PRHC
Peterborough Regional
Health Centre
by your side

PRHC in 201*X*

the art and science of the possible

Ken Tremblay

President and CEO

Dr. Peter McLaughlin

Chair, Medical Advisory Committee

PRHC Planning Retreat
Trent University
May 6 - 7, 2011

. . . so the pundits say . . .

PRHC Peterborough Regional Health Centre *by your side*

- "Success goes to those with a corporate culture that assures the ability to anticipate [the future]."
- "It is always easier to talk about change than to manage it."
- "Your attitude determines your altitude."
- "If your plans are mediocre, what happens if you are successful?"
- "A strategic plan that does not move money, people or resources is neither strategic nor a plan."
- "Change means movement. Movement means friction."
- "Lead, follow or get out of the way."
- "Organizations are perfectly designed for the results they achieve."
- "From now on, the only constant will be change."
- "Culture eats strategy for lunch."
- "When the rules of the game change, your past successes guarantee you nothing."
- "The science of the information age is crashing into the art of medicine."
- "Organizations that fail to plan, plan to fail."

Can you picture the day when . . .

Peterborough, ON – The Eastern Ontario Regional Health Authority announced today that PRHC has been selected as the site of Ontario's newest regional cancer centre. Bringing surgical and medical oncology together into a world-class platform was a natural progression in the wake of pivotal clinical recruitment efforts started in 2011. The Pepsico Regional Cancer Centre will officially open in 2017.

In related news, on the heels of its success with diabetes, geriatrics, stroke, vascular, cardio-respiratory, obesity, pain management and musculoskeletal disease, PRHC announced a new ambulatory care wing to offer state-of-the-art treatment and diagnostic space for some 200,000 visits annually. Included in the wing will be a 3rd generation Da Vinci robotic system for minimally invasive surgery; although thousands of systems are deployed world-wide, PRHC will be the second centre in the Province to offer this leading technology. PRHC's surgical program leads the country with the lowest length of stay, infection rates and readmission rates in Canada.

Earlier this decade, PRHC weathered a tumultuous financial crisis and eliminated its crippling debt load. With investments in information technology, PRHC is leading Ontario with the latest e-health applications, linking PRHC to community physicians and other providers regionally and across Ontario. Most striking has been PRHC's track record in reducing morbidity, mortality and readmissions rates associated with Ontario's top chronic diseases. As Premier Leal commented, "PRHC is reshaping healthcare delivery in Ontario and beyond. PRHC has become a performance leader and I am proud to see their capabilities and capacities grow with the investments we have made. Reducing the reliance on hospitals for chronic diseases is a game-changer."

Last week, Queen's University Dean of Medicine Dr. Kim Curtin announced plans to expand clinical teaching and applied research infrastructure at PRHC. Peterborough's leadership in partnering primary and community health with hospital programs paved the way for a new curriculum, and both students and faculty are eager to transfer knowledge gained in population health. Peterborough's residents witnessed a huge improvement in their health status, a feature noted in the 2016 Health Status report. Peterborough residents used fewer days of hospital stay than any other community in Ontario even though its citizens are about one year older than the Ontario average.

Published quality of care indicators echo these results. In 2015, PRHC was named Ontario's safest hospital and scored top honours as a leading workplace. In that same year, along with 5 other facilities, PRHC recorded a full year without any cases of hospital-acquired infections. New approaches to anti-microbial stewardship, as well as provider and public education, contributed to their success. Regional partners in Lindsay, Haliburton, Minden, Campbellford and Cobourg recently celebrated the 10th anniversary of the Five County Consortium, an organization designed to link partners electronically for seamless clinical care and diagnostic services across the region.

Health care in 201X

- Population-based approaches
  - Chronic disease management
  - Pathways of care/impact of disease
  - Disease prevention
  - Clinical outcomes
  - System/provider navigation
- System bias via connectivity
- Information/knowledge transfer
- Seamless, regional networks
- Integrated providers
- Teams/collaborative practices
- Patient- and family-centred
- Bending healthcare's cost curve
- Community-based emphasis
- Healthy workplace
- Technology-savvy
- Knowledge workers
- Risk Avoidance
- Rapid deployment of innovation
- Performance is king
- Accountable
- Staff engagement
- E-health and e-commerce
- Physicians and hospitals partner in performance
- RHA/LHIN as purchaser
- Transparency and accountability
- Communication/social media
- Centres of excellence/critical mass

Which means setting directions like . . .

