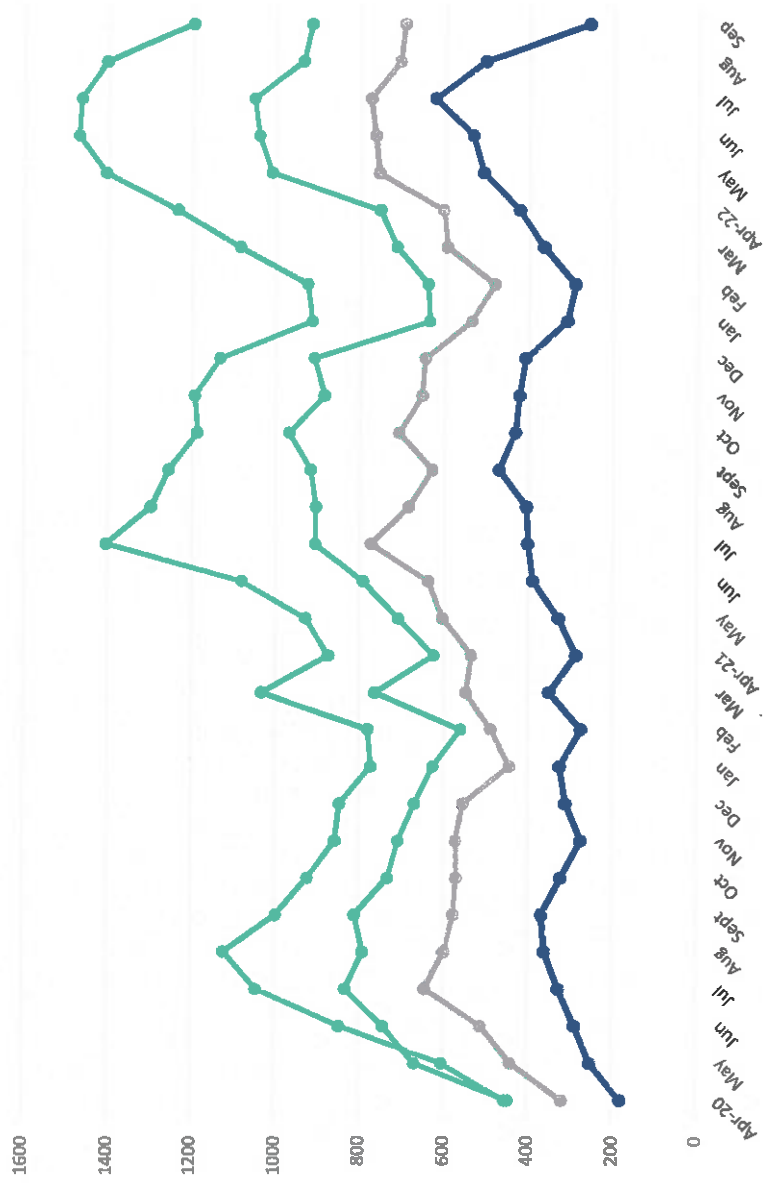
Our core principles are to provide care that is safe, and to not further deteriorate our staff.



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ED Volumes by SBGHC Site – April 2020 to September 2022

Chesley Daily Average of ED visits in 2018/19 = 17.5 visits total (2.5 visits overnight)



SBGHC Nursing Recruitment (January 1st, 2022 to present)

	RN	RPN
Onboarding (+ 7 casual)	16	10
Agency Nurses	12	2
Turnover	11	10
Interviews Completed (+ 4 casual)	28	21
Vacancies	30	19
Leaves of Absence	17	13
Upcoming Leaves	6	2



Vacancies

Based on FTE Equivalent	FTEs (1FTE = 37.5/week)	Vacancies (FTE)	Vacancy Rate
RN	78.4	18.8	24%
RPN	38.4	11.4	30%
PSW	6.8	4.6	68%
Total	123.6	34.8	28%

Based on Position	Positions	Vacancies	Vacancy Rate
RN	113	30	27%
RPN	54	19	35%
PSW	9	3	33%
Total	176	52	30%



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HEALTH CENTRE**
CHESLEY | DURHAM | KINGSDINE | WALKERTON

What are we doing to recruit and retain staff?

A considerable effort has been made to recruit and retain staff.

