

STEGH Organizational Objectives Final Report to March 31, 2010

Presented to STEGH Board of Governors:

Stalled	Delayed	Complete
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A leader in excellent patient care, continuously improving, integrating and evaluating using evidence-based standards, timely decision-making and values-based practice.

Objective:	Measure
<p>1. Establish multi-disciplinary patient care teams for maternal child; surgical care; medical care; ICU care and emergency care. Teams will focus on the continuous improvement of quality and safety of patient care and the implementation of standards, in particular, relevant Open Source Order Sets (OSOS) and Care maps. Teams are expected to initiate a scorecard to monitor their domain. Scorecard will include the following:</p> <ul style="list-style-type: none"> • Quality indicators • Patient safety indicators (Safer Health Care Now) • Productivity/efficiency measures (e.g. length of stay, cost per weighted case) • Satisfaction survey results 	<ul style="list-style-type: none"> • Terms of Reference established • Teams in place • Functioning scorecards in place
Status as of Sep 30, 2009	
<p>Co-leads (one physician, one nursing leader) have been appointed to each of 4 multidisciplinary care teams, including maternal childcare, surgical care, medical care and emergency care. Please note that a decision was made to fold ICU into the medical care team to reduce the overall number of planned teams from 5 to 4. <u>Terms of reference have been established</u> and the teams are currently selecting their members and initiating their meetings. All teams will report through to the hospital's Executive Team. We have also assigned a director level position to each team to provide senior management assistance and to ensure that any barriers (real or perceived) the teams may identify receive senior mgmt attention. An important activity <u>the teams will complete before the end of the current year is the development of a team scorecard.</u></p>	
Status as of Mar 31, 2010	
<p>Co-leads (one physician, one nursing leader) have been appointed to each of 4 multidisciplinary care teams, including maternal childcare, surgical care, medical care and emergency care. Teams have been selected and are meeting on a monthly basis. We have also assigned a director level position to each team to provide senior management assistance and to ensure that any barriers (real or perceived) the teams may identify receive senior mgmt attention. The ER and Surgical teams have a scorecard developed and being utilized – Scorecards for Medicine and Maternal Child Care Teams have been developed and will be implemented by March 15, 2010.</p>	
Objective:	Measure

<p>2. Ensure that the commitment to provide 80 additional paediatric/maxillofacial cases through the provincial wait time strategy is met.</p>	<ul style="list-style-type: none"> • 80 additional cases completed by March 31, 2010
<p>Status as of Sep 30, 2009</p>	
<p>We were allocated an additional 80 cases to a base of 22. As at Sept 30, 2009, 63 cases were completed, which is ahead of target. <u>We expect to achieve target by year-end.</u></p>	
<p>Status as of Mar 31, 2010</p>	
<p>The target of 80 additional cases has been achieved.</p>	
<p>Objective:</p>	<p>Measure</p>
<p>3. Ensure detailed privilege lists that reflect current by-law language are completed for all Active physicians. <u>We expect to achieve target by year end.</u></p>	<ul style="list-style-type: none"> • Privilege lists for all Active MDs by March 31, 2010
<p>Status as of Sep 30, 2009</p>	
<p>A draft privilege list document has been prepared and a review of the professional staff by-laws to ensure consistency with this list is underway. <u>We expect to achieve target by year end.</u></p>	
<p>Status as of Mar 31, 2010</p>	
<p>This target has been achieved.</p>	
<p>Objective:</p>	<p>Measure</p>
<p>4. Utilize unique preparation for and results from Accreditation 2009 and all new public reporting of relevant indicators to enhance accountability for continuous improvement of quality and safety.</p>	<ul style="list-style-type: none"> • Complete 2009 Accreditation Process • Identify action to take in 09/10 for Accreditation recommendations and fill indicator gaps in performance
<p>Status as of Sep 30, 2009</p>	
<p>STEGH complies with all new public reporting requirements and monitors results to determine if improvement actions are required. <u>Accreditation 2009 resulted in an accreditation award with conditions.</u> All conditions are being addressed; changes will be in place by January 2010 and submitted to Accreditation Canada as required. <u>We expect full accreditation to be awarded following submission and review by Accreditation Canada.</u></p>	
<p>Status as of Mar 31, 2010</p>	
<p>Full Accreditation awarded. STEGH completed the Accreditation process and survey June 2009. We received “Accreditation with Condition”, with the expectation that the condition be met by January 28, 2010. We have submitted our update and were informed in February 2010 that we have attained “accreditation without condition”. The Clinical Care teams continue to work on the issues identified by the Accreditation team.</p>	
<p>A culture of safety that enables a safe environment for all patients, employees, physicians, volunteers, visitors and</p>	