- Reduce the impact of chronic diseases on populations – frequency, severity and duration of hospital stay
- Focus on secondary and tertiary programming, limit primary
  - Partner for screening, education, referrals and community follow-up
  - "Fix" the hospital/community interface
  - Build communities of care within/across networks
- Build a regional centre than can serve 300,000 people
- Build centres of excellence/teams/technology/programs
  - Oncology, chronic disease*, vascular health, ED/critical care, pain management, minimally invasive surgery, neonatal care
- Focus: mental health, maternal child, specialty medicine, diagnostics and ambulatory care

*e.g., Diabetes / endocrine, COPD, cardiac, musculoskeletal

. . . and . . .

- Invest in knowledge workers: competencies, tools, technology
- Build healthy workplace: engagement, working and team conditions
- Invest in e-health applications, system and provider connectivity, eMR/CPOE
- Build partnerships with community providers and agencies
- Transfer to/build primary care capacity in community sector
- Transfer selected palliative care to community models
- Grow regional market share in specialty medicine and surgery
- Develop health human resources plans for regional mandate
- Support ongoing organizational transformation and change

. . . wait, there's more . . .

- Improve inpatient performance by growth in ambulatory care strategies and programs
- Use ambulatory care programs to avoid disease exacerbations, lower (re-)admission rates and LOS
- Build relationships for teaching, seamless referrals and outreach and satellite services, including OTN
- Track and achieve performance, quality and safety indicators to 75th percentile
- Sequester working capital to support innovation and technology
- Become a top employer/magnet hospital

PERFORMANCE EXCELLENCE

We've begun to turn the curve . . .

- A dramatic recovery plan, well on its way to a balanced position
- Promise of working capital on horizon
- Programs are morphing into high functioning business units
- Performance metrics and trends are taking root
- Balanced score cards gaining traction
- Program plans are beginning to shift the tide on several fronts
- Program leaders and teams have risen to the challenge

We’ve begun to turn the curve . . .

PRHC
Peterborough Regional Health Centre
by your side

- Winds of cultural change are filling sails
- Needed relationships being forged or renewed
- Growing pains of iterative planning process are understandable and recognized – first wave is the hardest
- Staff engagement improving
- Sustained significant change takes 3 – 5 years

The Journey

- Planning is a journey, not destination
- Retreat is milestone, not finish line
- Important work will continue after retreat
- Programs to refine their goals and plans through budgets and other activities
- The larger planning community has stake in next steps and ultimate success with *Vision 2014*

So we say thank you to . . .

- Program Administrative and Medical Directors
- Corporate Directors
- Program and Service Councils
- Various inter-disciplinary teams across programs and departments
- The Healthy Hospital Steering Committee
- The Inter-Program Operations Council
- The Medical Advisory Committee
- The committee formerly known as *"Renew"*
- The Strategic Results Committee
- The Quality Council
- The Professional Practice Committee
- The Fiscal Advisory Committee

Regional centre: Really?

- Really!
- Serve as the principal hospital for Peterborough and Peterborough County: 135,000
- Serve as the secondary/tertiary referral centre for broader 165,000 in surrounding countries
- Fully develop North East Cluster within CE LHIN
- Centre of excellence for vascular surgery for LHIN
- Centre of excellence for oncology
- Centre of excellence in geriatrics and seniors' health
- Referral centre for cardiac, renal, intensive care, orthopaedics . . .

Seamless continuum of care:
Reducing the impact of gaps and barriers

- Navigation across providers is seamless to patients and families
- Use of MOU and other instruments to create seamless patient flow
- Partners anticipate and develop transition strategies and requirements of patients, diseases and populations
- Providers are connected to reduce gaps, delays, breaks / lags in communication / patient information, LEAN methodologies, IT connectivity
- Use of common data bases and documentation strategies
- Co-mingling of plans, teams and resources
- Shared planning and outcome measurement / results
- Crisis / exception strategies are in place

On being integrated with others . . .

