

# Health Sciences North 2023 Annual Meeting

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Report from the President & CEO  
**Dominic Giroux**



Health Sciences North  
Horizon Santé-Nord

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**Report from the President and CEO  
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Annual General Meeting – June 13, 2023**

Good evening, Aanii, bonsoir.

Thank you for joining us tonight.

I would like to thank the HSN and HSNRI Boards for their exceptional stewardship and governance, and in particular Daniel Giroux, Dr. Catherine Cervin and Stéphan Plante for their impactful leadership over the past two years as Board Chair, Vice Chair and Treasurer.

Before I get into the details of this report, I would like to acknowledge all our HSN staff who continued to address COVID-related issues at work in this third year of the pandemic. Their endurance, compassion, and professionalism are beyond remarkable, and on behalf of the entire senior team, I thank them.

I will briefly review some of the results achieved in the last fiscal year.

- According to a recent Ontario Hospital Association survey of CEOs, 96% identified **Health Human Resources** in their top three priorities and 66% identified it as their #1 issue. Since mid-July, we have dealt with an average daily shortage of 30 RNs, 9 RPNs and 6 PSWs on day and night shifts combined. While it remains a very challenging situation, trends have been improving in the last few months. We have recruited 845 employees during the last fiscal year, while 507 left the organization. We recruited 1.7 new employees for every employee who left. We made the choice not to use private agencies.
- We continued to pursue zero harm through prevention of **workplace violence involving physical force**. We sustained our Behavioural Escalation Support Team and hired 25 in-house security guards. We are increasing security in the Emergency Department with additional presence and renovations, and expanding in-house security at the Kirkwood site. These measures represent additional annual investments of \$1.5 million, and \$0.5 million in one-time renovations. Mindful of the increase in admissions of 28 inpatients on average in 2022-2023 over the prior year, the overall number of workplace violence incidents involving physical force declined slightly from 134 in 2021-2022 to 128 in 2022-2023. Every incident is one too many.
- We increased our **surgical activity**. Our teams performed 15,113 surgeries, an increase compared to the two prior years and lower than the 2019-2020 level of 15,846. The pace of recovery was limited due to human resources shortages and increased occupancy. Outpatient surgeries were 104% of 2019-2020 volumes. Our surgical waitlist today stands at 4,711 patients with 138 patients waiting for cancer surgery. The current situation is an improvement from the peak of January

when we had 5,263 patients on the surgical waitlist. 43% of patients on our surgical waitlist have been waiting longer than clinically-recommended wait times, consistent with the provincial average. According to Ontario Health, for the week of May 1<sup>st</sup>, HSN was performing at 116% of pre-pandemic volumes compared to 88% provincially and 69% in other Northern hospitals.

- As of March, **wait times for Adult CT and MRI** at HSN were comparable with provincial averages. There are four priority levels of medical imaging, priority 1 requiring same-day service and priority 4 being the lowest priority. Our priority 4 average wait time for an adult MRI was 66 days compared to 73 days provincially. Our priority 4 average wait time for an adult CT was 66 days compared to 65 days provincially.
- With regards to **wait times in the Emergency Department**, they have risen dramatically in the past year, as has been the case across Ontario. While we achieved our target in only one month, our average wait times in 2022-2023 were at or below provincial averages. Our wait time to first assessment by a doctor in emergency for all patients was 2 hours, the same as the province. Our length of stay in emergency for low-urgency patients not admitted to hospital was 3.1 hours, the same as the province. Our length of stay in emergency for high-urgency patients not admitted to hospital was 4.2 hours, better than the provincial average of 4.5 hours. Our length of stay in emergency for all patients admitted in hospital was 19.2 hours at HSN, better than the provincial average of 20.7 hours. Having an admitted patient wait 20, 30 or 40 hours in the Emergency Department for an inpatient bed is not safe, not patient-centered and not acceptable.
- We advanced the work towards Phase 1 of our **capital redevelopment** for more inpatient beds, more space for mental health and addictions and for NEO Kids. The resourcing plan for Stage 2 has been developed and presented to the Board. We secured a historic \$10 million gift from the Fielding and Perdue family – the largest private gift ever made to a Northern Ontario hospital. HSN was honoured to rename the Northeast Cancer Centre in the memory of Shirley and Jim Fielding. I am confident that other major gifts will be announced in the coming year, inspired by the trailblazing generosity of Gerry Perdue, Craig Fielding, Katriina Ruotsalo and Murray Fielding. Northerners know that HSN was built too small, as evidenced by our current 15 sites in Greater Sudbury when we were intended to be a one-site hospital.