students.	
Objective:	Measure
5. Implement a system and procedures to identify “high risk” equipment <u>in use</u> for safety-related concerns that includes follow up decision-making and action for risk mitigation.	<ul style="list-style-type: none"> • System in place, functioning by March 31, 2010
Status as of Sep 30, 2009	
Classes of high risk and medium risk have been identified. The role of managers in leading this activity in their area of accountability has been emphasized, along with a role for Occupational Health and Safety to assist. A risk assessment tool will be developed to ensure accurate and reliable data is collected and acted upon. Specialized consultant assistance may be sought to support the initial stages. <u>On target for implementation at March 31, 2010.</u>	
Status as of Mar 31, 2010	
See status as of March 31, 2010 for Objective 6 (below)	
Objective:	Measure
6. Implement a system and process to identify “high risk” equipment <u>for purchase</u> for safety-related concerns and ensure follow up decision-making and action for risk mitigation.	<ul style="list-style-type: none"> • System in place, functioning by March 31, 2010
Status as of Sep 30, 2009	
Much is already in place to address this particular objective. A detailed checklist for new equipment and furnishings assessment and post-service purchase is in use. A similar risk assessment tool for assessing and tracking the equipment, as identified in the previous objective, is also part of addressing this objective. <u>On track to implement for March 31, 2010.</u>	
Status as of Mar 31, 2010	
A multidisciplinary team has put together a tool and accompanying processes to address this objective. The tool which is an adaptation of the HFMEA (Healthcare failure Mode Effective Analysis) integrates risk assessment(including ergonomic and process risk) into one tool which supports and sustains current management practices – in particular LEAN. It will enable managers to prioritize interventions based on their risk assessment, which will normally take place as part of a review of their department/unit’s processes. The focus will be on Category IV medical devices – all high risk processes will be prioritized by the LEAN project team and revisited annually by the department.	
An employer of choice attracting and retaining highly skilled and competent individuals who demonstrate a fit with our values, vision and mission.	
Objective:	Measure
7. Expect an enhanced, formal and documented performance management, talent management and evaluation process that reflects this strategic goal, the hospital’s values and role descriptions on an annual basis, and that	<ul style="list-style-type: none"> • Complete system in place and functioning by March 31, 2010

incorporates a performance plan for at least all full-time staff.	
Status as of Sep 30, 2009	
This objective has been achieved for management staff, but now is being rolled out to the front line, employing a similar competency assessment review. <u>This process is on target to be completed before March 31, 2010.</u>	
Status as of Mar 31, 2010	
<p>The new front line competency tool was rolled out in November and forms the basis for the manager's review with the staff. The first formal management evaluation meeting was held by the SMT in December and provided a comprehensive view of STEGH's current management talent, graded according to a predetermined system which included both subjective and objective measures. These formal reviews will be held twice a year – the next review is scheduled for May and will include those front line staff identified as potential managers.</p> <p>In support of this approach a process for redeveloping the Model of Care Delivery within the organization is well underway. Marie Manthey (author of Primary Nursing) visited the organization in January and will work with us as we work towards the implementation of Relationship Based Care utilizing Primary Nursing care delivery system. We had an organizational assessment done early in March, which will assist us in identifying next steps for the roll out. The Model of Care is inclusive of Decentralized Decision Making (moving the decision-making capability as close to the care delivery level as possible) and encompasses the Leadership capabilities of Responsibility, Accountability and Authority. Sustainable leadership development is underway through the ongoing LDI as well as the 3 day Leading Empowering Organizations (LEO) which occurs in house at the end of March and which we have the option of continuing to provide through licensing agreements.</p>	
Objective:	Measure
8. Continue to support SWOMEN and demonstrate an increase in the resident months of activity at STEGH.	<ul style="list-style-type: none"> Increased # of SWOMEN resident months (08/09=7.6% from previous year)
Status as of Sep 30, 2009	
As at Sep 30, 2009, we have <u>already surpassed last year's total resident months by 9.5%.</u> This includes residents, medical students and clinical clerkships.	
Status as of Mar 31, 2010	
As of March 1, 2010, we have <u>surpassed last year's total resident months by 18 %</u> This includes residents, medical students and clinical clerkships.	
Objective:	Measure
9. Increase support of Discovery Week for UWO medical students at STEGH in June by accommodating more students	<ul style="list-style-type: none"> Increase # of students for UWO Discovery week (08/09=remained the same as previous years, and we hope to increase 20% in 09/10)
Status as of Sep 30, 2009	
This objective was achieved, as we had a <u>25% increase in the # of students</u> attending Discovery Week this year.	