Scheduling review underway	Reviewing staffing models	Bolster clinical leadership	Working to increase leadership visibility
Performance reviews are being completed - 75%	Implementation of RQI program	Orientation and re-orientation for Team Leads	Training for preceptors
Monthly staff recognition event	Staff lounges/wellness area	Attendance at recruitment fairs	Leadership training
New leader orientation	Introduction of casual RNs	RPNs now supporting ER, OBS, Day Surgery	Changed PT positions to FT where possible (unmastered lines)
Going into local high schools to promote healthcare careers	Promote Nursing Graduate Guarantee Program	Community Commitment Program for Nurses	Implemented standardized clinical orientation program
Continue with HR touch points 30, 90 and 120 days after hire	Nursing Externship Program	Continue to promote SBGHC as a desirable employer through social media	Continue to promote vacant positions through social media



SOUTH BRUCE GREY HEALTH CENTRE
 CHESLEY | DURHAM | KINCARDINE | WALKERTON



Recruitment and Retention

- Approved 4,084 hours of vacation time for nurses between May to August 2022 vs 1,773 for the same period last year (almost 100% of vacation requests approved);
- Hiring local Externs (Students) in 2nd, 3rd & 4th years;
- Internationally Educated Nurses;
- Created additional full-time positions and new casual positions;
- Retained Scheduling Consultant to develop new approach to scheduling;
- Hired Professional Practice Coordinator to assist with training and education;
- Retained Midwives as contracted staff;
- Retained Nurse Leader Consultant;
- Hired Recruitment Coordinator.



SBGHC APPRECIATION WEEK MAY 30-JUNE 3

MONDAY, MAY 30

TUESDAY, MAY 31

WEDNESDAY, JUNE 1

THURSDAY, JUNE 2

FRIDAY, JUNE 3

ICE CREAM SOCIAL!

Available in all break rooms



PARTICIPATE IN CONTESTS!

SBGHC BINGO

Submit your Bingo Card to cheersforpeers@sbghc.on.ca for entry in the grand prize draw!

Hello, My Name Is...

Visit a SBGHC backdrop in any breakroom and submit a photo using the posted QR code, or email to wellness@sbghc.on.ca to be entered into a draw for a **SBGHC Music Cooler!**



COMPLIMENTARY MEAL!

Fired Up - Chelsey

COMPLIMENTARY FRUIT!

Available in all break rooms



COMPLIMENTARY MEAL!

Big Bites - Durham
Green Bean - Walkerton

ALL CONTEST SUBMISSIONS DUE BY 5:00PM TODAY!

Hello, My Name Is...

Submit your photo using the posted QR code, or email wellness@sbghc.on.ca

SBGHC BINGO

Submit your Bingo Card to:

cheersforpeers@sbghc.on.ca for entry to win the Grand Prize Camping Package!



Winners will be drawn live on the Service & Excellence Awards Town Hall tomorrow at 1PM!

COMPLIMENTARY MEAL!

Wild Willie's - Kincardine

ANNUAL SBGHC SERVICE & EXCELLENCE AWARDS!

Join us on Zoom for a virtual celebration!

CONTEST WINNERS ANNOUNCED!

BONUS: 5 DOOR PRIZES!

All employees, physicians and volunteers entered automatically

DELICIOUS CAKE!

Available in all break rooms



SOUTH BRUCE GREY HEALTH CENTRE

CHESLEY | DURHAM | KINCARDINE | WALKERTON

THANK YOU



SBGHC STAFF SWAG BAGS!

Will be distributed to all sites

Ontario Government Support



SBGHC currently has 4 nurses in the Nursing Graduate Guarantee (NGG) program, and 3 nurses that have applied for CCPN.

