



**November 11, 2024**

## **SBGHC Community Engagement: Summary and Findings**

In August and September 2024, South Bruce Grey Health Centre (SBGHC) began a new phase of community engagement to hear directly from patients and residents as we plan to support high-quality care for the future. We are grateful to the over 350 community members who attended our in-person community engagement sessions, as well as the more than 800 survey respondents who took the time to provide valuable feedback. This input has been reviewed and summarized in this report.

### ***Purpose of the Engagement***

SBGHC has engaged, and will continue to engage, the patients and families we serve to gather feedback on the health care needs of our community. The input we received is valued as we navigate and adapt to the changing health care environment and plan for the future.

**We are committed to keeping all four SBGHC sites open to deliver high-quality care to keep our communities healthy.** However, we have experienced persistent staffing shortages and intermittent emergency department closures that are not sustainable and not in the best interest of our patients and the community we serve. We need to reassess and reevaluate how we use our limited resources. While the potential for change can be difficult, we have an opportunity to create a system where patients can access consistent and reliable health care close to home.

It is important to us that we hear ideas from our community on what the future of health care might look like. We want to maintain as many services as possible, while considering what we could be doing differently and how we can provide new and enhanced services to address needs in the community.

### **Who We Have Engaged**

- Mayors & Chief Administrative Officers (CAOs) – Arran-Elderslie, Brockton, Huron-Kinloss, Kincardine, West Grey
- Save the Durham Hospital Group
- Health System Partners
  - Hanover & District Hospital
  - Brightshores Health System
  - North Wellington Health Care Alliance
  - Grey County LTC, Bruce County LTC
  - Grey Bruce Ontario Health Team
  - Brockton and Area Family Health Team, Kincardine Family Health Team
  - Home and Community Care Support Services
- West Grey Police Services, South Bruce OPP
- Grey County EMS, Bruce County EMS



- Physicians & Staff
- Patient Family Advisory Committee (PFAC)
- Hospital Foundations
- Over 350 community members at two community engagement sessions
- Over 800 survey respondents
  - 47% from Durham
  - 25% from Chesley
  - 20% from Walkerton
  - 8% from Kincardine

## *What We Heard: Summary of Findings*

### **Health Care Priorities**

When asked what is most important to our community when it comes to health care, 44% of respondents ranked “care close to home” and 32% of respondents ranked “the ability to see a doctor quickly” as most important.

Based on the survey results, respondents said they use our sites the most commonly for diagnostic imaging services (63%), followed by health care emergencies (60%) and non-urgent services (51%). While hospitals are essential in responding to health care emergencies, our data suggests that our sites are more commonly used for non-urgent services.

### **24/7 Emergency Care in Chesley and Durham**

We hear you - it is evident that many people in our community would like to see 24/7 emergency care restored at the Chesley and Durham sites and for the inpatient beds to be returned to the Durham site.

Like other hospitals across the country and throughout Ontario, SBGHC continues to experience significant staffing challenges across our organization, particularly at the Chesley and Durham sites. Because of these ongoing staffing challenges, we have experienced intermittent temporary closures at some of our emergency departments. We know that these temporary closures impact our patients, who deserve a high-quality health care system they can rely on.

As a result, we cannot commit to restoring these services at this time due to ongoing staffing shortages. We must use our limited resources wisely to ensure we are maintaining consistent high-quality care for our patients.

### **Alternative Hours for Durham and Chesley**

While we are not currently able to have 24/7 emergency services at the Durham and Chesley sites or inpatient beds at the Durham site, we do have an opportunity to look at what new or expanded services could benefit our community and work with our partners to try and make this a reality.

Recognizing that we are not able to provide 24/7 emergency services at the Chesley and Durham sites, we heard that some members of our community would like to see emergency services open later in the evening. For example, **36% of respondents** indicated that they would prefer for emergency services to be available from 10:00AM to 8:00PM.

Other suggestions from the community include:

- Staggering hours between Chesley and Durham to offer service for a longer period
- Increasing hours at the Chesley and Durham sites, including keeping Chesley open on the weekends
- Aligning diagnostic imaging hours with emergency service hours

We also received feedback to repurpose the Durham and Chesley sites to focus on providing urgent care and other specialty services.