There are three reasons why I am optimistic that the Province will fulfill the promise first made in 1997 of a right-sized one-site academic tertiary care centre for Northeastern Ontario as supported by Ontario Health. Reason #1: Ontario Health and the Ministry of Health have supported every single interim capacity measure put forward by HSN since 2018. Reason #2: the Province committed in the 2023 Budget more than \$48 billion over the next 10 years in hospital infrastructure. Reason #3: the Ministry approved so far only two projects in the North: on the James Bay Coast and in Kenora,

- We continue to make progress towards the implementation of the **regional electronic medical record**, Meditech Expanse, with our 23 acute hospital partners in the North East. 95% of new devices have been procured and 10% have been installed. 80% of future state workflows have been defined, reviewed and approved. An external readiness assessment was completed. The go-live was postponed from fall 2023 to spring 2024 due to the ongoing impacts of the pandemic, the delay in securing final approval from one significant hospital partner and the delay in data centre implementation due to supply chain issues and vendor capacity. Once implemented, the regional electronic medical record will make care safer, make health information available to health providers throughout Northeastern Ontario and reduce the need for patients to re-tell their stories or repeat tests.
- On the **education and research** fronts, we had 2,900 learner placements last year leveraging our new Labelle Innovation and Learning Centre. Consistent with our 2022 Research Plan, we appointed two new research chairs at HSNRI, Dr. Stacey Santi for Cancer Solutions and Dr. David Marsh for Mental Health and Addictions. In the past fiscal year, our researchers submitted 39 grant applications to funding agencies, with more than 85% awarded.
- We went live last July with a new Human Resources Information System, **MyHSN**. The implementation did not go as planned, despite top and stable talent assigned to the project for more than two years, all 28 user acceptance criteria reported as having been met prior to go-live, and two postponements of the go-live in spring 2022 to reduce risks. On behalf of the organization, I apologize for the negative impacts this has had on our employees. Steps have been taken to stabilize the system. The number of payroll inquiries per pay period has returned since April to levels seen with the previous system. The current target is to respond to outstanding inquiries by the end of August, and then initiate steps to optimize the system informed by a third party review. The need to calculate retroactive pay for 4,400 employees due to Bill 124 collective agreement re-opener provisions going back to 2020, in two separate systems, has delayed the resolution of outstanding payroll inquiries.
- From a **financial perspective**, the Board Treasurer will comment on audited statements which show that excluding Bill 124 year-end accruals, total revenues exceed total expenses including net building depreciation.

Let me explain the situation with Bill 124. Introduced in 2019, this legislation capped wage increases for most Ontario public sector workers to 1% per year for three years. In November, the Ontario Superior Court struck down Bill 124.

In December 2022, the Province indicated it would appeal the Court decision, but chose not to seek a stay of the Court's decision. Until the appeal is heard, the legislation is of no force and effect.

Since hospitals have collective agreements with re-opener clauses, the Ontario Hospital Association and the various unions were legally required to immediately begin bargaining with retroactive applications back to 2020.

Two provincial arbitration awards for hospital nurses were released after the end of the 2022-2023 fiscal year, with retroactive increases including:

- 0.75% in April 2020;
- 1% in April 2021;
- 10 cents per hour on night and weekend premiums in April 2021;
- 2% in April 2022, an increase to the 8-year rate to match the 25-year rate and the deletion of the 25-year step;
- Benefits improvements effective April 2023.

The retroactive cost, not budgeted in our approved balanced budget for 2022-2023 and if applied for all employees, is estimated to be \$16.783 million for HSN.

The Ministry has not yet indicated how it will fund hospitals for this one-time expense. On June 6th, the Ontario Deputy Minister of Health wrote to all hospital Board Chairs confirming the Ministry's commitment to providing financial support for hospitals affected by recent reopener arbitration awards, and that the Ministry will communicate in the coming weeks further administrative details regarding this support.

The Board authorized management in January 2023 to incur a year-end deficit not exceeding Bill 124 year-end accruals and unfunded pandemic expenses. Since then, unfunded pandemic expenses, over time, sick time, non-salary inflationary pressures, and cost increases for security and digital initiatives have all been absorbed. In January, 74% of Ontario hospitals reported to the Ontario Hospital Association that they would end the fiscal year with a deficit, before Bill 124 accruals. At HSN, we would have been in a surplus position if it were not for Bill 124 accruals.

