

**Report from the Pembroke Regional Hospital
to the
Catholic Health Sponsors of Ontario / Meeting of the Members
June 2022
Report for Fiscal Year 2021 – 2022**

We are pleased to submit this report from the Pembroke Regional Hospital to the Members of our Corporation and Sponsor, the Catholic Health Sponsors of Ontario, for the fiscal year ending March 31, 2022. As requested, this report deals with the three questions posed below:

Pandemic Recovery and Healing: *Health Human Resources has emerged as one of the most significant risks in health care, with leadership expressing concern for the recovery and healing of current staff as we transition through the pandemic, as well as the ongoing shortage to fill gaps across the system. What specific risks has your organization identified? How is your organization responding to the crisis?*

The Pembroke Regional Hospital has been experiencing significant human resource challenges over the course of the past number of years and these challenges have been exacerbated by the pandemic. The Hospital is facing shortages across many disciplines and services, with vacancies in nursing positions being most problematic.

Nursing recruitment and retention had been identified as one of PRH's key strategic priorities prior to the onset of the pandemic and an array of short-term and longer-term responses have been studied and initiated. These have included the adoption of team-based care (i.e. freeing up nurses from tasks so that their skills can be employed to maximum effect), participating in a program to engage internationally trained nurses, contracting with agency nurses during the height of Covid-related absences, and looking for ways to honour and value our staff in various ways. We are fortunate to have a campus of Algonquin College in our community which produces high quality nursing candidates that we are able to help train and seek to retain upon graduation and we are redoubling our efforts to attract these newly graduating nurses to PRH.

As an overarching organizational priority as the pandemic ebbs, we are looking to balance the needs of our staff to rest and recharge with the need to resume normal hospital operations and provide care that was deferred during earlier stages of the pandemic. Reconciling these two critically important competing priorities will take thoughtful consideration and careful planning, which we are in the midst of now.

Board Formation: *We ask each organization to outline the status of the work being done to develop or further an ongoing Board Formation Program, as expected by CHSO and outlined in the CHSO Guideline Formation for Board Directors in Catholic Health Care. Please describe successful initiatives, speakers, 'mission moments' that have supported a spiritually rich and inclusive environment for the Board. As part of its recent Strategic Plan refresh, CHSO is developing formation and education opportunities to advance Catholic identity, and your responses will assist in the development of new programs and events.*

While the PRH Board has in place a well-developed Board Formation Program, monitored on a regular basis by the Board Governance Committee, the pandemic has caused us to pause these efforts for the time being.

Prior to the pause, a series of education sessions were provided to the Board including an overview of the concept of formation in video format presented by Fr. Bouchard from the 2018 CHAO Convention; a presentation from Sr. Sheila Whelan of the Grey Sisters of the Immaculate Conception on the legacy of our founding congregation; and a presentation from the Hospital's Spiritual Care Coordinator on the role of spiritual care within the Hospital.

We welcome CHSO's upcoming strategic initiative to develop formation and education opportunities to advance Catholic identity and look forward to integrating this material into our future Board Formation efforts.

Truth & Reconciliation: *CHSO has committed to actions to further authentic reconciliation with Indigenous peoples. We are discovering areas of excellence across sponsored organizations with regards to relationships, partnerships, and the services offered to Indigenous populations. Consider: Do you have representation on your Board of Directors from Indigenous communities? If 'no', do you have plans to broaden your diversity in this area? In what ways do you ensure the voices and needs of Indigenous communities are represented in service planning? Please describe any programs or services currently offered, or are being planned, that support First Nations, Inuit or Metis communities. We recognize that the communities served by CHSO-sponsored organizations vary greatly across the province, and responses will reflect these differences.*

The Pembroke Regional Hospital is proud of its legacy of caring for all in need and honours its place on the traditional lands of the Algonquin people. Today, our broader service area has within it over 2,000 people with Registered or Treaty Indian status (about 2% of the total Renfrew County population of 100,000 People), including the 440 members of the Algonquins of Pikwàkanagàn First Nation, formerly known as the Golden Lake First Nation, which sits approximately 40 kilometers from Pembroke.

PRH's skills-based Board is open to applicants from all walks of life, faiths, ethnicities and cultural backgrounds. As ours is not a representational board, there are no designated seats reserved for any one group. However, the Board's recruitment process looks to ensure gender balance and geographic representation from throughout our catchment area.

In the recent past, as part of the discernment process of ensuring balanced representation, a direct reach out to the leadership of the health services at Pikwàkanagàn was made by PRH representatives asking how they wished to be involved in influencing care at the PRH. Their very clear response to us was that they did not wish to participate on the Board but saw much more benefit in collaboration at the service delivery level. We took their feedback to heart and have been working with them over the years on ways to be more responsive to the needs of our Indigenous population.

For instance, we now have very robust processes with our partners at Pikwàkanagàn Health Services on discharge planning for inpatients. We now have well established processes for notifying Pikwàkanagàn Health Services when a member of their community is admitted to hospital and collaboration with them in the eventual discharge planning process. As part of this initiative, we redesigned the brochures that we hand out to patients on admission highlighting this enhanced process for First Nations people.

Another example is in our vascular health program which has been refashioned to better respond to the needs of our Indigenous community members. Our program leaders are in regular contact with Indigenous leaders from both Pikwàkanagàn and from Indigenous populations "off reserve" to ensure that our diabetes education offerings best meet their needs. We now also have a dedicated diabetes educator who is solely focussed on serving the needs of our local Indigenous population.

PRH has had a longstanding commitment to support smudging ceremonies within the hospital as part of our holistic approach to care. We have more recently added a "Resources for Indigenous Patients and Families" section to our website and have both developed and instituted the reading of a land acknowledgement at the beginning of our Board meetings and select committee meetings. The majority of leaders have completed a full Indigenous cultural safety training program and we also have a shorter mandatory e-learning module that is to be completed annually by all staff.

Our hospital has also formed an Equity, Diversity, and Inclusion (EDI) Committee. The purpose of this committee is to provide advice to the Senior Leadership Team (SLT) on matters of policy and operational matters related to equity, diversity and inclusion which will include ways in which we connect with the Indigenous population within our health care team and in our care. While supporting and assisting in ensuring that the Pembroke Regional Hospital is a welcoming, safe, and diverse place for all, the EDI committee will also advise on how we recognize important cultural dates and events such as the National Day for Truth and Reconciliation each September 30th.

In terms of the question of whether PRH plans to broaden diversity in the area of Indigenous representation on our Board, as noted earlier, we have not heard an expressed need for this from our Indigenous partners. We understand that creating an expectation that the only way to influence care is to “sit on the board” would create an undue burden on our First Nations community members to stretch themselves across dozens, if not hundreds, of health and social service delivery organization boards in order to have a seat at each and every table. Rather, we believe that with the emergence of Ontario Health Teams we have an opportunity to have a meaningful Indigenous voice at an overarching Steering Committee table. This Indigenous advisory table will provide guidance and direction and bring a true responsiveness to Indigenous health service priorities across the local health and social service system. We believe that true and substantive involvement of our Indigenous community at the OHT level, rather than having a representative seat on a myriad of service delivery level boards, will be the most effective opportunity for change and reconciliation.

That said, the Pembroke Regional Hospital Board is progressive in nature and is always looking to evolve and improve. The Board remains open to looking at new and better ways to advance reconciliation with our Indigenous neighbours and is receptive to new ways of engagement.

Thank you for receiving this brief report. We would like to take this opportunity to thank our Members and staff of CHSO for their support and guidance over the course of the past year. We value our relationship and look forward to our work together in the year ahead.