- In March 2022, the Ontario Government released it's first "Plan to Stay Open: Health System Stability and Recovery"

Supports for nurses:

- Temporarily removed exam and accreditation fees for internationally trained and retired nurses
- Launched a "Learn and Stay" grant of \$2,500 per year, in exchange for committing to practice for two years in an underserved community – start date is Spring 2023
- Provided active nurses with retention bonus up to \$5,000
- Permanent raise to PSWs

Other Programs:

- Community Commitment Program for Nurses (CCPN) –\$25,000 incentive to eligible nurses in exchange for a two year commitment to an eligible employer
- Tuition Support Program for Nurses (TSPN) - tuition reimbursement to recent nursing graduates from rural and remote communities who are new College of Nurses (CNO) registrants and who choose to do a return of service in an eligible underserved community



**SOUTH BRUCE GREY
HEALTH CENTRE**
CHESLEY | DURHAM | KINCARDINE | WALKERTON

Agency Nurses

- SBGHC currently has contracts with 6 nursing agencies
- One agency is able to offer a regular supply of RNs
- Agency nurses are not always a stable resource (cancel at the last minute, not wanting to work nights, wanting to work ED shifts only, limited availability)
- YTD cost: \$566,307
- Headcount: 12 RNs and 6 RPNs
- Supplying 7.55 FTEs



Collective Agreement vs. Agency Cost/Hour

ONA/OPSEU Collective Agreement	Agency
RN - \$49.02/hour	RN - \$140.00/hour paid to the agency
RPN - \$31.18/hour	RPN - \$110.00/hour paid to the agency

Agency Nurses are paid a percentage of the cost paid to the Agency



Review of Agency Nurse Costs to Year End March 31st, 2023

	Hours	Agency Cost	Saving Base Staffing Vacant Shifts	Net cost
Actual Costs April 1st to Aug 31st, 2022				
YTD RN Agency Nurse	4,335	\$566,307	\$(234,063)	\$332,244
Projected Costs Sept 1st to March 31st, 2023				
Chesley Overnight Closure	1,484	-	\$(80,136)	\$(80,136)
RN Agency Nurse Usage	7,637	\$1,069,180	\$(177,876)	\$891,304
RPN Agency Nurse Usage	2,687	\$295,570	\$(40,959)	\$254,611
Accommodations for Agency Nurse Usage	-	\$27,804	-	\$27,804
Total Expected costs March 31st, 2023	16,143	\$1,958,861	\$(533,034)	\$1,425,827



Is using agency nurses a long-term solution?

- No
- In order to keep services operational, SBGHC has relied on the use of agency nurses to fill vacant shifts. This is not an ideal or preferred solution, as agency nurses are costly, and not committed to our hospital sites.
- **We would much rather be putting the extra cost spent on agency nurses into the pockets of our own staff, who have worked tirelessly to support our organization and our communities.**
- The unfortunate reality is that without using agency nurses at this time, we would be looking at closing sites, not just reducing services.



Why can't we pay our nurses more, or offer incentives?

- We operate under one collective agreement across the province
- Offering incentives to recruit nurses is outside of the collective agreement, and also outside of an agreement that SBGHC has with other South West regional hospitals not to offer incentives.
- The nursing staff shortage is a system-wide issue that requires a system-wide response.
- Bill 124, passed in 2019, imposes a hard cap of 1% per year to wages and benefits for nurses and other health-care professionals for a three-year period (does not apply to agency nurses)



The SBGHC staff team has worked very hard to fill as many vacant shifts as possible, and our leaders have dedicated a large majority of their time to stabilizing nursing staff levels within our organization, including working some shifts.



**SOUTH BRUCE GREY
HEALTH CENTRE**
CHESLEY | DURHAM | KINGSDALE | WALKERTON

What impact does the ED closure have on physicians?

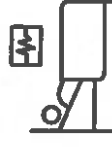
- We fully recognize that the reduction of services has an impact on recruiting physicians and keeping them in our communities, and we are working closely with them to ensure they are engaged and informed about these decisions.
- For the duration of the 8-week closure, SBGHC will be compensating the physician group for ED on-call out of the hospital budget - \$153,000
- Physicians are paid directly by the Ministry of Health (not out of the hospital budget) and have different funding agreements for different services.



**Primary
Care**



**Emergency
Department
On-Call**

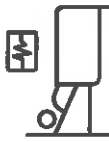





**Hospital
Inpatient Unit
Coverage**



**SOUTH BRUCE GREY
HEALTH CENTRE**
CHESLEY | DURRAM | KINCARDINE | WALKERTON

The Chesley hospital is a model small, rural hospital. The Chesley Hospital Foundation has supported many projects in recent years to upgrade the facility, which currently offers the following programs and services.