This is my sixth and final annual report as President and CEO, and I want to express what a privilege it has been to lead our organizations.

I would like to leave with you with a personal reflection.

Who would have thought 10 years ago that:

- We would have today 583 more employees and 102 more physicians;
- The Northeast Cancer Centre would be renamed the Shirley and Jim Fielding Northeast Cancer Centre and be recognized, for three quarters in a row, as #1 among Ontario's 14 regional cancer programs on quality improvement indicators;

- Our Emergency Department Pay for Results performance rank would improve from #71 out of 74 in 2013 to #35 today;
- We would have a new Labelle Innovation and Learning Centre, a second MRI and an upgraded MRI, a new site for the Children’s Treatment Centre and soon, a new 52-bed inpatient unit with an interdisciplinary geriatric team, all paid with no debt;
- 4,700 Northerners would not have been required to travel to Southern Ontario to get a PET-CT scan, thanks to the advocacy of the late Sam Bruno;
- 2,800 patients would have benefited from a new Integrated Chronic Pain Program;
- 718 patients would have benefitted from an Ontario Structured Psychotherapy Program offered by HSN as lead regional agency;
- 224 patients would have benefited from bariatric surgery;
- 125 patients would have benefited from the EVT procedure;
- 27 patients would have benefited from ECMO;
- We would have a 20-year Capital Master Plan endorsed by Ontario Health with more than \$30 million raised for the local share of Phase 1 of our capital redevelopment;
- St. Joseph’s Continuing Care Centre would operate 60 hospital beds in a downtown hotel to alleviate the capacity pressures at HSN, and HSN would operate 16 hospital beds at Amberwood Suites;
- We would do 46,585 virtual care visits annually, up from 15,000 in 2019-2020.
- Implementation would have begun for a regional electronic medical record for all Northeastern Ontario acute hospitals;
- Northerners would have access to a large pool of world-class radiologists;
- The Advanced Medical Research Institute of Canada would become HSNRI, have a shared CEO with HSN, a new \$19 million facility on Walford Road with no capital debt and be the host of IC/ES North;
- Our teams would have provided care for more than 2,728 COVID patients including 303 who sadly passed away at the hospital;
- Our laboratory would have processed 588,000 COVID swabs for the North;
- Our COVID assessment centre would be considered by Ontario Health as a “gold standard” used as a provincial case study for other hospitals, would have administered 208,000 COVID PCR tests with a drive-through operation, and administered Monoclonal Antibody Therapy, Remdesivir and Paxlovid to 982 patients;
- The NEO Kids Foundation would be created and would have raised \$12 million for pediatric care;
- Close to 1,000 additional parking spaces would have been created at the Ramsey Lake Health Centre;
- Our annual budget would rise by \$188 million or 43%;
- Our cash position would improve from bank indebtedness of \$42 million in 2013 to a cash position of \$30 million today;
- Our net debt would improve from \$59 million in 2013 to \$6 million today.

These accomplishments – and I could have named many more – were a collective effort, informed by advice and advocacy from the community, Patient and Family Advisors, the

HSN Board, supported by donors, Ontario Health and the Ministry of Health, and planned and executed by the committed and highly skilled teams of HSN.

So if there is one thing I would like you to remember from my final report tonight, it's that we over-estimate what can be done in one year, and under-estimate what can be done in ten years.

And I look forward to watching, cheering from the sidelines, what the HSN dream team will accomplish in the next 10 years.

I want to thank colleagues from the Senior Leadership Committee for their tireless efforts in the past year: Dr. Natalie Aubin, Jessica Diplock, Dr. John Fenton, Anthony Keating, Mark Hartman, Kelli-Ann Lemieux, Max Liedke, Dr. Grace Ma, Debbie McQuarrie, Dr. Robert Ohle, Dr. Greg Ross, Dr. Ravinder Singh, Julie Trpkovski, Paul Truscott, Ginette Vocaturo and Jennifer Witty. I will miss them dearly.

We have a remarkable team across the organization that provides exceptional, compassionate care and hope for the people of Northeastern Ontario. This update is their update. And I thank all our partners and supporters for helping make these achievements possible.

Thank you. Merci beaucoup. Chi-Meegwetch.