

# Transformation journey Rouge Valley Health System



Update presentation to the  
**Central East Local Health Integration Network**  
April 21, 2009

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RVHS President & CEO

# Agenda for today's presentation

- Overview: Stages of positive change
- Updates
  - Peer Review Report Update
  - Deficit Elimination Plan
  - Managing Quality and Risk
  - Transformation
- Issues
- News
- Questions

# Overview: *Stages of positive change*

- ✓ Board appoints new CEO in 2007
  - New Board members also appointed
  - More skills-based criteria used in Board appointments
- ✓ Peer Review (July-December 2007)
  - Major cultural & operational change required at every level
  - Can deliver existing services within its funding envelope (inefficient compared to others)
- ✓ Strategic Plan-On-A-Page
  - Actively being implemented (see handout and posted on web)
- ✓ Develop/implement Deficit Elimination Plan
  - Started in early 2008, ongoing
- ✓ Quality Risk Safety Framework
- ✓ Transformation, constant improvement
  - Began in mid-2008, ongoing

# Rouge Valley Health System Strategic Plan-on-a-page

## Achieving our Mission, Vision and Values

BOARD OF DIRECTORS

MANAGEMENT,  
STAFF AND VOLUNTEERS

PHYSICIANS AND  
PHYSICIAN LEADERSHIP

### Mission

To provide the best healthcare experience for our patients and their families.

### Vision

To be the best at what we do.

### Values

- **Accountable for our resources, our services and our behaviours.**
- **Responsive, respectful and caring to our patients, colleagues and community.**
- **Value the diversity of our organization and community.**
- **Honest and trustworthy.**
- **Strive for innovation and high performance and committed to continuous learning.**

[www.rougevalley.ca](http://www.rougevalley.ca)

### Strategic Plan

To be the best at what we do, we will:

- Work as a Team (Board of Directors, Senior Management, Physician Leaders) with all staff, physicians and volunteers.
- Live our values every day, all day.
- Relentlessly focus on Quality Care, Patient and Staff Safety delivered in a Healthy Workplace.
- Develop and execute plans to maintain and strengthen our Core Services, maintain and enhance our existing Centres of Excellence and develop new Centres of Excellence.
- Plan and deliver our services within the context of the Central East Local Health Integration Networks (CE LHIN) Integrated Health Services Plan (IHSP) and Clinical Services Plan (CSP).
- Deliver our services within the fiscal resources available to us.

### Core Services

24/7/365 emergency departments supported by:

- 24-hour anaesthetic coverage;
- High dependency units (such as ICU);
- General surgery capacity, including day surgery;
- Community-level obstetrical and paediatric services;
- General medical and geriatric services;
- Some rehabilitation and mental health services; and
- Centres for diagnostics, treatment and ambulatory care.

Core Services will be delivered at both of our acute care campuses at **Rouge Valley Centenary** and **Rouge Valley Ajax and Pickering**.

Our initial focus will be to strengthen delivery and capacity of Core Services.

### Centres of Excellence

RVHS has two Established Centres of Excellence that fulfill a regional role within the CE LHIN network of care. These are **Cardiac Care** and **Mental Health**. We will continue to manage these centres and develop them based on the identified role and needs within the CE LHIN.

In addition to our Established Centres of Excellence, RVHS has potential Centres of Excellence that it may choose to develop. Development of new Centres of Excellence will not adversely impact the delivery and strengthening of our Core Services.

- Potential (Evolving) Centres of Excellence include:
  - Minimally Invasive Surgery;
  - Obstetrics;
  - Orthopaedics; and
  - Paediatrics and Neonatology.
- We will limit the number of our Centres of Excellence based on leadership's view of how much we can successfully achieve.
- New Centres of Excellence will be developed, evaluated and selected based on a collaborative process.
- After Core Services, Established Centres of Excellence will receive priority in the allocation of corporate resources.
- New Centres of Excellence will receive investment to the extent that funds are available and the investment is clearly supported by a comprehensive business plan that demonstrates community focus, linkage to the CE LHIN strategy and its CSP, as well as fiscal sustainability.
- Centres of Excellence will be organized to maximize the efficacy, quality and affordability of service delivery within the context of the CE LHIN Clinical Services Plan.
- Centres of Excellence may be located at only one campus to ensure that clinical efficiency and efficacy are maximized.