	18-bed Inpatient Unit (8 Acute Care Beds, 10 Seniors Centre of Care Beds)		Diagnostic Imaging – Xray and Ultrasound		Community Lab Collections		Emergency Department – Temporarily Closed
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**SOUTH BRUCE GREY
HEALTH CENTRE**
CHESLEY | DURHAM | KINCARDINE | WALKERTON

Urgent Care Centre vs. Emergency Department

Urgent Care Centres provides care for individuals who have a non-life-threatening illness or injury, including:

- Ear aches
- Eye problems
- Sprains and strains
- Broken bones
- Cuts that may need stitches
- Minor burns
- Fever
- Nose and throat complaints
- Minor abdominal pain (nausea, vomiting, flu-like symptoms)
- Any illness that cannot wait for your family physician and is unlikely to require a hospital admission.

When to go to the Emergency Department:

- Chest pain (heart attack, angina)
- Stroke or mini stroke
- Moderate to severe respiratory distress (shortness of breath, COPD or asthma attack)
- Severe abdomen/stomach pain (appendicitis, irritable bowel flare up, abdominal pain with fever)
- Any mental health issue
- Any obstetrical (pregnancy) complaints
- Any condition requiring blood transfusion
- Any medical or surgical emergency likely requiring admission to hospital



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HEALTH CENTRE**

CHESLEY | DURHAM | KINCARDINE | WALKERTON

For critical emergencies, call 9-1-1

- Care begins immediately when paramedics arrive
- The hospital is notified you are on the way, and is prepared when you arrive (the on-call physician has been called in, nurses know what is coming, and supplies and medications will be ready)
- In winter conditions, snowplows can escort ambulances



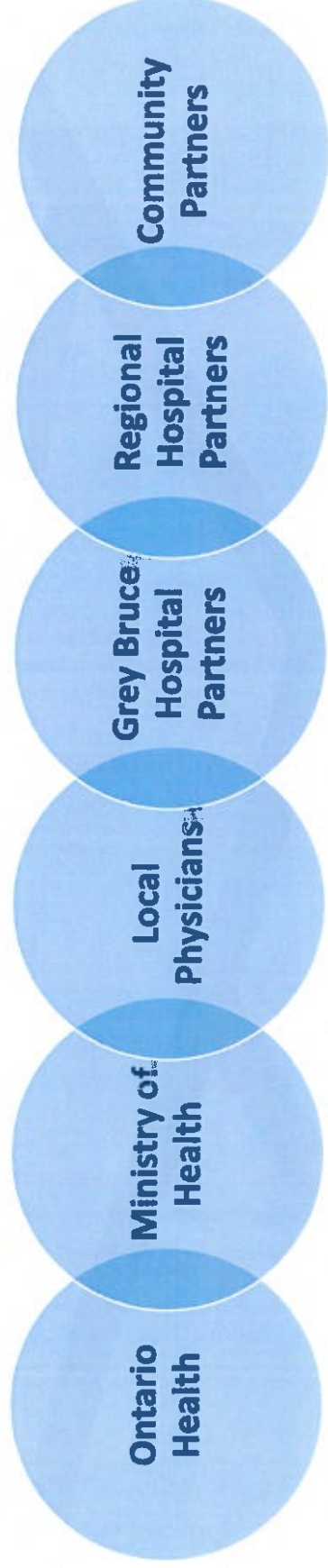
Could an Urgent Care Centre work in Chesley?

- An Urgent Care Centre could meet the needs of the community to access non-emergency care/serve the population with no family physician.
- The current physician funding agreement for urgent care would not attract physicians to the area to cover shifts, and in turn provide coverage for the hospital's inpatient unit – need a new model physician funding model
- Need support of Ontario Health and Ministry of Health to support the funding model for physicians



What happens now?

We are focused on the development of an interim strategy to ensure the viability of the Chesley hospital - this strategy will require the input and assistance of many different stakeholders.



There is no guarantee that there will be a solution at the end of 8 weeks.



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Summary

- We are getting the results in health care that our system is designed for.
- These results stem from decades of administrative and political decisions/non-decisions, lobbying by Associations and Unions, community activists, emotion and rhetoric.
 - Over last 30 years, all 3 major provincial parties and both major federal parties have had their hands on policy levers.



What do we need to do?