#### **Additional or Expanded Services**

Based on our survey results, we heard that more of the following health care services would be most valuable to our community. Options did not include a 24/7 emergency department as this is not feasible at this time. Respondents were able to select up to three:

1. Primary care/ family doctors (75%)
2. Urgent care centres or clinics (62%)
3. Mental health and addictions services (33%)
4. Specialist clinics (i.e. cardiology, dermatology, internal medicine) (29%)

Several respondents also indicated they would like to have access to more diagnostic imaging services.

Responses also showed that our patients are travelling outside of our communities for the following services that could potentially be provided closer to home:

- Specialist appointments (i.e. Dermatology, ENT, Gynecology, Cardiology)
- Cancer care
- Family doctor/ walk-in clinic
- Eye care
- Mental health care
- Dialysis



## *Next Steps*

This feedback will be considered as we continue to review the services our hospital sites provide and work with the resources available to us to create solutions that will better serve our population.

In collaboration with our health system partners, we will explore what new health care services we may be able to bring to our sites based on community feedback and funding considerations, while ensuring all SBGHC sites continue to provide care to our communities.

At this time, based on wait times data, access to care in our region, and our community's feedback, SBGHC sees potential opportunities for enhanced access to care in the following areas:

- Echocardiograms
- Mental Health Services
- Outpatient Lab Services
- Urgent Care
- Visiting Specialists
- Hospice Care

Health care services have different staffing requirements that may allow us to partner with community organizations and leverage their staff to support services. For example, we are actively exploring opportunities to bring mental health services to the Durham site through partnership with an external provider. When we are exploring potential options, several factors will be considered, such as ensuring we have the necessary resources and staffing to add new services and serve our patients most effectively.

In addition, we know that access to family doctors (primary care) and urgent care are lacking in our region and as a result, many people rely on our emergency departments for non-emergent issues. While hospitals are not responsible for the delivery of primary care, we will be reviewing models in other communities that have effectively integrated these services with their hospital system and will work with our partners to advocate for enhanced primary care in our region.

We are committed to open dialogue and will continue to meet with our staff, physicians, partners and community over the coming weeks and months. We will continue to keep you updated as we look to stabilize our operations and deliver consistent quality care across all four sites.

## *Frequently Asked Questions*

Our team members answered dozens of questions that were posed by community members at the community engagement sessions. Highlighted below is a sample of the most frequently asked questions we have received:

### **What is SBGHC doing to recruit more nurses?**

SBGHC has been actively working to recruit and retain more staff by reviewing roles and responsibilities, so staff are practicing to their full ability, participating in government strategies to support recruitment and retention, establishing student clinical nursing groups and marketing our organization to attract more nurses and physicians.

We participate in various programs and have undertaken several recruitment and retention initiatives, including:

- Partnering with the Georgian College Practical Nursing Program and beginning our second year of student placements.
- Participating in Ontario Health's Clinical Scholar Program for training and mentoring newly graduated nurses.
- Leveraging the Nursing Student Externship Program to work with students who are in the process of becoming registered with the College or Nurses of Ontario to support their transition into the clinical work environment.
- Participating in the Tuition Support Program for Nurses (TSPN), which offers tuition reimbursement to recent nursing graduates from rural and remote communities.
- Participating in the Nursing Graduate Guarantee (NGG) Program, which supports new nurses in transitioning to full-time employment (either full-time employment or the equivalent of full-time hours) by helping them develop the skills required to deliver safe, high quality, patient-centered care.
- Participating in the Community Commitment Program for Nurses (CCPN), which provides a \$25,000 incentive to eligible nurses in exchange for a two-year commitment to an eligible employer.
- Participating in Ministry of Health funded opportunities to provide paid nursing education.
- Job fairs hosted at SBGHC sites.

### **How many registered nurses has SBGHC hired this year?**

From January to October 2024, SBGHC has hired 12 registered nurses (full time and part time positions, not including casual). Of the 12, two have been hired for the Chesley site (one single site, one dual site) and two have been hired for the Durham site (dual site). This is a notable increase over the previous two years, with more hires and less resignations/retirements.

We know that the provincial nursing shortage will take several years to resolve; however, we are starting to see a change in the recruitment environment, which is encouraging.



