

Presentation to the CE LHIN Board of Directors

Ken Tremblay, President & CEO

January 26, 2011



As PRHC's Hospital Improvement Plan (HIP) and fiscal recovery reach full stride, our focus turns to establishing a steady state and the directions needed for a successful and sustainable future.

Today's Presentation:

- Stop the hemorrhage
- Establish a steady state
- Build a platform for the future

1. Stop the hemorrhage

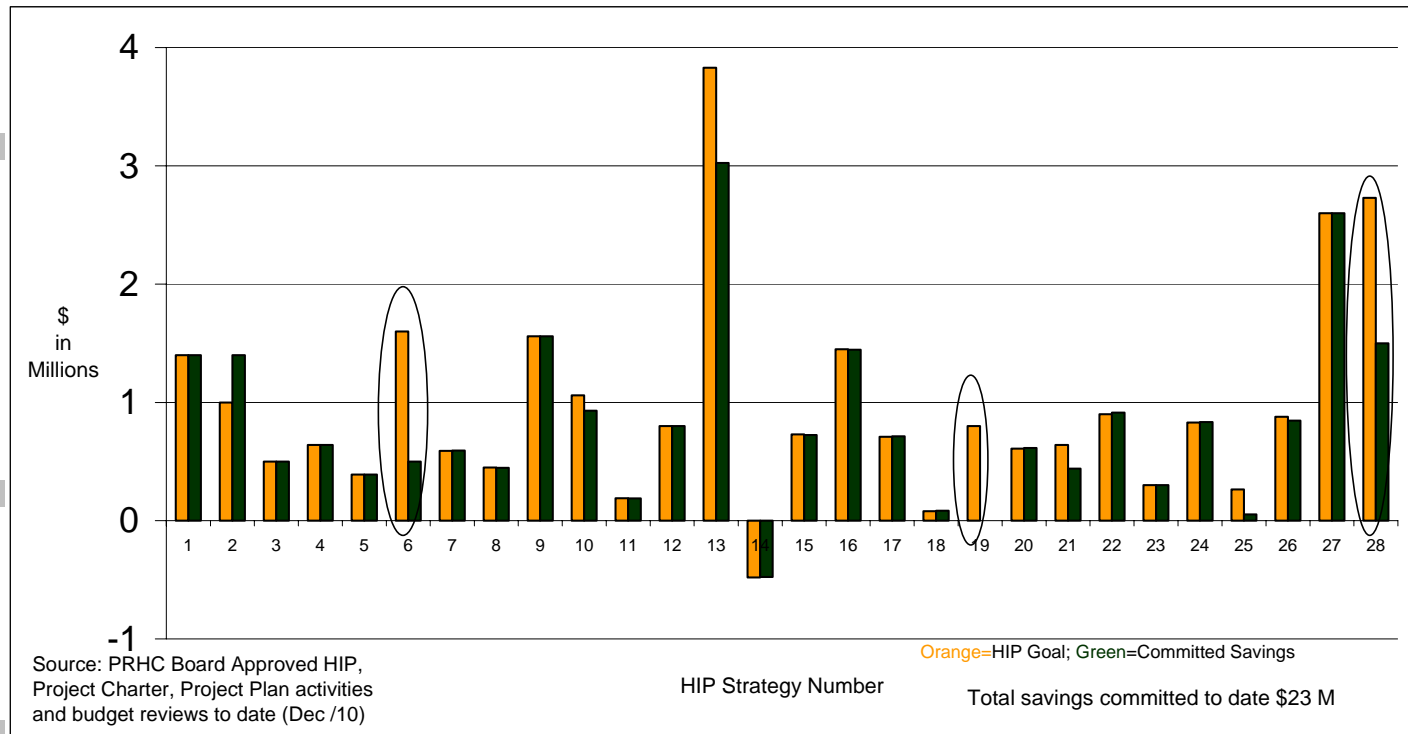
- Fiscal Recovery
- Human Resources Plan

- All 28 HIP strategies (with 73 project charters) are being tracked and regularly reported to achieve a balanced run rate by March 31, 2011
- As of December 2010, \$23M of the \$27M in HIP strategies have been implemented
- December 2010 posted an operating surplus of \$0.4M, for a year-to-date deficit of \$5.0M
- Forecast is a \$4.9M deficit for 2010/2011 before restructuring – as compared to the \$27M projected prior to the HIP