**Rouge Valley**  
HEALTH SYSTEM



**The best at what we do.**

February 1, 2010

# Overview: *From eliminating deficits to transforming to the best*

- Deficit Elimination Plan (DEP) is a 3-year plan
- Transformation is a 5-10+ year vision and process
  - Staff and physicians currently involved in improving quality, patient flow, faster and better care for patients, culture of positive change
- Our Board, management/staff, physicians and RVHS foundation are striving to be the best for
  - **Patients** – quality focus, infection control, elimination of errors
    - [www.rougevalley.ca/indicators](http://www.rougevalley.ca/indicators)
  - **Communities** – Board formed Community Advisory Group
    - Advises Board on community needs, issues
      - Advertised criteria/application: web, letters to 380 organizations in west Durham and east Toronto
      - More information at [www.rougevalley.ca/communitymatters](http://www.rougevalley.ca/communitymatters)

# Overview: *Deficit Elimination Plan*

- **09/10 Operating Plan**
  - o 2.1% base funding increase from MOHLTC
  - o Yr 2 bed reductions
  - o Maintain global volumes
  - o RVAP Redevelopment (Emergency/DI– opening this Sept.)
- **09/10 Capital Plan (multi-year)**
  - o Capital starved for many years
  - o Critical facility & other infrastructure needs
  - o Potential strategic investment: Cardiac Program; MRI

# Overview:

## *Deficit Elimination Plan - Risks*

- Must **sustain** improvements to operations
- Any backsliding means
  - Surplus is not realized and deficits increase
  - Less to spend on capital needs, quality improvements
  - Instability
    - Improvements lost
    - Quality issues
    - Start over again

# Updates (Details): Deficit Elimination Plan (DEP)



# Rouge Valley action on the Peer Review Report

- RVHS submitted its Progress Report to the CE LHIN in December, 2008. (see attached)
- Highlights included –
  - ✓ 27 of 28 recommendations have either been completed or are ongoing
  - ✓ Transforming the RVHS culture is underway
    - Strategic Plan developed and in implementation
    - Lean introduced
    - ARC ( Accountability Respect and Caring) being rolled out

# Rouge Valley action on the Peer Review Report

- ✓ Personal Business Commitment Process rolled out from CEO through to Managers
  - ✓ CEO Objectives approved by Board and aligned to Strategic Plan
- ✓ New Operational Planning and Budgeting process introduced and now being deployed
- ✓ New Capital Planning Process implemented for 08/09
- ✓ New multi year capital planning process rolled out for 09/10

# Deficit Elimination Plan (DEP) Planning Parameters

- ✓ Maintain patient volumes at same level as 2007/08 – committed in HSAA
- ✓ Follow MOHLTC 7-step framework impact on services and staff
- ✓ Ensure continued access to services for our communities
- ✓ Implement Strategic Plan On A Page

# DEP Plan Summary

Opportunities	Target (\$Million over 3 years)	Percentage of Total
1. Revenue Enhancement	0.6 M	2.5 %
2. Administration Reductions	1.4 M	5.5 %
3. Discretionary Expenditures	0.6 M	2.5 %
4. Non-Clinical Benchmarking	4.5 M	18. %
5. Savings Initiatives Underway	3.5 M	14 %
6. Occupancy	2.4 M	10 %
7. Conservable Days	6.6 M	26 %
8. Program Consolidation	0.6 M	2.5 %
9. Other potential (TBD)	4.8 M	19 %
Grand Total	25 M	100 %

# DEP: Staff changes

- 220 positions eliminated during 3 years
  - 90/80/49
- To date
  - Early retirement/voluntary exits: 65
  - Attrition/vacancy elimination: 90 (approx.)
  - Redeployment : 40 ( approx.)
  - Involuntary exit: 2

# Bed Changes

- 08/09 bed reductions: 36
- 09/10 bed reductions: 19
- Patient volumes maintained through increased average occupancy and reduced conservable days

# DEP Planning Parameters

- ✓ Be amongst the best performers in the Province and measure this
- ✓ Relentless focus on Quality and Safety for Patients and Staff in a healthy workplace
- ✓ Get to Balanced run rate by Q4 2008/2009 and surplus in 2009/2010
- ✓ Operate within available funding
- ✓ Stop erosion of working capital and repay debt as quickly as possible

# DEP - Operating Results

## (\$000s)

	February YTD Actual	February YTD Budget	Variance F/(U)
Revenue	245,381	245,198	183
Expenses	<u>245,035</u>	<u>249,637</u>	<u>4,602</u>
Surplus/(Deficit)	346	(4,439)	4,785
Special Votes (Fund 2)	0	0	0
Other (Fund 3)	<u>248</u>	<u>292</u>	<u>(44)</u>
Total Surplus	<u>594</u>	<u>(4,147)</u>	<u>4,741</u>



