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Strategic Plan Refresh: Expert Review Panel

Presented to the Central East LHIN Board of Directors
July 24, 2013

Presented by Robert Biron, President and CEO, TSH



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Purpose

1. Provide the Board an overview of the Lessons Learned from the Strategic Plan Refresh initiative
2. Board response to the Expert Review Panel report



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Lessons Learned



SPR Review Process

- Roundtable debrief with:
 - Performance Improvement Committee – includes all directors and Chiefs/Medical Directors
 - Leadership Forum – includes all directors, managers and educators
 - Vice Presidents and Chief of Staff
 - Community Advisory Committee (comments to be added)
- Online Survey sent to: (results to be added)
 - Medical Staff Association
 - Medical Advisory Committee
 - Strategic Plan Refresh Steering Committee

SPR Review Process

Framework

1. All comments captured verbatim
2. Comments initially categorized under the headings of Structure, Process or Outcome
3. Key learning derived from each of these categories
4. Key learning consolidated into buckets of Strategy, Execution and Culture

SPR Review Process

Key Learning about Strategy: Strategy requires a long term view with sufficient detail to allow the “community” and “providers” to connect and contribute to its development and achievement. For meaningful community input, the description of the change should be relevant to their understanding of the system.

Strategy is built from the top, and while the organization was transitioning from one CEO to another, the focus became tactics rather than strategy. The magnitude of the change proposed as part of SPR required a strong, clear strategy.

The tactics were seen to be financially driven not patient oriented and they appeared to be solving one year financial problem without a view for the long term health of the organization.



SPR Review Process

Key Learning about Execution: The plans for execution were unclear to the organization and the community which made implementation impossible to support.

We used multiple communication and engagement approaches in an ongoing effort to be transparent and informative i.e. huddles, Town Halls, iConnect, newsletters, surveys, advisory committees/groups, etc; however, there was a disconnect between what we thought we did and what was conveyed externally i.e. level of community engagement.

There were no “tollgates” built into our execution which would force us to stop, connect to ensure success at a particular stage prior to moving on to the next stage. In retrospect areas that would have benefited from “check ins” included physician alignment; Central East LHIN alignment; and community engagement.



SPR Review Process

Execution (Con't)

The process needed more time to ensure those involved had an understanding of the data utilized to make decisions. This gap negatively impacted confidence in the process.

There were disconnects between our written expectations related to confidentiality, code of conduct, and contribution to patient care versus personal interest and actions. All these factors eroded trust.

MAC and MSA not aligned on issues, some members were new to their role and the expectations of such roles.

Most medical staff did not understand the requirement for change or the details of the proposed change.



SPR Review Process

Execution (Con't)

The voice of silent supporters never surfaced, staff reported feeling vulnerable and marginalized by the “vocal few”.

There was little understanding of the consequences of not supporting SPR for example: Operating Room closures, reduction of services.

There is residual lack of understanding and confusion in the community about what changed and what didn't at the end of the day.

Communication needs to be timely (with staff, media, and community) and messaging needs to be consistent....scripted messaging is helpful.



SPR Review Process

Key Learning about Culture: The lack of cohesive and integrated corporate identity at TSH hampered the success of a change of the magnitude of SPR.

The process surfaced siloed practices, lack of cohesive commitment toward a common goal.

Strength and credibility of leadership was questioned.

The community “listens” to their doctor. If the doctor does not support the change the neither will the patient.



SPR Review Process

Key Learning about Culture (Con't):

The “in-fighting” between professional staff and administration makes patients very nervous.

The TSH community yearns for cohesion and one integrated organization.



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TSH Board Motions

Approved on July 22, 2013



Approved Board Motion #1

TSH Board of Directors has received the report and findings of the Expert Review Panel. The Board accepts management's recommendation to no longer pursue the Maternal Newborn Child and Surgical Program consolidations as proposed in the Strategic Plan Refresh.



Approved Board Motion #2

TSH remains committed to being an effective partner in health care system transformation to improve patient care and ensure the long-term sustainability of the system for the Scarborough community. Further TSH is committed to effective community engagement and transparency. TSH shall apply the lessons learned from the Strategic Plan Refresh process to future strategic change activities, particularly the facilitated integration currently underway with Rouge Valley Health System.



Approved Board Motion #3

TSH re-affirms its commitment of ensuring the Emergency Departments at both Hospital campuses (Birchmount and General) remain open 24/7 as part of the facilitated integration with Rouge Valley Health System.