- Back office: IT and IT enabled functions, interoperability, portals
- Networked: Imaging, laboratories, diagnostic, rehabilitation, stroke, etc
- Shared leadership: cardiac, neonatal, critical care, vascular, mental health, palliative care, supply chain, purchased services
- Community care transitions and interface: primary care, secondary providers, referral centres, EMS, medical office buildings, long term care providers, public health, etc.
- HIS + Pharma + DI + Labs = prerequisites for CPOE
- Shared data centres / repositories, regional shared services enterprises
- Canada Health Infoway – pan-Canadian solution 50% share by 2015
- Corporate instruments: LOI / MOU / SLA; governance structures
- E-commerce – patients, supply chain, other providers, funders
- Seamless, continuous, virtual and ubiquitous = anywhere, any time, any place, always

Reducing the impact of chronic diseases

- Reduce the frequency, severity and duration of hospital stays
- Reduce admission and readmission rates
- Create community and outpatient alternatives and capacity, ED diversions
- Use emerging technology: wireless point of care devices, patient and provider portals, OTN/telehealth, etc
- Use of/compliance with clinical practice guidelines, care maps, graduated referrals, triggers and thresholds
- Partnering with community providers to reduce morbidity
- Enhanced community capacity and capability
- Use population health and longitudinal view for disease management

Complementary diagnostic referral centre

- Diagnostic imaging
  - MR, CT, NM, OBSP, US, GR, angiography, PACS
- Laboratory medicine
  - Chemistry, Microbiology, Anatomical pathology, Infectious diseases
- Medicine
  - Endoscopy, oncology, renal, respiratory, metabolic and endocrine, cardiac/PCI
- Surgery
  - Endoscopy, oncology, vascular (doppler)
- Consultants
  - 24/7 with short TAT: affable, available, accessible, accurate and accountable
- Connected, timely, ease of use, high-performance

HBAM is coming

- Health-based allocation methodology matches per capita funding to population health and outcomes
- Funding flows for population growth (not so much aging) and related resource utilization
- Purchaser agreements with providers ~ funding follows the patient
- Capacity and associated money moves among sites
- Peterborough population unchanged ~ 10+ years
- Peterborough inventory (422): 220 acute, 43 mental health, 44 rehab, 115 CCC (excl. critical care, other specialty, market share, regional)*

*Source: Regional Approach to Planning Document, Population Growth and Beds Estimates (2009 -2020)

Characteristics of a Centre of Excellence

- Depth of capacity and/or capability in a clinical area - usually related to large volume or exclusive focus (focused factory, vertical integration)
- Breadth of capacity and/or capability in a clinical area – usually because of collaborative practice (teams, continuum, horizontal integration)
- Full suite of diagnostic and therapeutic technologies and interventions
- Critical mass for quality and sustainability (economy of scale)
- Effective referral networks and repatriation strategies (return to home with satellite/follow-up ambulatory services)
- Multi-disciplinary/collaborative practice teams (departments/disciplines)

Characteristics of a Centre of Excellence

- Well-developed “branding” and corporate focus
- Well-developed evidence-based practice and quality outcomes (low variability in practice and high predictability of outcomes)
- Well-developed standards and high compliance
- Low adverse events ratio (safe)
- Often accompanied by teaching, applied research and other opportunities

As reported in the American College of Radiology

Characteristics of high-performance hospitals:

- All great hospitals make decisions based on what's right
- All great hospitals innovate
- All great hospitals set high goals and care that they meet them
- All great hospitals embrace the potential of technology wisely
- All great hospitals have a culture of professionalism
- All great hospitals share, even when it hurts
- All great hospitals have a balanced leadership chemistry
- All great hospitals make money (i.e. build working capital)
- All great hospitals want to be great hospitals

Ladies and gentlemen,

Let the future begin….