# Overall Financial Performance

- Preliminary Forecast Y/E Surplus: \$1M (07/08: -\$6.4M)
- Preliminary Total Margin: \$3.3M (07/08: -\$5.1M)
- Forecast working capital deficit: \$40.0M (07/08: \$39.9M)
- Forecast current ratio: .20 (07/08: .28)
- Long term debt: \$35.7M (07/08: \$36M)
- Boiler and roof repairs \$3.5 million
- Capital equipment spend in 08/09 of \$2.3M;  
budget in 09/10 of \$2.7M

# Meeting Volume Commitments

Global Volumes	Actual YTD month	Budget YTD	YTD Variance	YTD Annualized <sup>1</sup>	H-SAA Performance Target	Variance
Weighted Cases	26,230	25,839	391	28,615	28,188	427
CCC (Wtd Pt Days)	18,961	19,250	(289)	20,685	21,000	(315)
Mental Health IP days	15,550	16,500	(1,050)	16,920	18,000	(1,080)
Rehab IP days	10,043	10,083	(40)	10,956	11,000	(44)
Emergency Visits	85,689	87,083	(1,394)	93,479	95,000	(1,521)
All Ambulatory Visits in D/N care	100,155	93,500	6,655	109,260	102,000	7,260
Surgical Cases Inpatient	4,869	5,081	(212)	5,312	5,543	(231)
Surgical Cases Outpatient	15,612	15,195	417	17,031	16,576	455

<sup>1</sup>Straight line extrapolation of YTD volume, does not reflect seasonality, planned service closures and other factors which will affect actual annual volume

# DEP - Mental Health (MH) update

- Improved MH service plan accepted in March 2008 by RVHS Board and by CE LHIN Board
- 20 inpatient MH beds moved from RVAP to RVC
- Implementation began November 2008
  - Emergency Crisis Services have remained open at both hospital campuses with enhanced crisis hours - Nov. 21, 2008
    - 16 hours a day – weekdays
    - 12 hours (up from 8 hours ) on weekends
  - Outpatient Services remain open at both hospital campuses - Nov. 21, 2008
  - 15-bed med-psych beds opened - Feb. 17, 2009
  - 5-bed PICU opened March 23, 2009 – was temporarily closed in April 2009
  - All MH services continue to be accessed from both campuses

# Updates: Managing Quality and Risk

# Quality, Risk & Safety Framework

- “Relentless focus on quality and patient and staff safety in a healthy workplace”
  - Embedded in strategic plan
  - Embedded in Management’s Personal Business Commitments for 2008-09
- “Doing the right things right” for our patients, staff and communities

# Quality, Risk & Safety Framework

- RVHS is an accredited organization through Accreditation Canada. Currently in the 2009 process.
- RVHS uses a balanced scorecard approach to emphasize a multifaceted commitment to quality and safety
- RVHS has developed an integrated Quality Framework
- RVHS is in the process of developing an Enterprise Risk Management Framework

# Measuring Quality

- RVHS is committed to the CE LHIN through its Hospital Services Accountability Framework
- RVHS is committed to patient volume and wait time targets
- RVHS is measuring and reporting a variety of performance indicators to the Ministry and publicly through its website and through other venues

# Quality - Key Performance Indicators

- Hospital Acquired Infections:
  - C diff
  - MRSA
  - VRE
- Hospital Standardized Mortality Ratio (HSMR)
- Hand Hygiene Audits
- Safer Health Care Now! Indicators:
  - Ventilator associated pneumonia
  - Central line infections
  - Surgical site infections
  - Medication reconciliation



# Quality - Key Performance Indicators



Results as posted at  
[www.rougevalley.ca](http://www.rougevalley.ca)

# Quality Performance Indicator Results: Clostridium difficile Infection Rate

## *C. difficile* Results for February 2009

	Infection rate (per 1,000 patient days)	Case counts
Rouge Valley Health System	0.53	
Rouge Valley Ajax and Pickering	0.29	<5
Rouge Valley Centenary	0.63	5

# Quality Performance Indicator Results: Hospital Acquired Infections

## MRSA Results for February 2009

	February 2009	3-months combined* (Dec. 2008, Jan. and Feb. 2009)	
	Infection rate (per 1,000 patient days)	Infection rate (per 1,000 patient days)	Case counts
Rouge Valley Health System	0.00	0.00	
Rouge Valley Ajax and Pickering	0.00	0.00	0
Rouge Valley Centenary	0.00	0.00	0

\* The Ontario Ministry of Health and Long-Term Care reports MRSA and VRE results using a "3-months combined" reporting period. The current reporting period for the Ministry includes the months of December 2008, and January and February 2009. Our reporting is aligned with the Ministry and reflects the same reporting period.