- Balance service levels with the amount of health human resources that are available
 - currently have eleven (11) 24/7 EDs in Grey Bruce
 - Investigate moving to different model of care, like an urgent care centre, to maximize the capacity of our nurses and physicians
 - Make most effective use of resources we have
- Team based care – inclusion of Personal Support Workers (PSWs) and Health Care Aides
- Increase use of Virtual ED
- Improve inter-facility transportation
- Work with medical schools, universities and colleges to train for rural communities
- Work with the Ministry of Health to develop a physician services agreement that works for rural communities



**Ideas from the community that could be part of
the solution are welcome.**



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Questions?

Moderators

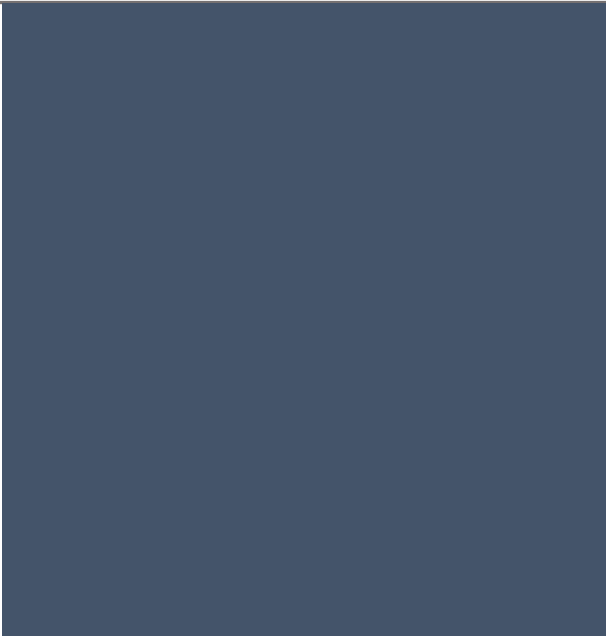
Bill Heikkila, SBGHC Board Chair
Steve Hammell, Arran-Elderslie Mayor

Panel

Dr. Jacqui Wong, Physician Site Chief – Chesley
Rick Byers, MPP Bruce-Grey-Owen Sound
Michael Barrett, SBGHC President & CEO
Mandy Dobson, SBGHC Interim Director of Clinical Services / Chief
Nursing Executive (CNE)



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Critical Nursing Shortage at South Bruce Grey Health Centre: Multi-site

Report By: Carol De Rosie, RN

February 16, 2022

Critical Nursing Shortage at South Bruce Grey Health Centre: Multi-Site

Background

On January 11th, 2022, the Municipality of Brockton Council voted unanimously to hire my company, CD Consulting, to explore why South Bruce Grey Health Centre (SBGHC) was experiencing a shortage of nurses, specifically Registered Nurses (RNs). This was in response to the December 27, 2021 closure of the Emergency Department at the Walkerton site of the SBGHC, from 8:00pm to 8:00am, 7 days a week. It was a serious concern that Council reasoned required immediate attention, especially given the Emergency Department at the Chesley site still remains closed at night, 7 days a week, some 28 months after a supposed *temporary* closing was initiated! Now with 2 emergency departments (50%) of the SBGHC closed from 8:00pm to 8:00am, 7 days a week, Council decided to take prompt action in the form of hiring a local experienced health care consultant. Worthy of noting, Grey Bruce Health Services, which has 6 emergency departments, and none of them are closed.

Objectives

1. Educate the Municipality of Brockton Council in the complex and complicated world of healthcare, more specifically the challenges facing SBGHC during an ongoing global pandemic, a nursing shortage in this province, this country and internationally.
2. Identify the ongoing challenges to retaining and recruiting enough nurses to provide safe, effective, and full services to all four (4) sites of the SBGHC, with a particular focus on immediately reopening the emergency departments at both the Walkerton and Chesley sites.
3. Provide recommendations to Council regarding strategies to assist them in retaining and stabilizing their present nursing staff compliment - specifically tailored for a small, multi-site, rural hospital.
4. Provide recommendations to Council regarding proven and sustainable practices used by other healthcare organizations to successfully recruit and retain new hires into the organization, on a move forward basis.