2024 (YTD)		2023		2022	
Registered Nurses Hired	Resignations/Retirements	Registered Nurses Hired	Resignations/Retirements	Registered Nurses Hired	Resignations/Retirements
12	5	6	2	10	9

**What does stabilized staffing look like?**

For our organization, stabilized staffing will mean:

- Reducing our vacancy rate for registered nurses to zero. Prior to transitioning the inpatient beds from the Durham site in June 2024, the SBGHC average vacancy rate for registered nurses across all four sites was 44%. Since implementing this change, our vacancy rate across our organization has been reduced to 12% (as a result of reduced ED operating hours in Chesley and Durham and inpatient beds transitioned from the Durham site). If we were to return to previous service levels at the Durham and Chesley sites, the vacancy rates would significantly increase again. **Any amount of vacancy impacts our ability to staff our sites, especially in Chesley and Durham where the base staffing level is so low.**
- Eliminating agency nurse usage. Year to date in 2024-25, we have filled 341 shifts with agency nurse staffing. This is on average 2.2 shifts per day across our four sites. Agency nurses are not a long-term solution- they are expensive and should only be used on a short-term basis to complement full time staff who know our community and hospital operations.
- Having an appropriate mix of full-time and part-time staff that allows for coverage of vacation and sick time for our staff.
- Having enough staff so that if an unfilled shift, patient transfer, or increase in patient severity or volume occurs, we have enough people to manage.
- Having an appropriate ratio of experienced and novice nurses who can work together as part of a team.

While stabilized staff will likely take several years to achieve, we are starting to see a positive trend in our recruitment efforts.

**Why are Durham site nurses being moved to other sites to keep them open?**

Our staff work together to help fill vacancies at other sites when appropriate. Many of our nursing staff have chosen to hold dual site nursing positions, meaning their shifts are scheduled between two of SBGHC’s sites.

All of the Durham site nurses now hold dual-site positions in order to maintain full time positions. This means that the Durham site nurses are still scheduled at the Durham site and are scheduled additional shifts at their second site as needed.



In the current environment where nursing staff resources are limited, dual site positions have benefitted all of our sites when trying to fill short notice vacancies. There have been circumstances where staff have been reassigned from the Walkerton or Kincardine sites to either Chesley or Durham to avoid a closure, and vice versa. As there are more staff at the Walkerton and Kincardine sites, there are many instances where staff have been pulled to avoid a closure at the Chesley or Durham sites. Dual site positions also allow the opportunity to train and learn in higher volume sites, or sites that offer a variety of services.

**What should patients in Durham and Chesley do if they need emergency care outside of 7AM and 5PM?**

Patients experiencing an emergency should call 911 immediately. Paramedics will provide lifesaving services on the spot and quickly transport patients to the closest open emergency department, equipped with the health care team required to care for them.

**What impact does reduction in service have on the new long-term care home in Durham?**

We are committed to maintaining access to high-quality care for the residents of the Rockwood Terrace long-term care home, and the Durham site will remain accessible. If a resident is in need of admission, they will be transferred to the most appropriate site. Long-term care is a service that operates independently of the hospital and has independent agreements with physicians to provide support to the facility.

**What impact does reduction in service have on physicians?**

We recognize that the reduction of services has an impact on recruiting physicians and keeping them in our communities. We will continue to work with our physicians to address any concerns should they arise and have been working with the government to try and ensure we are providing a model that would encourage physicians to stay in our area and serve our patients.

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

All public hospitals in Ontario operate under one collective agreement with our union partners. The collective agreement determines wages for nursing staff, not the individual hospitals. Paying nurses more or offering incentives is a violation of the collective agreement.

**What percentage of nursing shifts are covered by agency nurses?**

Year to date in 2024-25 (April to August), we have filled 341 shifts with agency nurse staffing. This is on average 2.2 shifts (10.4%) per day across our four sites.

Agency nurses are not a long-term solution- they are expensive and should only be used on a short-term basis to complement full time staff who know our community and hospital operations.



**In the last six months how many nursing jobs have been advertised as available in Chesley and Durham?**

From April 1-September 30, 2024, 12 nursing positions (both RN and RPN) were posted for the Chesley and Durham sites. Two of the positions were filled during that time period (April-September), and three have start dates in October/November.

**What happens to patients in the emergency department at the Durham or Chesley sites that are not able to be discharged before 5 pm?**

If a patient in the emergency department at the Chesley or Durham site continues to require care after closing, the patient is stabilized and transferred to another SBGHC site or hospital offering the specialized services the patient needs.