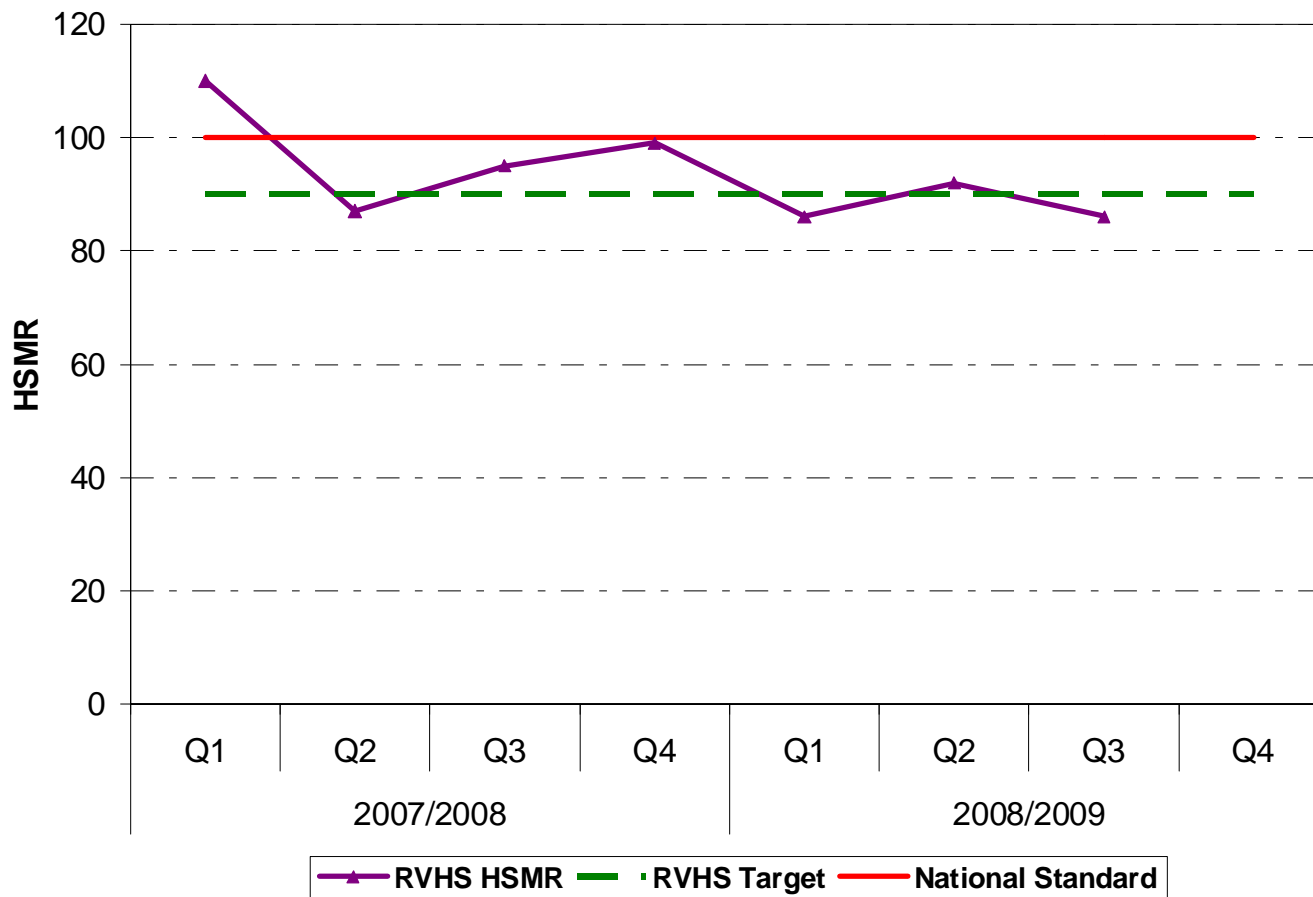
## VRE Results for February 2009

	February 2009	3-months combined* (Dec. 2008, Jan. and Feb. 2009)	
	Infection rate (per 1,000 patient days)	Infection rate (per 1,000 patient days)	Case counts
Rouge Valley Health System	0.00	0.00	
Rouge Valley Ajax and Pickering	0.00	0.00	0
Rouge Valley Centenary	0.00	0.00	0

\* The Ontario Ministry of Health and Long-Term Care reports MRSA and VRE results using a "3-months combined" reporting period. The current reporting period for the Ministry includes the months of December 2008, and January and February 2009. Our reporting is aligned with the Ministry and reflects the same reporting period.