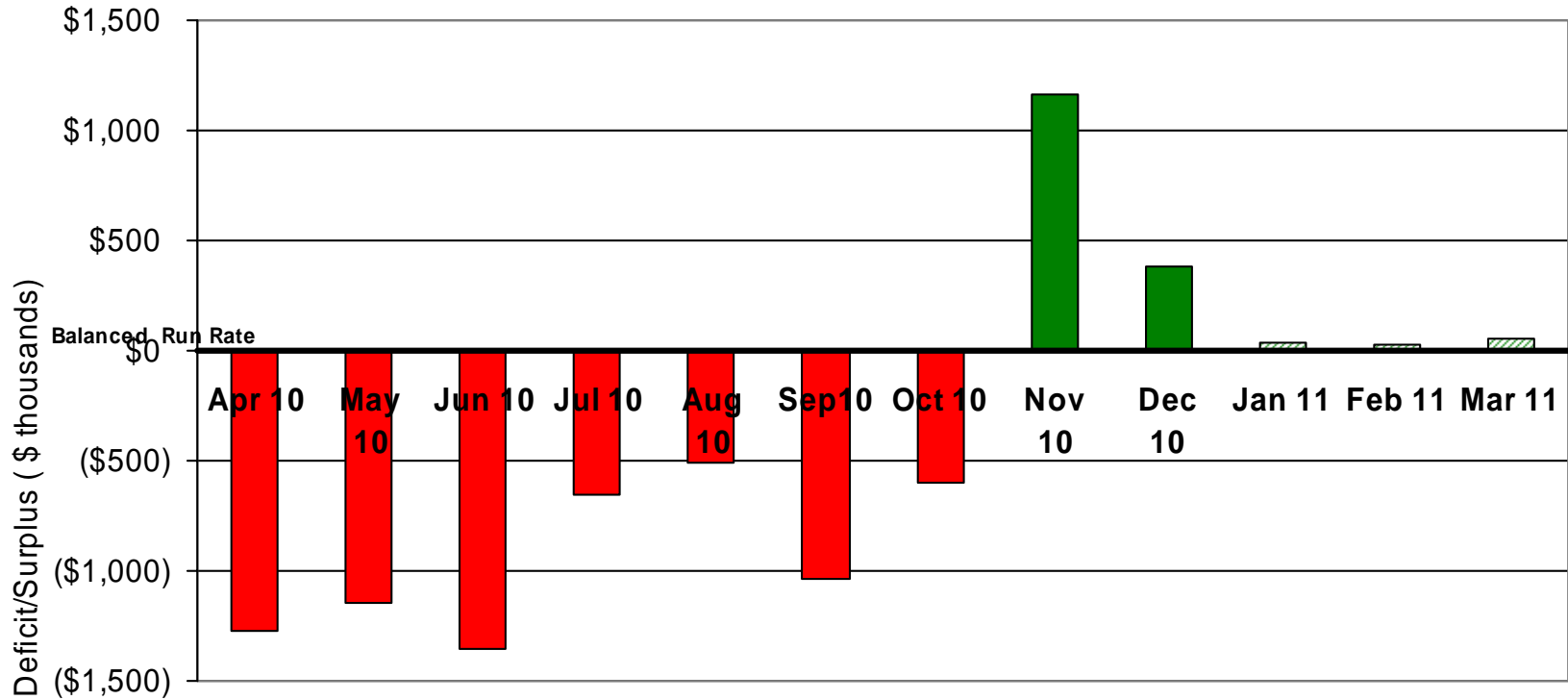
PRHC HIP Initiatives Committed vs Target As of December 31, 2010

Hip Initiative

- 1 Absenteeism
- 2 Overtime
- 3 Lost time incidents
- 4 Preferred accomodations
- 5 Parking Fees
- 6 Medical Fee remuneration
- 7 Environmental Services (Housekeeping)
- 8 Nutrition Services
- 9 Non-union Management reductions
- 10 Supply Chain costs
- 11 Site Consolidations
- 12 Critical care
- 13 Medicine (includes Telemetry)
- 14 Sub Acute
- 15 Rehabilitation services
- 16 Surgical
- 17 Women's & Children
- 18 Mental Health
- 19 Reduce use of diagnostic tests
- 20 Emergency
- 21 Dialysis
- 22 Diagnostic Imaging
- 23 Pharmacy
- 24 Laboratory Medicine
- 25 Ambulatory
- 26 Other Support Areas
- 27 10/11 Estimated Funding Increase
- 28 Other Benchmarking Opportunities



