



Engage

...from Fannie Vavoulis, Director of Communications

And just like that summer is over! I hope everyone found some time to enjoy with family and friends. Below are some of the organization's highlights and updates.

- **Organizational Structure and Leadership Announcements**

On September 1st Lori Marshall shared with staff, physicians and volunteers the new organization structure. With this structure included are the names of the leadership team. Congratulations to the new leaders in their new positions.

The new structure with the names can be found on the Intranet under "CEO Messages". The high level summary structure with names is also available in our internet for the public to access.

In the memo from Lori she writes:

The new structure will eliminate some of the silos that previously existed, ensure strong support for professional practice and education for all staff, have clear reporting lines with accountability, and engage patients and family members towards improving the quality of care and service we provide.

At CKHA, the organization structure is one part of the decision making architecture that will lead to achieving the vision of becoming an exceptional community hospital. Over the course of the fall, we will also review and revise our Committees and Councils to ensure that they are aligned to our new program management approach.

Thank you to everyone for their hard work and patience during this time of transition.

- **NRCC Survey**

The NRCC survey launched on September 12th to many different departments across the organization. Over the course of the year, **all** departments will be asked to participate in the survey. If you did not

receive an email to participate, your department was not included in the first wave of the survey. Please be assured that every department will be surveyed at some point through the year. The results will be shared with the organization – through email, engagement sessions, **Engage** updates. We hope you will take the time to participate when you receive your survey. Your feedback is valued and important. It allows us to build towards a better and happier workplace for all.

- **WeRCKHA Update**

The inaugural WeRCKHA meeting in June brought forward many ideas of focusing on workplace improvement. We have taken those ideas and created action items and teams to work together to make these ideas come to fruition. These actions are in addition to the plans that each department developed independently and are working on. It is also worth noting that some of these priorities are already well underway or completed.

Below is a summary of the items that Lori shared with staff at the **Engage** Session on September 14th:

Initiative	Planned Activities	Completed Activities
Senior Leadership presence – “walk the walk” and “talk the talk”	<ul style="list-style-type: none"> • Senior Leadership Team members to visit areas of responsibility on regular basis • Senior Leadership Team members to be the management representative on the semi-annual Occupational Health and Safety Inspections • Reserve time before 1000hrs each day for managers to present in areas and no internal meetings booked • Portfolio meetings to be implemented across organization to ensure consistency of messaging and interaction with management 	<ul style="list-style-type: none"> ✓ CEO Office moved to main site of Chatham campus and office established at Sydenham Campus ✓ CEO attends one staff huddle or meeting on a weekly basis ✓ Senior Leadership Team trained to conduct Occupational Health and Safety Inspections
Management presence in clinical areas		
Mutual respect - recognition with personal thank you letters (scrap personal attendance letters); partner with the unions to demonstrate mutual respect	<ul style="list-style-type: none"> • Working group of WeRCKHA and interested staff to be established, Chaired by Debbie Ancocik and Fannie Vavoulis • Recommendations to be developed by December 2017 with respect to a recognition framework for CKHA that includes such things as formal long service, awards of excellence, new staff/ideas, through to more informal day to day recognition that would be personal and meaningful 	<ul style="list-style-type: none"> ✓ CEO meets monthly with Union Leadership ✓ Regular meetings of the Fiscal and Labour Advisory Council
Celebrate small wins and pass on to staff		
Inter-professional Meetings and Presentations	<ul style="list-style-type: none"> • Professional Practice Council to be established in Fall 2017 • Council will establish a framework to support inter-professional collaboration and education for January 2018 	<ul style="list-style-type: none"> ✓ Program management structure, committees and councils will be interdisciplinary
Involving entire team to participate in committees and rounds		

Create clear expectations for volunteers – education for all e.g. introduce HELP program	<ul style="list-style-type: none"> HELP program to be investigated by Chronic Disease Management & Medicine Program by November 2017 	
Be more communicative with patient satisfaction data and feedback	<ul style="list-style-type: none"> Portfolio meetings to include cascading messages regarding patient satisfaction information as a regular agenda item Departments/units will identify improvement strategies in targeted areas based on scores 	
Increase huddles to cross all shifts and create huddle report weekly	<ul style="list-style-type: none"> Patient Care Services to review huddle format, frequency and documentation by November 	
Caring communication with each other	<ul style="list-style-type: none"> New Code of Conduct to be introduced across organization by end of October 	✓ Code of Conduct Developed
Breakdown silos – rotating interdisciplinary coffee breaks or open coffee break in cafeteria	<ul style="list-style-type: none"> Establish a working group from WeRCKHA and interested staff Co-chaired by Justin Turkington and Lisa Johnson to identify means of promoting knowledge across the organization with respect to different roles and individuals Recommendations by December 2017 	✓ Program management structure, committees and councils will be interdisciplinary
Work buddy day to bring knowledge back to department		
Consistency of management – lower turnover	<ul style="list-style-type: none"> Program Management Structure with appropriate spans of control to be in place September 1, 2017 	