Status as of Mar 31, 2010	
This objective was achieved, as we had a <u>25% increase in the # of students</u> attending Discovery Week this year.	
A collaborative leader and partner in local, regional and LHIN-wide healthcare system integration initiatives.	
Objective:	Measure
10. Complete Stage 1 and Stage 2 submissions for capital redevelopment plan for Mental Health and related services, as requested and funded by the Ministry of Health and Long-Term Care.	<ul style="list-style-type: none"> • Stage 1 submissions by June 30, 2009 • Stage 2 submissions by February 2010
Status as of Sep 30, 2009	
<p><u>Stage 1 submissions were made to the Ministry of Health and Long-Term Care Capital Planning office on the requested date of July 31, 2009.</u> A meeting with decision-makers from the Capital Planning Branch is anticipated. The Stage 2 submissions would include detailed functional programs for whatever elements of the redevelopment that are requested. These submissions are dependent on the actions of the Ministry. <u>The target date for Stage 2 submissions of February 2010 may slip.</u></p>	
Status as of Mar 31, 2010	
<p>Stage 2 submissions have yet to be requested by the Capital Planning Branch. Although the Stage 1 business case seemed well supported by the CPB , we were informed that the economic downturn has seriously impacted the provincial budget and that all capital planning is under scrutiny. We have been asked to rescale our project and we are currently working to ensure that our stage 1 submission moves to stage 2 in 2010/11</p>	
Objective:	Measure
11. Explore and promote integration opportunities within the Thames Valley Hospital Planning Partnership that can maintain viability and sustainability appropriately identified services.	<ul style="list-style-type: none"> • Record in minutes of TVHPP CEO meetings of discussion • At least 1 significant opportunity identified and implemented
Status as of Sep 30, 2009	
<p>STEGH CEO, Paul Collins, chaired a TVHPP task force to address the need for rapid-response referral for urgent orthopaedic cases within the partnership. This requires a streamlined process for patient assessment, referral, admission, surgery and repatriation. The process design is currently being tested between Ingersoll and LHSC. A similar model is being addressed by a committee sponsored by the LHIN. It is expected that this process may be suitable to roll out to the other partner hospitals.</p> <p>As Chair of the TVHPP Executive Committee, the STEGH CEO is leading a process to advance the understanding by the Board's of each partner hospital, of integration accountabilities of governance and governance leadership for integration within the partnership.</p>	
Status as of Mar 31, 2010	

The TVHPP Executive Committee successfully worked with the Chairs and Vice Chairs from each organization to develop a list of voluntary integration principles which were subsequently approved by each Board.

The Chief Nurses Executive Committee of the South West LHIN was promoted by STEGH VP Patient Services/CNO Brenda Lambert. This group was convened with support from the LHIN CEOs group. Brenda is co-chair of this committee which has had two meetings resulting in a Terms of Reference as well as a confirmed the membership list. It has been decided that this group will come together bimonthly in order to share best practice initiatives as well as to enhance the integration efforts within the LHIN. The second meeting occurred during Marie Manthey's visit to STEGH and offered an opportunity for the group to gain some expert advise regarding the need for role enhancement within the LHIN. The third meeting is scheduled for the end of April.

The SW LHIN established a Patient Access and Flo Committee of which STEGH CEO Paul Collins is chair. The committee is putting in place a series of protocols for all hospital in the LHIN to follow with respect to the efficient transfer of patients in need of higher level of care to LHSC/St. Joseph's and the transfer back of those patients when/if the care level need decreases.