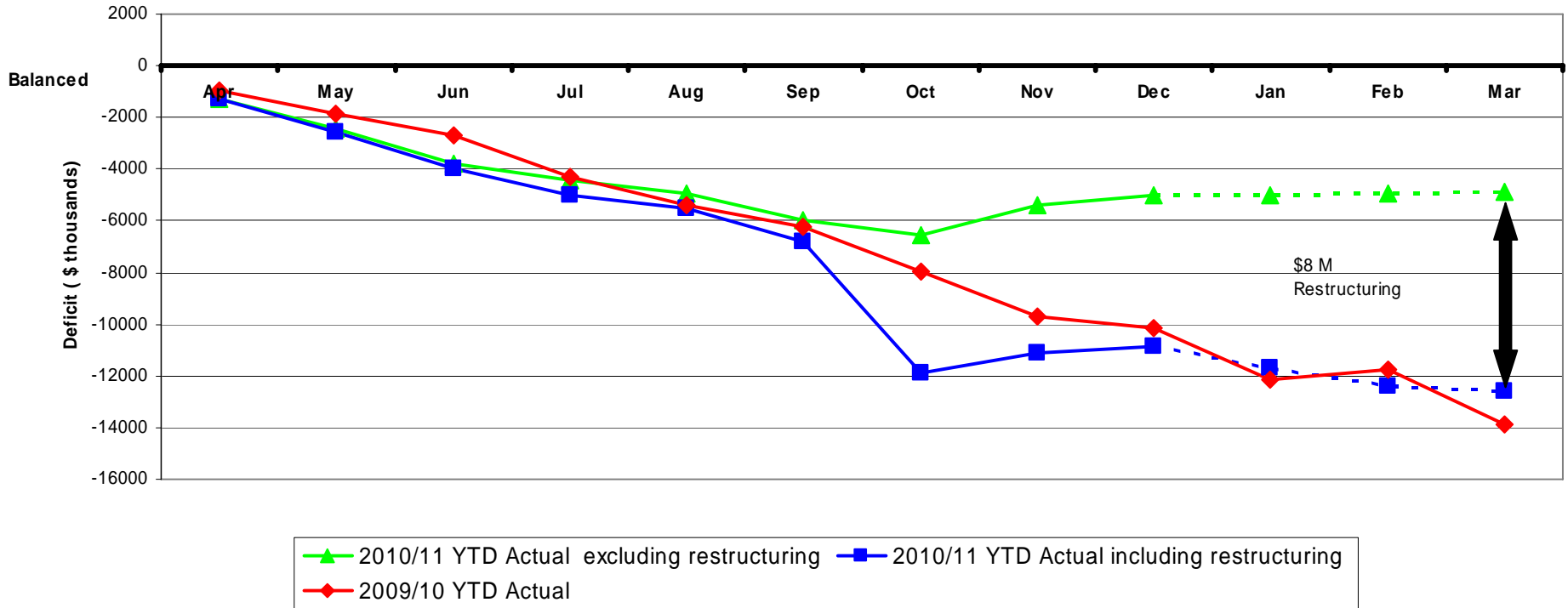
**Monthly (Deficit)/Surplus
 2010/2011**
(Excludes Restructuring)



Source: Internal Monthly Financial

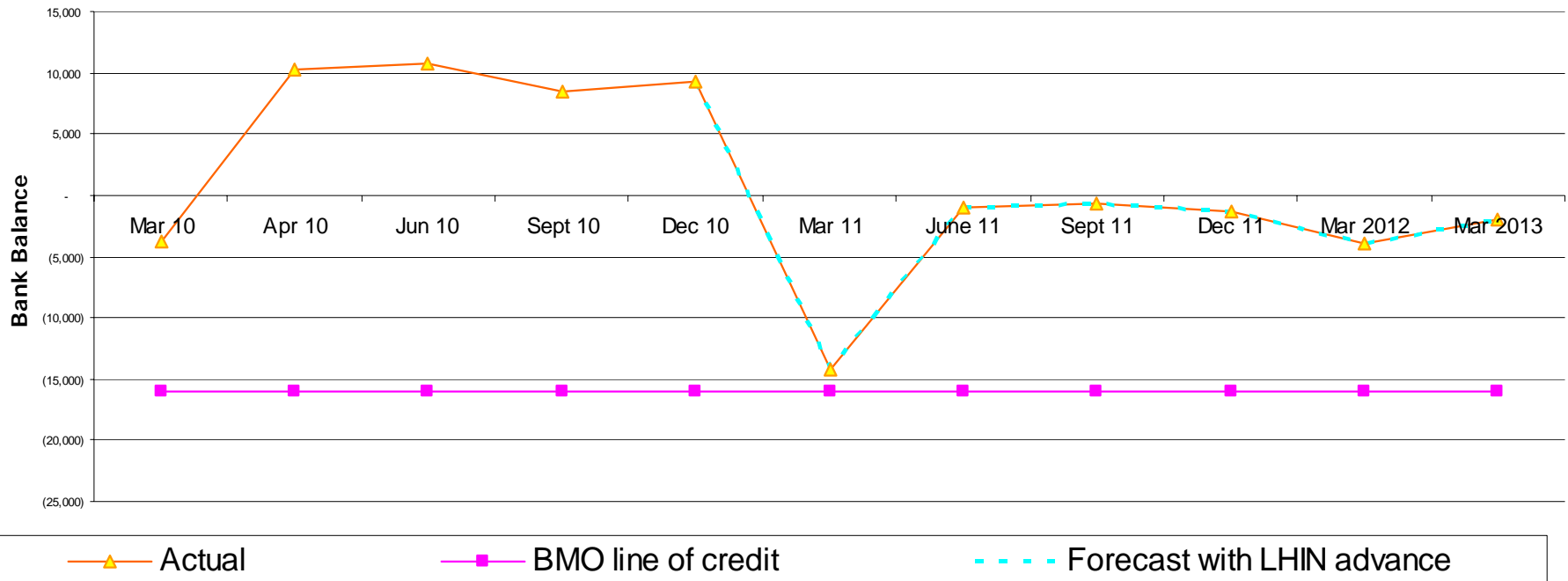
Stop the hemorrhage: fiscal recovery

Year To Date Cumulative Deficit
 20010/2011



Source: Internal Monthly Financial

PRHC Cashflow Forecast 2010-2013



- **Post Construction Operating Plan**

Approval has been received for a portion of vascular services to be funded through PCOP