Methodology

1. My first step was to reach out to the Senior Management team at the SBGHC, in particular the CEO, Michael Barrett, in order to develop a relationship of trust and transparency, and to seek their cooperation on this project. Although funded by the Municipality of Brockton, Council was very clear this was to be a collaborative process with the SBGHC senior management team – their involvement critical.
2. Immediately upon hire, I began extensively interviewing a number of concerned community members representing a wide variety of perspectives (e.g., nurses-both presently as well as previously employed by SBGHC, employees of other area hospitals, community members, previous SBGHC Board of Director members, politicians, doctors and patients).
3. I contacted the Central Hospital Collective Agreement Chief Negotiator, Steve Lobsinger, of the Ontario Nurses' Association (ONA) to discuss the issue of casual nurses in general, and to clarify the current state of the language in the local ONA collective agreement.
4. In order to better understand current best practices for retaining and recruiting nurses as well as to glean effective strategies for such, I interviewed a variety of knowledgeable resources, including; human resources professionals working in healthcare, a hospital Board member from a small rural hospital in Ontario, and Chief Nursing Executives from across Ontario. I also attended a virtual think tank on the nursing shortage entitled "Hanging On By a Thread". This was hosted by the Canadian Federation of Nurses Unions (CFNU) and the Canadian Nurses Association (CNA) and featured a number of expert voices from the University of Ottawa, the International Council of Nurses, as well as nurses from across Canada and around the world.
5. I reviewed the SBGHC website daily in order to gather information regarding recruitment and retention strategies, to review financial reports and the Board of Directors minutes, and to peruse any other pertinent documents.
6. Lastly, I gathered information from the Ontario Hospital Association (OHA), the Ontario Ministry of Health (MOH), the Registered Nurses Association of Ontario (RNAO), the College of Nurses of Ontario (CNO), the Canadian Federation of Nurses Unions (CFNU), The Canadian Nurses' Association (CNA), the Ontario Nurses Association (ONA) and the International Council of Nurses (ICN) to gather additional data around the nursing shortage and best practices.

Critical Nursing Shortage at South Bruce Grey Health Centre: Multi-Site

Recommendations

In my experience there has always been a focus on recruitment rather than retention in healthcare. This is backwards. In healthcare, the accountability to the patient, the organization and ultimately the community is vital to safe, quality patient care. It is my experience, when you have nurses committed to giving good care, their loyalty is obvious. In smaller, rural communities this is even more evident. In retaining nurses to the organization, you are providing the foundation for safe, quality care provided by engaged and loyal nurses. I have included in this document forty-eight recommendations, broken down into three main foci; retention, lack of respect - workload issues, and recruitment.

Retention

1. All unions representing nurses at this organization need to come to the table immediately and engage in a conversation focused on removing barriers to retaining nurses. Discussions should, at the very least, cover such topics as; creative scheduling solutions, redeployment or reassignment of nurses from one site to another, all avenues within the collective agreements, and possible language that could be agreed to. These meetings should be standing meetings until the barriers to retaining and/or recruiting nurses are removed so that SBGHC can open up the Chesley and Walkerton Emergency Departments and stabilize all other departments within the organization. It is critical to have immediate access to the unions as the plans are being developed to ensure issues that arise are addressed immediately.
2. Plan the summer vacation schedules now. Engage nurses from each site to be part of creatively arranging for staff time off. Ensure the unions are engaged in this process as well.
3. Change all postings to one site only. This was a major issue for nurses. Allow all nurses presently hired into multi-site positions to choose which site they wish to work at. Have frank discussions with the unions and the nurses about the employer's right to reassign and ensure there is a clear process agreed to so everyone knows the rules if reassignment is necessary.
4. Change all positions to single-specialty ones. Allow all nurses presently employed in more than one unit to choose which specialty area they want as their home unit. Have frank discussions with the unions and the nurses about the employer's right to reassign and ensure there is a clear process agreed to so everyone knows the rules if reassignment is necessary.
5. Immediately meet with all nurses at all sites, on all shifts, in order to understand their concerns, frustrations and dissatisfactions. At this meeting share the detailed plan to retain and recruit nurses. Create an action plan to address concerns and schedule ongoing meetings to stay connected with nurses. It needs to be clear the intent of these meetings is not to negotiate outside the collective agreements or make individual deals but rather to start forming relationships with the nurses and management where they feel engaged and part of the solutions.