Objective:	Measure
<p>12. Advocate for advancing electronic Computer Physician Order Entry (CPOE) component of the collaborative Electronic Patient Record project within the TVHPP hospitals. Specifically, advocate running a pilot at STEGH where readiness, as evidenced by progress on order sets, is high.</p>	<ul style="list-style-type: none"> • Record advocacy in minutes of TVHPP CEO meetings • Pilot agreement for a TVHPP hospital site by March 31, 2010
<p>Status as of Sep 30, 2009</p>	
<p>A significant resetting of the eHealth agenda has taken place across Ontario and within our partnership with London. Our partner hospitals are currently reviewing the status, expectations and potential for future electronic patient record development, not only as a group but also as individual organizations within that group. <u>This objective will not be achieved as STEGH has backed away from advocating for a pilot for CPOE at this time.</u></p>	
<p>Status as of Mar 31, 2010</p>	
<p>The TVHPP hospitals plus two other hospitals which use the EPR system are engaged in a review of the current arrangement whereby these hospitals are part of the London IM Cerner system. This review was triggered by the poor, yet costly, performance of the London managed Cerner system and the problems encountered in December during the switchover to the UNIX operating system. Several alternatives to the current arrangement are being examined both by the London hospitals and the others – with the non London hospitals conducting their own independent review. Preliminary indications are that it is simply not cost effective to dissolve the current joint data base. The likelihood is that a recommendation will be made to the CEO's by the end of this month that all hospitals move to an EPR governance review to ensure that the overall costs and system performance are in line; that the allocation of those costs is fair and transparent; and that challenges with respect to implementing new systems are overcome. In particular this pertains to the implementation timetable of CPOE (including meds reconciliation and administration). HealthTech (currently performing a DI/PACS governance review) will be retained to perform this review in the event that the CEO's agree.</p>	

A fiscally responsible organization through the delivery of efficient and productive processes and systems.	
Objective:	Measure
13. Implement LEAN approach to process and productivity improvement for selected processes.	<ul style="list-style-type: none"> • Selected processes identified • Training plan in place • Implementation of approach complete by March 31, 2010
Status as of Sep 30, 2009	
<p>Following a review of different providers of LEAN support, we selected Dr. Tim Hill from London, ON. Tim began to support our LEAN training processes at the end of June 2009. He assisted us in the development of a significant LEAN project in our surgical suite and has facilitated that process with the support of our Executive Team, in particular Brenda Lambert and Dr. Nancy Whitmore. Director of Quality, Risk & Safety, Christopher Misch, is developing his own skills and seeking education about LEAN so that he will become the internal lead on projects in the future. Christopher is currently working with Tim to launch projects in two other areas, other than the surgical suite. <u>All on target for March 31, 2010.</u></p>	
Status as of Mar 31, 2010	
<p>The surgical suite is presently completing the final steps in their process redesign work and this work was presented by Dr. Nancy Whitmore VP Medical and Chief of Staff to the CHSRF as an intervention project for the EXTRA program in which she participated as a student.</p> <p>The initial phase of STEGH's LEAN journey is almost at an end. Three departments (OR, Pharmacy and Housekeeping) have all been actively engaged in examining their processes and solving problems using the A3 methodology. As a result, a number of significant process improvements have been made to enhance patient safety and to eliminate waste.</p> <p>A hospital wide Quality council has been established to develop ongoing internal capacity for LEAN, a blueprint for implementation and sustainability.</p> <p>A recent exciting development which will further develop the emerging Lean culture at STEGH is our inclusion in an important initiative of the Ministry to take part in a LEAN project in the emergency department to improve overall performance. Funding support for this project is approximately \$600K . This will enable STEGH to make a significant improvement to the processes within the ER and comes at a time when the hospital hopes to embark on an important upgrade to the ER facility to enhance both patient privacy and infection control.</p>	
Objective:	Measure
14. Effectively negotiate the Hospital Services Accountability Agreement (HSAA) between STEGH and the SW LHIN by March 31, 2010.	<ul style="list-style-type: none"> • Agreement signed and in place by March 31, 2010

Status as of Sep 30, 2009	
Due to the grim state of provincial finances because of the economic downturn, <u>the Ministry of Health and Long Term Care and Local Health Integration Networks have made a decision to extend the current 2 year HSAA agreement for an additional year (2010/11).</u> This will require some discussion with the LHIN, but will not require the negotiation of a new HSAA by March 31, 2010.	
Status as of Mar 31, 2010	
The hospital has signed the HSAA extension agreement and has submitted a balanced budget to the LHIN and to the Board. The Audit Committee of the Board is to review the budget for 2010/11 at its March 23 rd meeting.	
Objective:	Measure
15. Partner with the Foundation to cultivate, build and enhance fundraising initiatives by staff, physicians, Board members, executives, and volunteers.	<ul style="list-style-type: none"> • Increase in Grateful Patient donations (08/09=52) • Increase in major gifts (\$5,000+) (08/09=43) • Increase in Guardian Angel recipients (08/09=15)
Status as of Sep 30, 2009	
Grateful Patient campaign was discontinued following very little response from recipients. Major gifts are on target for this year (Apr-Oct = 27) Guardian Angel recipients have already surpassed last year's total (Apr-Oct = 18)	
Status as of Mar 31, 2010	
Major gifts are at 40, which is below target; however, the dollar value is greater than last year Guardian Angel recipients are at 22	