- **Demolition of Nicholls Building**

Request to demolish vacant building awaits final approval

- **Temporary Radiation Treatment Bunker**

- Request for own funds project has been submitted and approved
- PRHC local share is approximately \$1.4M which the PRHC Foundation has committed to raise

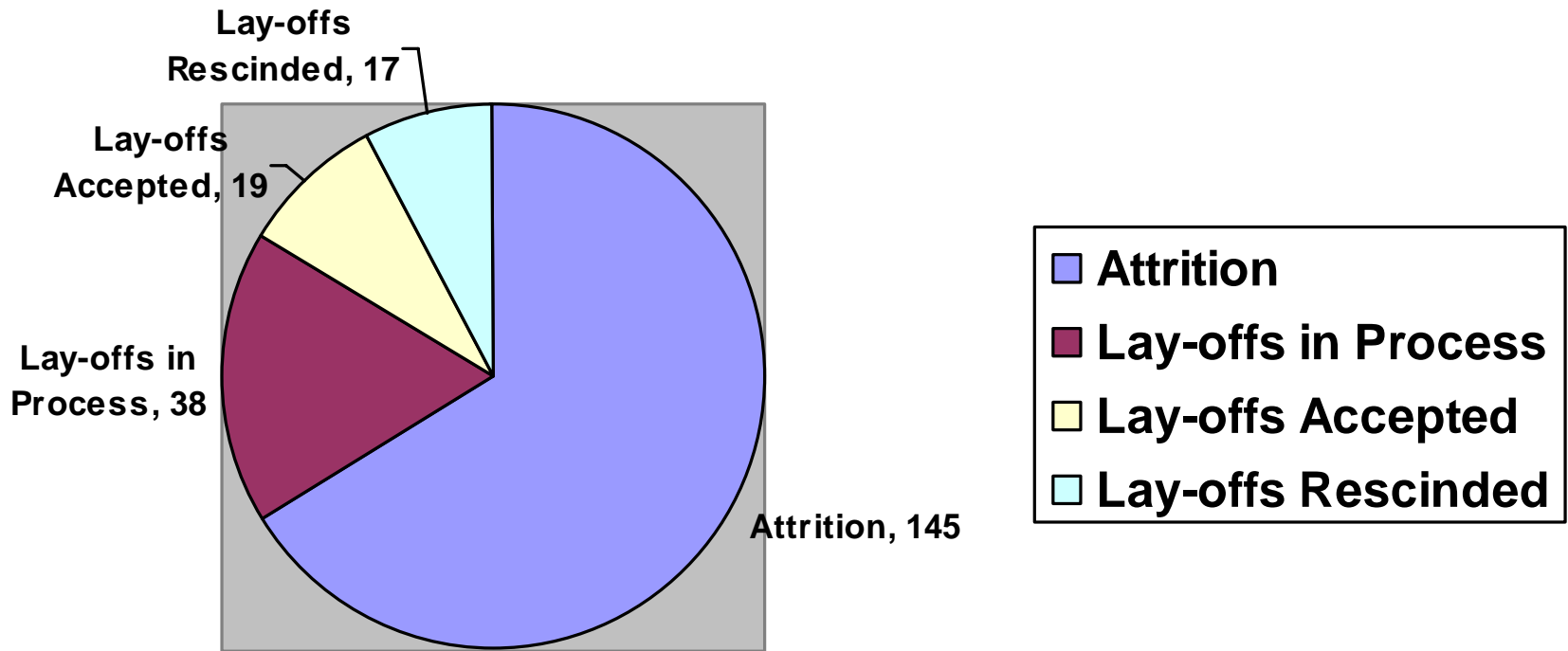
- **New Hospital Capital Costs and Funding**

- Working with the LHIN and the MOHLTC to finalized the project
- MOHLTC will be issuing an RFP for a consultant to assist with this process
- Timeline: Summer/Fall 2011

HR Plan

- The HR Plan, as it relates to the HIP, progressing as planned
- There continues to be a great deal of change as staff members affected by layoffs and bumping transition to their new roles
- Supporting staff members through these changes with internal and external resources

HIP lay-off summary*



*January 2011

- 219 layoff notices were issued to the unions (*since July 21, 2010*), however, the number of individual layoffs has been reduced by 162 through: early retirement, voluntary exit and separation allowance as well as transfers to vacancies, reassignment, natural attrition, acceptance of layoffs and rescinded layoff notices
- Less than 20 people will leave the organization involuntarily
- The majority of staff members who accepted early retirement/voluntary exit left PRHC in December

Current status update:

- 38 layoff notices are still in progress
- Not all layoffs can be mitigated by vacancies due to staffing matches
- While PRHC is in a layoff situation, we are still recruiting for specialized and part-time positions

HR Updates:

- **Overtime reduction targets continue to be exceeded**

Overtime is down 62% year-over-year for a reduction of \$1.5M; and \$2M by March 31, 2011.