Critical Nursing Shortage at South Bruce Grey Health Centre: Multi-Site

6. Immediately initiate a review of all nurses in all departments to ensure they have obtained all the certifications and qualifications required to work in the area(s) they do. If there are any gaps in such, create a plan to ensure nurses get enrolled in the necessary courses immediately. Furthermore, until the qualifications and certifications have been obtained, nurses will be assigned a mentor to work with them at all times to ensure patient safety.
7. Do regular staff satisfaction surveys. Form a committee that includes representation from frontline staff nurses. Communicate the results and the action plan.
8. Use 30 second surveys to keep an eye on the engagement of staff and any issues brewing.
9. Negotiate free parking for all nurses.
10. Negotiate paid education days for all nurses.
11. Create an education fund through the Foundation that nurses can access for financial support to take necessary courses and further develop professionally. Promote this nursing education fund in the community.
12. Create an Education Committee that oversees the education fund (amongst other functions) and have front line staff nurses on this committee.
13. Financially cover nurse's tuition, time off, travel and if needed accommodation and meals for nurses to obtain certifications required for employment. This money is separate from the nursing education fund through the Foundation.
14. Create a Nurse Human Resources Committee immediately to review data on the present nursing workforce and develop succession plans for both short- and long-term needs. This is referred to in Article 9.17 of the Central Collective Agreement (ONA). This group will monitor age of the work force, trends, nursing career cycles and be able to change course as needed to adapt to the organization's needs for nurses. Projecting up coming shortages, temporary and permanent vacancies and looking within the organization for solutions to these demands is critical. Planning in advance for training staff for speciality areas is one of the critical tasks of this group. The plans should be communicated to the Board of Directors, the nursing staff and the community. This provides for successful proactive planning rather than reactive chaos.
15. Yearly performance appraisals are critical. Nursing is a profession where staff are constantly re-evaluating situations and coming up with new plans of care. Studies have shown nurses want to hear praise from their managers when they have done a good job. Performance appraisals are an excellent way to ensure staff know their work is appreciated. They also allow nurses to identify learning needs and do career planning. This is where it is beneficial to know what nurses are looking to do in the future. For example, a new graduate nurse may identify her hopes of one day work in the operating room. This would allow management to do some career planning with this nurse and help them take courses in advance of there being a shortage of OR Nurses, "Growing our Own".

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16. Book all nurses in advance to work as much overtime as they can to cover to all the vacant shifts for a month at a time. This allows nurses some control over their lives where they can plan their home lives and have some work/life balance while filling vacancies.
17. Create a Staff Engagement Committee to talk about recognition, wellness, social activities, educational activities, etc. Activities can be planned where management, and in some cases the Board of Directors, are involved in serving breakfast or lunch to the staff. Some attend rounds at night where the management and a Board member tour the site handing out treats and having conversations with staff about their work. Some have a social focus, planning activities around celebrating Valentines, St Patrick's Day, sports activities like hockey playoffs, World Series and the Super Bowls. Staff plan and implement wellness activities like smoking cessation, weight watcher clubs, walking clubs, meditation, massage therapists or yoga instructors for 15-minute sessions. This committee should be run for the staff and by the staff with management support.
18. Hold monthly Staff Forums at all 4 sites during different times of the day and night so staff feel connected with management and have an avenue to bring their concerns forward.
19. Promote and encourage the use of the Employee Assistance Program for nurses and their families. Provide education sessions about the program.
20. Provide monthly detailed reports to the SBGHC Board of Directors on the retention and recruitment plans including vacancies, both permanent and temporary, as well as hiring statistics.
21. Post all retention and recruitment plans on the website along with vacancies and hiring statistics for community transparency.
22. Report all retention and recruitment plans at monthly Staff Forums along with vacancies and hiring statistics for transparency
23. Do mandatory exit interviews with all nurses that resign.
24. Ensure frontline staff nurses are on all mandated committees under the Public Hospitals Act.
25. Create Practice Committees on each unit to engage nurses in their practice and support ongoing learning and reflection of their practice.
26. Create a SBGHC Practice Council where nurses across the organization come together to talk about successes in their practice as well as challenges. These kinds of councils can ignite and excite nurses about their practice while providing a safe and supportive environment to allow nurses to share, learn and grow.
27. Human Resources and the Chief Nursing Executive will ensure all options are reviewed and considered when a nurse submits a resignation - prior to accepting the resignation. Ensure all aspects of the Hospital Central and Local Agreement have been explored including; language for casual nurses (2.05), job sharing (20.01), Unit weekend worker (13.04), innovative Unit scheduling (13.03), individual special circumstance arrangements (13.05), and accommodation requirements (3.05) (under the Human Rights Code).

