



BACKGROUND

Summary of crisis at Royal Inland Hospital (RIH)

- Staffing shortages getting worse by the day
- Interior Health Authority (IHA) put out an urgent call for all healthcare workers in IHA's coverage area, looking for volunteers to redeploy to Kamloops to address the critical staffing shortage on and beyond the May long weekend – May 19, 2022.
 - Actual staffing for May long weekend:
 - Friday, May 20 DAY:
 - 3W: 50%
 - ER: 40%
 - ICU: 58%
 - Friday, May 20 NIGHT:
 - 3W: 50%
 - ER: 53%
 - ICU: 58%
 - Saturday, May 21 DAY:
 - 3W: 50%
 - ER: 46%
 - ICU: 66%
 - Saturday, May 21 NIGHT:
 - 50% staffing
 - Sunday, May 22 DAY:
 - 50% staffing
- Between ER and ICU, there are approximately 60 vacant full-time lines. That's 60 specialty care RNs. The casual pools that typically assist in replacing the vacant shifts are also nearing depletion.
- In the ICU alone, there was an advanced call-out for 406 vacant shifts between May 26 and June 25. Only 10 have been taken.
- Over the next 2 months, there are nearly 20,000 unfilled shift hours in the ER and ICU at RIH.
- Aside from the ER and ICU, the third critical care unit – the Coronary Care Unit (CCU) – has been closed for several months due to a lack of staff. It was previously only operational at half capacity through the utilization of ICU staff and has now been amalgamated back into the ICU's 17 beds, which puts RIH down 4 critical care beds.

- The ER, ICU and other wards are now running routinely with nurse-to-patient ratios of 1:8, where 1:4 or 1:5 is the ideal. Unfortunately, those ratios often become 1:10+.
 - Recent reports from within RIH of 3 ER nurses looking after 40 patients (with 40 more patients in waiting room).
- Up to three years ago, there were nurses on medical/surgical floors that had 5-7 years' experience. Now if you go to these medical wards, very often the most experienced RN will only have 1-3 years' experience. With under 1 year of experience, staff are being redeployed to various wards – some needed as charge nurses due to the lack of RNs – and these are very often wards they are not orientated to. This is the type of dangerous and stressful situation that our nurses face and what will contribute to our failure to retain them, especially our new ones. Where are the strategies to make new nurses feel safe and to facilitate a safe work environment where they can learn and grow as young professionals?
- At times, there are no staff assigned to a unit, necessitating the redeployment of staff from other already short units just to keep the doors open.
- The ER has occasionally run with only 3 trained staff, the rest being pulled from the wards or ICU, which itself typically runs at 60% staffing. That's 9 out of 15 nurses with ratios of 1:2 and, at times, 1:3 for the most critically ill patients.
- The implementation of Advancing Care Electronically (ACE), a multi-million-dollar implementation of digital transformation – in the middle of the pandemic, staff burnout, and growing staff shortages – has failed miserably and caused massive stress. An absolute nightmare for end users:
 - Charting is no longer meeting the standards of best practice, with frequently missed documentation and assessments.
 - Errors in medication orders and administration are frequent.
 - Patient care and interventions are delayed.
 - Nurses spend more and more time at a computer and away from the patient's bedside.
 - Nurses say their concerns are downplayed and met with “you'll just have to get used to it.” Nearly a year in, nurses say they are still not used to providing substandard care.
- Line changes – by mandating a push to full-time lines and away from part-time positions in the hopes of forcing staff to work more hours to cover more shifts, the result has been the opposite. More nurses have left, since many work part-time as they are parents and need flexibility to care for their children.
- Some of the worst waits in IHA for a range of surgeries, and ongoing Operating Room cancellations. For example, for this week Monday, May 23 to Wednesday, May 25:
 - 11 operations cancelled (8 yesterday, May 25, alone) due to staff shortage.
 - 5 critical care patients being nursed in recovery room for the OR due to over capacity in the ICU. This delays patients getting out of the operating room when case is done.
 - 9 medical patients being nursed in day surgery because of no ward beds. This delays patients being prepared for surgery.

- Unit closures – permanent like CCU, and temporary like Pediatric.
- Diversion of patients to Kelowna and other hospitals – like the mother and newborn child diverted to Kelowna recently because there wasn't a single nurse to work on the maternity floor.
- Kamloops doctors increasingly doing surgeries on Kamloops patients in Kelowna due to lack of operating room hours, according to internal RIH study done late last year by RIH surgical services network:
 - 4 out of 10 orthopaedic surgeries that could have been done in Kamloops in recent years were transferred out, mainly to Kelowna. The key issue is limited access to operating room hours in Kamloops.
 - 44% ophthalmology patients traveling out of Kamloops for operations, with each person needing to make 3 trips, one for consultation and one for each of their eyes.
 - Wait times for joint replacements at RIH are 36% longer than the standard time, which is about 26 weeks nationally.
 - 5,000 people on surgical waitlists in Kamloops, with 3,700 waiting twice as long as they should.
 - Service is 30% lower in Kamloops versus in Kelowna.
 - Cancellations, deferrals or surgery in Kamloops exceed any other per capita in B.C.
 - All of the above pre-dated the pandemic.
- Patients in Kamloops are increasingly being sent to Salmon Arm and other area hospitals for diagnostics.
- Pressure is added to hospital emergency rooms due to:
 - 1 in 5 British Columbians not having a family doctor.
 - Urgent Primary Care Centre in Kamloops is seeing a fraction of patients that family practices would see due to shortage of staffing.
 - Shortage of long-term care beds means patients who should, and could, be cared for in a long-term care setting are taking up acute care beds in our hospitals.
 - One year waitlist in Kamloops for IHA-funded full-time long-term care placement.
 - Rapid deterioration of home care due to staff shortage.
 - Emergency room closures in rural communities like Clearwater and Ashcroft push people to access ER care at RIH.