- **Absenteeism**

Year to-date savings \$538,453.

- **Health and safety targets**

PRHC has achieved and exceeded its Lost Time Injury target: less than 32 LTIs/year.

HR Updates cont'd:

- **NEER**

2010 NEER surcharge was \$363K.

Previous years will affect surcharge into 2011.

With our improved # LTIs in 2009 and 2010, a rebate for 2011 will be expected.

2. Establish a steady state

- **A new quality framework – *highest standards, highest compliance***
- **LEAN**
- **Integration**

3-part Quality Framework:

Patient Flow & Access / Patient Safety / Patient Satisfaction

The Board Quality of Care Committee's annual workplan focuses on one of the three quality themes every month.

1) Patient Flow & Access:

- Gains in utilization and Length of Stay (LOS) contained in HIP
- HIP Initiative #28 "Other Benchmarking Opportunities" is focusing on decreasing LOS, through improving patient flow and access; 20 beds closed in October 2010
- Achieve wait times target for admitted patients from the Emergency Department
- Focus on improving internal processes

Establish a steady state: a new quality framework

Scorecard of Top Level ED Metrics (for the month of November 2010)

METRIC	BASELINE (Apr2008)	TARGET (hours)	CURRENT	TARGET (%)	% within Target
Time to Physician Initial Assessment (90 th percentile)	4.6 hrs	4.1 hrs	3.1 hrs		
EMS Offload Time (90 th percentile)	51 min	30 min	19 min		
ED LOS (90 th percentile) – Admitted Patients	50.5 hrs	8 hrs	62.2 hrs		
% Admitted Patients <u>within</u> 8 hour target				35%	42%
ED LOS (90 th percentile) – Non-Admitted Complex (CTAS I-II-III) Patients	8.1 hrs	8 hrs	11.2 hrs		
% Non-Admit CTAS I-III <u>within</u> 8 hour target				90%	85%
ED LOS (90 th percentile) – Non-Admitted Minor (CTAS IV-V) Patients	4.9 hrs	4 hrs	3.7 hrs		
% Non-Admitted CTAS IV-V <u>within</u> 4 hour target				74%	92%
% Patients Left Without Being Seen	6%	3%	3.1%		

SOURCE: CCO / ERNI (verified for November 2010)

Patient Flow & Access cont'd:

More than 18 strategies & initiatives underway via the Patient Flow & Access Committee, including:

- CMG diagnosis with expected date of discharge
- Discharge time before 1100 hours
- Discharge pamphlet
- Use of physician order sets
- Multidisciplinary bullet rounds

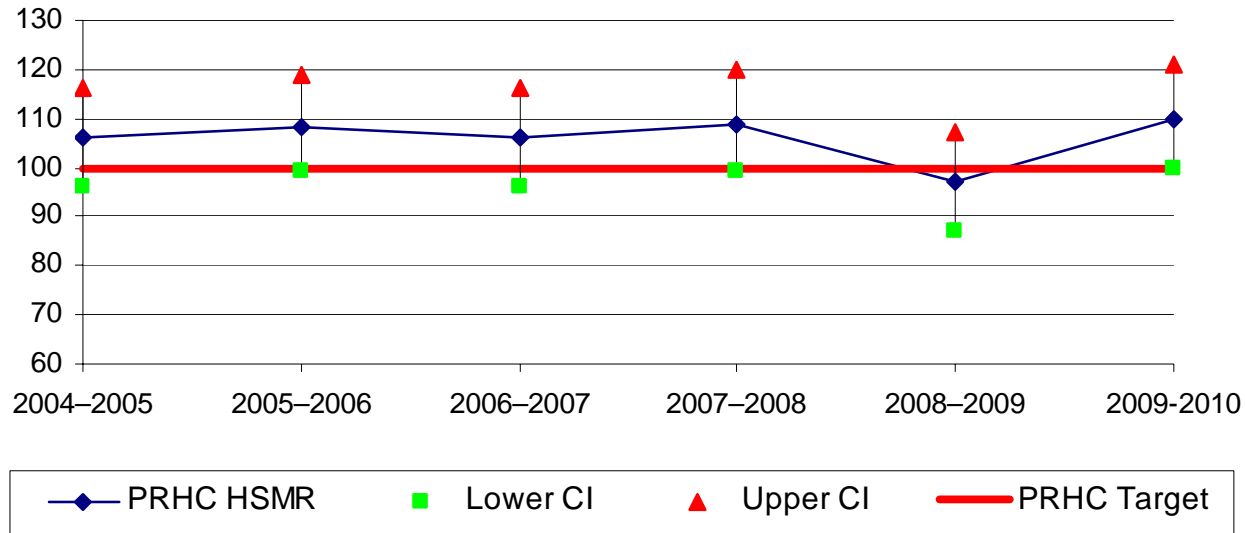
2) Patient Safety:

PRHC initiatives underway (including Accreditation Canada's Required Organizational Practices (ROPs) framework):

- Ensuring admitted patients receive the right care in the right place (i.e. medical unit vs. ED) will improve safety and clinical outcomes
- Developing order sets and monitoring their compliance to improve patient care and assure best practices
- Preparing patients for discharge by linking them with community resources and early post-discharge care, as well as reviewing medications will ensure a safe transition and decrease readmissions
- Improve infection prevention and control – B3 outbreak & hand hygiene
 - Publically Reported - Moment 1 = **94** % (above provincial average of 80%)
 - Publically Reported - Moment 4 = **98** % (above provincial average of 91%)

Establish a steady state: a new quality framework

PRHC HSMR (2004/2005-2009/2010)



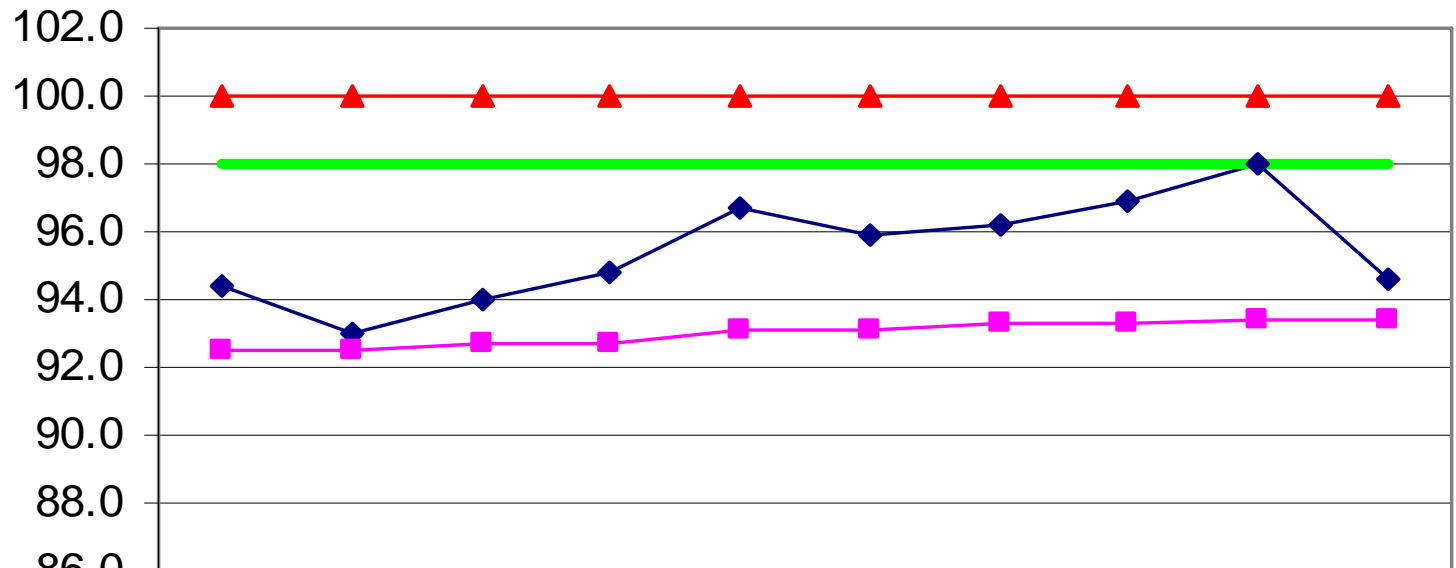
- PRHC's HSMR for 09/10 is about 110 (target 100)
- Several actions are underway to review and improve our HSMR results:
 - Improving data quality and physician documentation related to palliative care
 - Audits to determine factors that contributed to our HSMR peak in December 2009 (i.e. review COPD)
 - Undertaking a Sepsis Review and improvement initiative based on best practices
 - Developing a process for program-level review of HSMR deaths on a quarterly basis

Establish a steady state: a new quality framework

Patient Flow and Access + Patient Safety will contribute to Patient Satisfaction

Patient Satisfaction - CORPORATE

% positive response to overall quality of care received



	Apr 08- Jun 08 (n=154)	Jul 08- Sep 08 (n=159)	Oct 08- Dec08 (n=186)	Jan 09- Mar 09 (n=165)	Apr 09- Jun 09 (n=162)	Jul 09- Sep 09 (n=152)	Oct 09- Dec09 (n=162)	Jan 10- Mar 10 (n=134)	Apr 10- Jun 10 (n=148)	Jul 10- Sep 10 (n=92)*
PRHC-Corporate	94.4	93.0	94.0	94.8	96.7	95.9	96.2	96.9	98.0	94.6
Ont Average	92.5	92.5	92.7	92.7	93.1	93.1	93.3	93.3	93.4	93.4
Highest Performing Hospital	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Target	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0	98.0

