

RURAL HEALTH ACTION

At Point of Change

RHAG Evolution

- ER closure announcement
- No context and consistent with past steps to closure
- Between mandates of Councils
- RHAG tapped people involved in past Health matters and took on the role as the community voice
- Gathered local support, challenged rationale and approach to rural health, developed strategic goals to guide RHAG
- Met privately with CEO of HHN—found positive common ground

Collaboration with Horizon Health

- HHN contacted elected leaders to collaborate toward health goals
- RHAG was not aware of early talks and were surprised with invitation to join a draft document
- All parties were challenged by new approach, terms, roles and processes
- Meeting between RHAG and elected officials sorted out R&Rs -- with RHAG to lead community-wide efforts
- Collaboration document executed Created a steering committee and

Collaboration Documents reflect RHAG

- **Build and sustain community trust that the SMH is here to stay by making staffing a highest common priority**
- **Investment in more services to help improve health outcomes throughout the rural area**
- **Improve Level of Care/Reduce Risk to Patients:**
 - **Ensure full staffing at SMH with a collaborative structure for ongoing recruitment**
 - **Restore Emergency Department access**
 - **Retain access to in-patient services at SMH**
 - **Explore access to additional services (i.e. “walk-in clinics”) to serve rural areas**
- **Explore opportunities to enhance number of nurses, physicians and nurse-practitioners in the area of Memramcook/Tantramar**

Features of Relationship



Created a Project Steering Committee,
and working groups with RHAG



Weekly updates with RHAG members
and monthly with Steering committee
members



Communications were each party's
responsibility, and only dual when both
sought it



RHAG all volunteers and no funds, but
lots of knowledge and experience in key
areas

Some Broad Outcomes

- **Build and sustain community trust that the SMH is here to stay by making staffing a highest common priority**
 - *Process evolved to suggest changes in organization; management; staffing; education/upgrading; recruitment tools; roles of communities; shared long term outcomes*
 - *Community recruitment site;*
 - *HHN digital marketing of our site;*
 - *Own appearance at recruitment events;*
 - *HHN engaged THRIVENB to help recruits settle—Local collaboration on accommodation, day care, schools; spousal job, etc;*
 - *Community tool kit to assist community recruitment and retention—informed by our efforts & near complete;*
- **Investment in more services to help improve health outcomes throughout the rural area**
 - *Service Design work group finalizing consensus recommendations*

More Results

- Improve Level of Care/Reduce Risk to Patients:
 - Ensure full staffing at SMH with a collaborative structure for ongoing recruitment
Nurses #s; ER Regional service; Cmnty fills gap in lifestyle portion of recruitment; working with ThriveNB to settle recruits;
 - Restore Emergency Department access
ER regional service underway; Nurses near full; still short of Physicians; NP's expanded roles; Water damage & interim space; Renovations & return soon
 - Retain access to in-patient services at SMH
OR investments announced; Brunswick beds turning back to inpatient beds; Labs continue; Mgt changes to reflect SMH within regional services
 - Explore access to additional services (i.e. "walk-in clinics") to serve rural areas
Service design WG results are coming soon
- Explore opportunities to enhance number of nurses, physicians and nurse-practitioners in the area of Memramcook/Tantramar
 - NOTED ABOVE

Other Notable Results

- Town hosts an ongoing medical professional recruitment link;
- MTA and Town have strong links;
- HHN invested in digital marketing our site, and has improved rate of contacts;
- Nursing recruitment goals for ER and Brunswick are nearly filled.
- With financial support RHAG was able to send volunteers to an event for graduating physicians that resulted in over 30 contacts and a dozen seeking details on opportunities. Contacts are underway.
- HHN has announced investments in expanding operation room capacity in multiple smaller hospitals including SMH
- HHN has invested in assisting new recruits to NB including small towns, and has also developed a community tool kit to facilitate local recruitment, settlement, and retention
- HHN has asked other smaller communities to consider collaboration approaches, and RHAG has been advising some of those volunteers

What's next ?