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Workload issues

28. Ensure all outstanding ONA professional responsibility workload forms are reviewed immediately and plans are put in place to address these issues. The group reviewing the concerns need to include the Chief Nurse Executive, the Manager of the Department, ONA and the nurse(s) who filed the forms.
29. As long as the critical nursing shortage continues and the Emergency Departments are closed at night at the Walkerton and Chesley sites, all managers (including Directors and VPs) should immediately be scheduled to work 12 hour shifts to ensure support for the front-line staff. This would include working weekends and stat holidays. This will ensure there is someone in the building 12 hours a day to help troubleshoot, call in staff, deal with families and patient inquiries, etc. If necessary, the discussion to have night and evening shifts could be considered.
30. When it is known that a specific area (ER, Inpatient unit, etc.) is understaffed and presents a possible risk for the nurses or their patients, a plan will be created to support the nursing staff for that shift. All options will be explored including, but not limited to; bringing in other allied health professionals (e.g., Occupational Therapists, Physiotherapists, etc.), as well as clerical staff, housekeeping staff, etc. The Manager for that area will also report to work to support the staff and assist with patients. If the Manager on-call is an RN and is capable of working in the area, they too will report for work to ensure safe patient care. It is also expected the Chief Nursing Executive will provide support either in person or by phone as needed.
31. Each site will have security personnel at night in Emergency Departments. This ensures patients and staff are safe.
32. As long as the critical nursing shortage continues and the Emergency Departments are closed at night at the Walkerton and Chesley sites, allied health professionals, clerical staff, MSWs, PSWs, will be reassigned to shifts where nurses are short staffed. This will include all shifts, 7 days a week, as well as holidays.
33. Hiring interviews for nursing vacancies need to be conducted by the Patient Care Managers and supported by HR. The interviews per se need to be conversations which are seen as welcoming, informative and inviting. Follow up and job offers need to be made immediately. The organization needs to be responsive to feedback and requests from potential employees about site and unit preferences.
34. Investigations need to be supportive not accusatory or demeaning. Staff need to feel safe, respected and heard during the process. The process must be explained at the beginning and a clear timeline given for the investigation. The follow up also needs to be immediate and complete.

Critical Nursing Shortage at South Bruce Grey Health Centre: Multi-Site

Recruitment

35. Book agency nurses for the remaining vacancies to ensure minimum staffing is covered while recruiting staff.
36. Call all RNs and RPNs who have resigned or retired in the last 6 – 12 months and ask if they are interested in coming back to SBGHC. Establish what returning would look like for them, their need for orientation, which site they want to work, FT, PT or Casual, and in which department, and negotiate hiring these nurses back to the organization. (Remember: when they walked out the door, so too did a ton of experience).
37. Follow up with all people who have applied for a job in the last 6 months but declined offers. Ask them what could bring them to SBGHC.
38. Create a Mentorship Program. Identify who needs mentoring and for how long, then create mentorship plans that link experienced nurses with novice nurses. Provide the mentors with some training on providing feedback, setting up learning plans, and identifying opportunities for learning throughout the mentorship experience.
39. Create a nursing pool – hire full time and part time RNs to work all 4 sites, but to work in one department.
40. Create a SWAT team – a group of nurses, full time and part time, booked on a master schedule, that can be pulled depending on the needs for that particular day, shift and unit.
41. Go to universities and colleges and recruit graduating nurses to the organization (many are graduating in April, 2022).
42. Organize a regular virtual job fair, offer prizes or enter names into a draw for great prizes for all people who submit their resumes and interview with SBGHC.
43. Have the local papers do articles on working at SBGHC, highlighting what Grey and Bruce Counties have to offer. Promote the beautiful towns, community engagement, the opportunities available to nurses working in our small hospitals. Promote housing prices, work/life balance, etc. Invite news outlets to come and see what is available at SBGHC.
44. Advertise on the CNA and RNAO websites.
45. Put all jobs on Indeed, not just management ones.
46. Interview a new hire who has moved here from another community and loves being nurse at SBGHC. Put the interview on the website (e.g., YouTube).
47. Pay retention bonuses.
48. Pay recruitment and relocation bonuses to newly hired nurses.