Establish a steady state: a new quality framework

Next Steps:

- Continue to sustain PIP initiatives and spread -> LEAN
- Implementation of all components of the Excellent Care For All Act
- Developing and implementing PRHC's Board-approved annual plans for Patient Flow and Access, Patient Safety and Patient Satisfaction under Quality Improvement Plan (QIP) by April 1, 2011
(eg. initiatives/strategies, indicators, targets, timelines and accountability)
- Post QIP at www.prhc.on.ca

Enterprise transformation using LEAN philosophy and methodology

- LEAN will transform PRHC processes and the improvements will support and align with staffing changes
- PRHC's Transformation Office opened January 10
- Transformation Office will provide leadership and support for change management associated with performance improvement LEAN projects

- LEAN is not about job loss – we have already eliminated the positions
- Focus is taking any “waste” out of the system and focusing on the value stream of our patient interactions
- First Values Stream Analysis in December 2010, 40+ staff members, physicians, CCAC and patient representatives
- 20 priority areas to be addressed in the coming year
- First Kaizen event mid-January re: home-first philosophy

Integration:

Home First: By partnering with CCAC and Community Care Peterborough, the Home First philosophy is now underway at PRHC with a goal to discharge all patients at the right time and to the right place – directly from the Emergency Department or after their acute care hospital stay.

GAIN: The GAIN Geriatric Clinic is part of a regional program that will ramp up to full scope in the coming weeks. GAIN offers an innovative approach to providing elderly residents with the specialized geriatric care they require to address their complex and changing conditions while avoiding admission to hospital or targeting care in beds specifically designated for the Acute Care of the Elderly (ACE).

Inaugural meeting of the North East cluster planned

Thoracic Surgery:

- PRHC transferred inpatient thoracic surgery to Lakeridge in 2009
- PRHC provides outpatient clinics in thoracic surgery

Vascular Surgery:

- Lakeridge will transfer vascular surgery to PRHC (project charter just completed)
- Business case completed for EVAR as a regional vascular centre; third vascular surgeon to be recruited

Palliative Care:

- PRHC working with community partners (Hospice, CCAC, Family Health Team, etc.) to provide palliative care options to patients in a “home setting” i.e. home with outreach team, supportive housing; or retirement home

3. Build a platform for the future

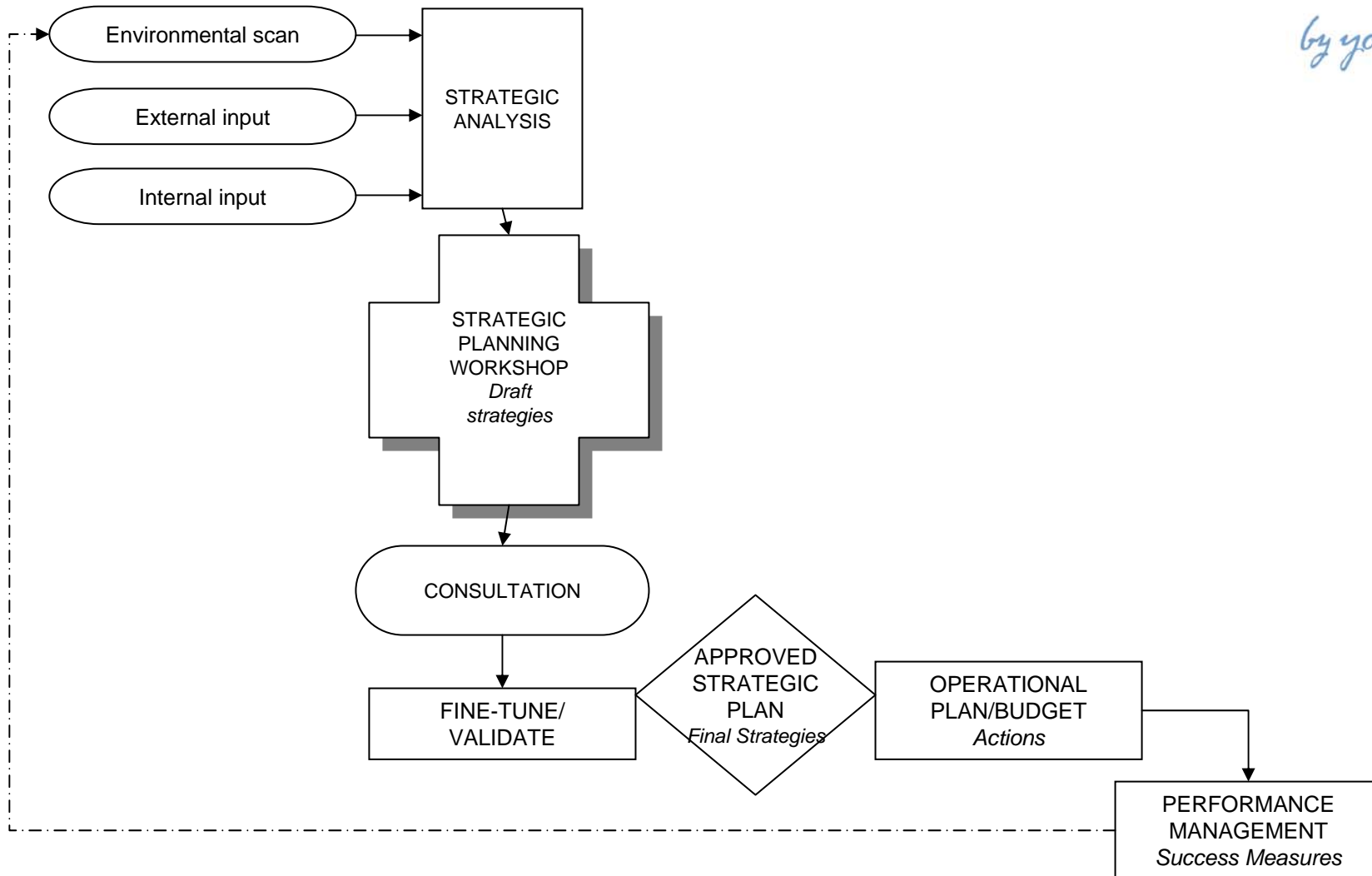
- **Strategic Planning**
- **IT Update**
- **Governance Coach**
- **NRC+Picker Physician & Staff Satisfaction**

