



## Engage

...from Fannie Vavoulis, Director of Communications

Happy New Year! I hope everyone enjoyed the holiday season and time with family and friends. This year our organization will undergo many changes and as promised, **Engage** will provide a summary of the changes and activities taking place.

As you may be aware, we will be holding our first **Engage Sessions** this week. We hope to see you there:

**Wednesday, January 11<sup>th</sup>** – Frank and Mary Uniac Auditorium, Chatham Campus at 2 p.m.

**Thursday, January 12<sup>th</sup>** – 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. To view the session via webcast please visit [www.webcast.otn.ca](http://www.webcast.otn.ca) and click “Public” under LIVE events on the day of. If watching at a later date, the session can be found under the ARCHIVED section.

If you have any questions or comments, please feel free to contact me at [fvavoulis@ckha.on.ca](mailto:fvavoulis@ckha.on.ca) or ext. 6143.

- **Leadership Changes**

In December we announced our new CEO, Lori Marshall. Lori will be joining CKHA on March 1<sup>st</sup> and will spend the first month transitioning into the organization with the assistance of Ken Deane. Lori is a pharmacist with over 15 years of progressive leadership experience in Ontario’s acute and community care sectors. This is Lori’s third appointment as CEO, the first being in 2005 for Nipigon District Memorial Hospital and in 2014 for the Erie St. Clair Community Care Access Centre. She has served as Vice President at two hospitals including Oshawa General Hospital and Thunder Bay Regional Health Sciences Centre, where she held the positions of VP Patient Care before being promoted to Executive Vice

President, Strategy, Performance and Aboriginal Health. Lori has a rich history of community service and has been active on many boards and committees at the provincial and local levels.

We also announced our new Chief of Staff, Dr. Pervez Faruqi. Dr. Faruqi has been a Paediatrician at CKHA since 2010 and has held the role of Chief of Paediatrics since 2013. Prior to that he practiced medicine in Nova Scotia for five years at the Guysborough, Antigonish and Strait Health Authority (GASHA), where he chaired the Quality Review Committee. Before moving to Canada, Dr. Faruqi practiced medicine in the United States for seven years where in addition to several recognitions for teaching he won America's Top Pediatrician, 2004-2005.

We are currently interviewing for the VP/CFO position. We hope to have an announcement in the near future regarding the successful candidate.

- **Medical Leadership**

We have spent significant time restructuring the medical leadership model with input from our physicians. We will be announcing our new medical leadership team by the end of the month and look forward to working with our physicians in moving our organization forward.

- **Financial Update**

We have our **Engage Sessions** scheduled where Rob Devitt, Ken Deane and Jerome Quenneville will discuss our current financial situation. There will be an update on the benchmarking report and next steps. Following our **Engage Sessions**, there will be special edition **Engage** communication piece sent to the organization on January 17<sup>th</sup>.

- **Governance**

As we move the organization forward we are working towards a governance model that will reflect best practices and ensure that the organization does not fall back into the situation that led to the appointment of an Investigator and Supervisor. Plans continue with developing a Rural Advisory Committee which will include representatives from each area of the municipality (North, South, East, West), Family Health Teams, First Nations regions and community representatives.

A paper that outlines the role in law of the individual Directors on a Hospital Board of Directors is in development. This paper will be publically shared to set a foundation for discussion on the future Board structure and to help strengthen governance of CKHA. The accountabilities of Boards and their individual members is something that hospitals and their communities must be clear about for the organizations to be successful. "Boards are critical leaders within healthcare organizations and the system as a whole. We owe it to every interested party from the potential future board members to the patient's we serve to be fully aware of the expectations and awesome responsibility they would be accepting if invited to serve the Alliance." We anticipate that this discussion paper will be available within the next few weeks.

- **Risk Management**

Enterprise Wide Risk Management is a very important role for all Boards. We have been focusing on strategies to better mitigate some of the major operational risks that occur in every hospital operation. A risk assessment and review should regularly be done and presented to and reviewed by on organization's Board(s). This ensures that mitigation strategies, such as training, new equipment, back up plans and insurance are sufficient to deal with the inherent risks of operation. More recently a number of financial and operational risks have been flagged as not sufficiently mitigated and plans are being developed to address these risks. For example, we are reviewing both our insurance risk assessment along with other factors for the hospital to help shape plans going forward.

An early strategy is the insurance coverages are being increased for liability and many other potential loss areas for the hospital to help manage the financial implications if something goes wrong.

In recognition of the complexity of healthcare and the inherent risks in a hospital, it is essential to have a systematic and comprehensive approach to understanding and managing risk. Therefore, CKHA is committed to establishing an enterprise risk management approach. According to the Health Insurance Reciprocal of Ontario "many organizations manage risks independently as a patchwork of risk management activities within horizontal or vertical silos. The result is that one type of risk may receive attention and resources while another more important risk goes undetected or unacknowledged. Consequences of ineffective management of risks range from organizational underperformance to catastrophic failures that could threaten the continued existence of the organization. (Caldwell, 2012)." Our goal in pursuing this is to achieve alignment and coordination of risk management processes across the hospital. In this way we will be in a better position to understand and prioritize risks, identify the most significant risks, and determine what, if any, changes need to be made to bring these risks to acceptable levels in recognition of the inherent risks that exist in all hospitals.

- **NRCC Survey**

The survey has closed and we are awaiting the results. The participation rates exceeded the national average. We had 61% of staff complete the survey (average is 51%) and 41% of physicians participation (average is 33%). We would like to thank everyone who took the time to complete the survey. We will be reviewing the results with all management and putting together action plans. There will be more information to follow in the coming weeks.

- **Whistleblower Hotline**

A contract has been signed with a vendor to provide the whistleblower hotline service. We expect the terms of reference and instructions on how to use the service to be rolled out to the organization within the next number of weeks.

- **Sydenham Campus Upgrades**

A number of upgrades have been made to the Sydenham campus as mentioned in the our last issue. After a security audit by our security team and the CK Fire Department, it has been decided to close the second and third floors of the hospital to ensure the safety of our staff and patients. We understand

there is a need for meeting space and are working to recreate the cafeteria space into a community space available to not just hospital staff but to other community organizations. This will be a welcomed addition to the building and accessible to all.

- **United Way Campaign**

We launched an in-house United Way campaign in December. We have had great success in the last few weeks with over \$7,000 raised. The campaign will close on January 13<sup>th</sup>. Thank you to everyone who has participated in the campaign. ***There is still time to donate through payroll deduction and the personal giving link that has been sent to your email.*** You may also contribute by cheque or credit card as well.

The United Way has announced it will be under its goal for this campaign which will affect the programs and services they support. Please consider giving and we look forward to announcing our final total in the next couple of weeks.

Thank you for taking the time to read ***Engage***. Again, if you have any questions or feedback, I'm happy to hear from you!

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