The two task forces that are mentioned will be made up from WeRCKHA members and other interested staff. Watch for a call for additional members soon.

- Familial Relationships/Hiring of Relatives**

The policy with respect to Familial Relationships/Hiring of Relatives has been approved by Senior Team. Please find a copy of the policy by [clicking here](#).

- Master Plan/Master Program Update**

Much work has been done on the Master Plan/Master Program for both campuses. Thank you to everyone who has been part of the process.

Both sites will be anchored by Emergency Departments with beds and ambulatory services in each. The timing of these plans are 15-20 years and will be affordable to the organization and the community.

At Sydenham a new power plant needs to be brought in. This is a priority investment before any further development can be considered. The new power plant provides added reliability, expandability, energy efficiency improvements and aligns with the current building design needs.

The process for the Wallaceburg campus will include a series of \$10 million projects over a number of years, and an initial “improvement” strategy for the Chatham site would be in the \$10 million range.

As we progress in this planning and process we will continue to update the organization and the community.

- **Nursing Resource Teams**

We have been receiving many questions regarding the Nursing Resource Teams. The questions have been compiled into an FAQ which I have highlighted below.

What is a Nursing Resource Team?

A nursing resource team (NRT) is a dynamic team of nurses who provide staffing to units with short term vacancies (eg. sick calls). The NRT differs from the traditional “float pool” in the sense that nurses working for the NRT have training and support to work in specific areas. Nurses working for a NRT are skilled in direct patient care and once assigned to a unit, are given an independent patient assignment.

How will the NRT work here at CKHA?

There will be 2 NRT’s here at our hospital; one NRT will support critical care (namely ICU/PCU and ED) the other a medical NRT supporting Medicine (CM1 and 2), Complex Continuing Care (CCC), Rehabilitation (CRE) and Inpatient Surgery (CSU). There will be 2 full time RN’s on each team and 2 regular part time RN’s on each team.

How far in advance will I know my schedule?

Both full time and part time nurses on the resource teams will follow a master schedule (subject to change for vacation and sick relief within the team), posted in accordance with the ONA collective agreement. The nurses will work extended tours (12 hr), 7 days/ week, in a continental schedule. Scheduling will begin with only day shift as the NRT begins. Successes of the team, and opportunities for making it better, will be reviewed regularly so the night shift may be added at some point.

Will I have a home unit?

Yes, NRT nurses will belong to either the Critical Care NRT or the Medical NRT for the purposes of scheduling, vacation choices, layoff and recall.

As a member of a NRT, will I be assigned anywhere in the Hospital?

No, nurses are assigned to units defined for their specific team. Nurses working within the acute care NRT will support the ICU/PCU and ED (Chatham campus) and the nurses working within the medical NRT will support CM1 and 2, CCC, CRE and CSU. Nurses are provided with orientation to the various units and will be assigned, whenever possible, to the same unit for a period of time.

Will my shift be cancelled if no unit needs a NRT nurse?

In the event there not be need to be assigned to a particular unit, the hospital will provide you with meaningful work to be completed during your shift.

What will my orientation look like?

The orientation for the NRT is designed to meet your individual learning needs based on your current knowledge, skill and expertise. You will receive the necessary tools to work in a variety of units. You will identify your individual learning needs along with the Professional Practice Leader supporting the team.

Will I have a manager? Who will evaluate my performance?

The nursing resource teams have a dedicated manager (Patient Flow and NRT Manager) who will stay connected with you. Your manager, along with the PPL, will provide feedback on your performance.

What are some of the benefits of working on a Nursing Resource Team?

The NRT provides opportunities for both full time and part time registered nurses. You will be able to broaden your portfolio by working in a variety of clinical settings. You will have the opportunity to expand your knowledge and learn new skills by experiencing different units.

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

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