Strategic Planning Objective: By summer 2011, PRHC, along with its internal and external stakeholders, will have defined the hospital's priorities in a plan that positions PRHC for service growth based on our regional mandate, the needs of our community, our partners' priorities, and the patients in our catchment area.

The priorities will be based upon our current mission, vision and values and will consider:

- A program management focus
- Broader catchment area, demographics and epidemiology
- Integrated delivery and partnerships
- Sustainable models and performance
- Connectivity
- Chronic disease management
- Market share and human resources planning

Build a platform for the future: strategic plan



* Adapted from *Strategic Planning for Associations and Not-for-profit Organization*, Knowles & Hayward, CSAE, 2010.

- Strategic Planning at PRHC is underway...it's a Board-driven process
- Facilitators have been selected through an RFP process
- Environmental scan and SWOTs are being populated
- Internal and external facilitation sessions / stakeholder engagement will take place between February and April with a planning retreat in early May
- Draft plan will be ready for public review/feedback in May/June, and the plan is to be approved at AGM in June
- A Memorandum of Understanding has been finalized with Lakeridge to provide and analyze market share data

Integration Initiatives – IS Enabling Technologies Participation

- Home First
- GAIN
- TDIS (Timely Discharge Information System)
- cGTA (Connecting GTA) *integrate electronic patient information from across the care continuum*

Other IT Related Initiatives Participation with CE LHIN Partners

- Data Centre Consolidation
- Hospital IT Shared Services
- Joint Procurement – Technology
- MVLS - Microsoft 6 Year License Agreement
- VLMWare – Shared Enterprise-wide Virtualization Licenses

Provincial Clinical Documentation Specification Development

Participating with eHealth in conjunction with Canada Health Infoway, OntarioMD, CCAC, LHINS etc.

Berkeley Consulting Group engaged through RFP to provide coaching / mentoring services to the Board.

- Project commenced in late October
- Work plan in place
- Berkeley Group reviewing bylaws and documents, attending Board and Committee meetings and conducting interviews with key stakeholders
- Draft report expected in March 2011

- Last NRC+Picker Staff and Physician Experience Survey in 2008 – an incredible amount of change since then
- Time to take stock of the elements that drive a high performance workplace and to plan for that outcome – where a happy, healthy and engaged workforce is ready, willing and able to provide the capacity, quality and safety the community expects
- PRHC's steady state involves not only a balanced budget, but also staff members and physicians who feel satisfied and stimulated at work
- Surveys have been mailed out this month

- In its April 14, 2010 report, the Peer Review made 60 recommendations for improvements to the hospital
- 57 of those recommendations are completed or in progress as part of the Hospital Improvement Plan
- 3 of those recommendations remain to be implemented:
 - Reconfirm Level 2 intensive care nursery needs and funding
 - Paediatric on-call move to HOCC funding
 - Mental health shared model of care (Psychiatry and Family Physicians and PRHC staff)
- While work continues on the HIP, this will be PRHC's final report on the Peer Review

Questions & Answers

Thank you for your time.

ktrembla@prhc.on.ca