- Service design working group presents results and recommendations to Senior HHN staff
- Expect changes in approach and nature of some health services – these need to be linked to recruitment, retention, and health data efforts
- RHAG has proven that all areas of health are better off with local involvement...
- And RHAG says that to ensure the benefits of community involvement continues, the system must **create local roles in health governing** for the future.
- RHAG volunteers are pleased with the joint efforts and results so far.
- But know that we are all are getting tired.... and ideally there will be ongoing community roles in health, that offer wide ways to influence health as we long ago had.

Fact sheet & Questions

The ongoing RHAG-HHN collaboration has seen changes at all levels of staff, services, and organizational structure. The below are some of these changes as of November 2022, as understood by the Rural Health Action Group (RHAG) Co-Chairs.

Staffing updates

- **Brunswick West inpatient unit** – in January vacancy rate was 70%; as of November it is 30%.
- 3 staff came back to work from various leaves this past year.
- Hired 2 experienced RNs and 2 new Grads into permanent full-time positions this year.
- All LPN positions are filled.
- Hired 4 Patient Care attendants (PCA2s) this year to compliment the care team
- More casual RN and LPN staff have been hired to help fill known and last-minute vacant shifts.
- A retirement, recent switch to travel Nursing, and a temporary full-time position remain vacant; efforts to fill all continue.
- Started to admit some acute patients from the ED, allowing local residents to stay here if requiring admission.

Emergency Room (ED)

- Have 3 local physicians covering the ED at present, with a locum from Ontario willing to come for a week every couple of months.
- The ED vacancy rate has fluctuated from 44% -67% this year, but as of November 1, it is at 22%. The vacancies include 1 full time permanent position and 1 temp. maternity leave.
- Have hired a total of 5 nurses for the ED – 2 new grads into full time permanent, and 3 experienced RNs into permanent part time. Also had 1 RN return from long term leave.
- 5 casual Nurse Practitioners (NP) are now working in ED as part of the care team.

ED Flood Fiona brought a flood into the ED, which now requires extensive repairs. This forced a move of the ED services to another space in SMH. Work is underway in the ED to re-open, but time frame not clear.

At this time the hours of the ED will remain from 8-4 each day, until we can secure more physicians for expanded and consistent coverage.

Educator role

Staff had indicated a lack of learning opportunities, so a permanent **FT Facility Educator** began in August. She ensures mandatory education are met and is providing new opportunities for learning.

Recruitment

- SMH has been in Nursing Recruitment events at St FX and in the Moncton area; and seen some specific interest in nursing in Sackville.
- **Physician Recruitment** – Dr. Johnson and Dr Enright have been working together to recruit Physicians to Sackville for both the ED and Family Medicine practice(s).
- There are a few Moncton physicians exploring opportunities in the ED here in Sackville.
- Dr Chiasson, Dr Kanji and Nurse Manager Brittany attended a community -led recruitment event for potential physician recruits. At least 12 recruits showed direct interest in practicing in Sackville, and these are being followed up on.
- There is another recruitment event HHN will be participating in soon.

Realignment of Services and Management

- A Nurse Manager for Brunswick Unit is in place, and another for the Emergency Department and Outpatient clinics.
- The Operating Room is now managed by a Regional Manager in Moncton. It, and a second Operating Room, will be upgraded soon. This capacity will benefit the overall surgical waitlist.
- HHN is seeking a Facility/Business Manager for SMH. The hire will report directly to the Executive Director and work collaboratively with other Program Directors in Moncton.

Other Activities of Note

- Cross training of staff in all departments now; sense a real shift in culture around SMH. Cross training also allows us to better utilize our staffing resources to cover the clinical areas.
- Regular staff meetings take place in all departments, and fun events are planned when possible.
- Fun events planned monthly if possible.
- Staff asked for more Students to help highlight what Sackville has to offer. There are 7 first year nursing students enjoying clinical opportunities on Brunswick unit.
- SMH will be a pilot site for a High School Engagement Day, where students will come on site and hear about various professions job opportunities with the Hospital.