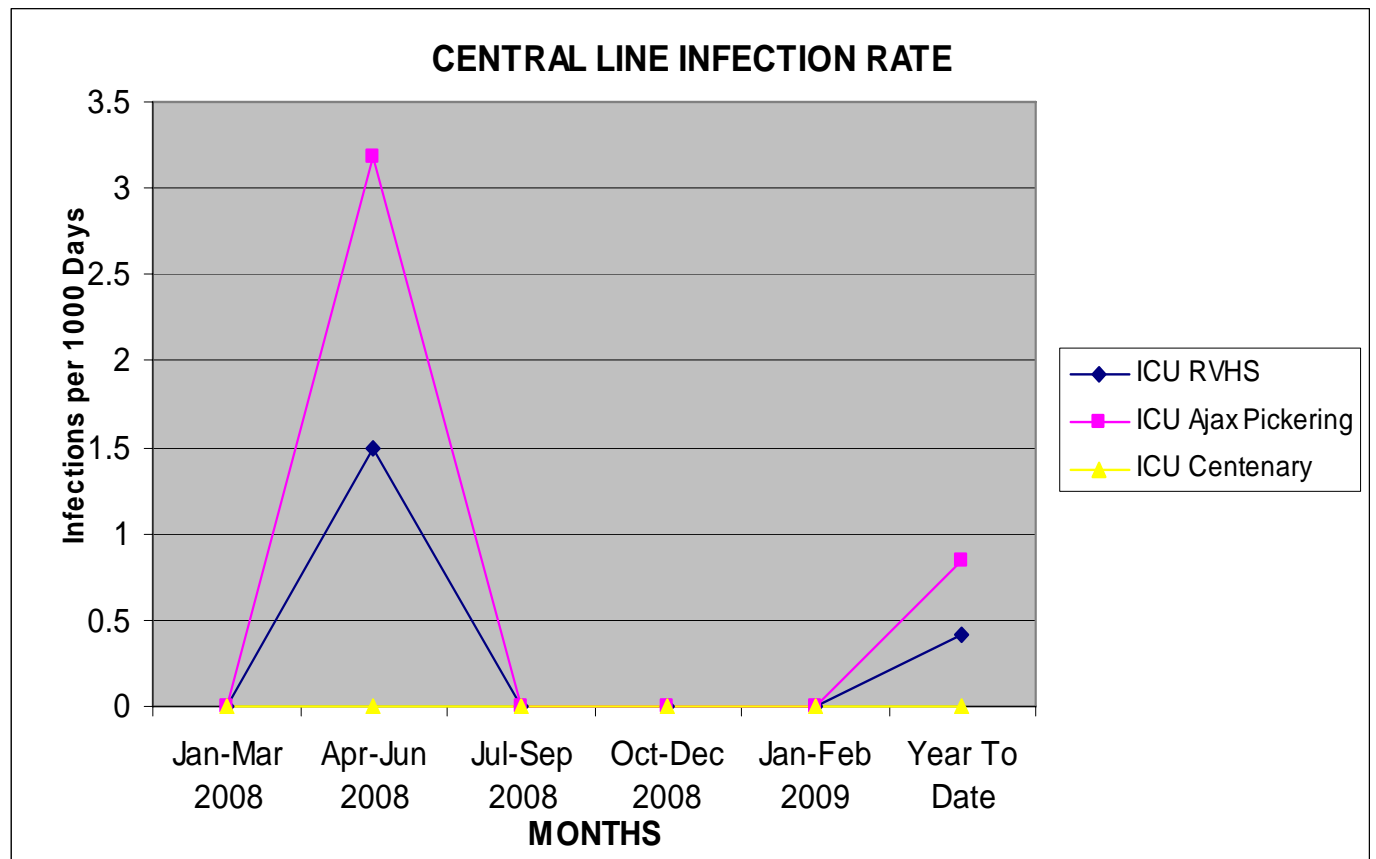
# Quality Performance Indicator Results: HSMR

## Hospital Standardized Mortality Ratio



# Quality Performance Indicator Results: Safer Health Care Now! Central Line Infections

- Goal was to reduce rate of occurrence by 50% in a year

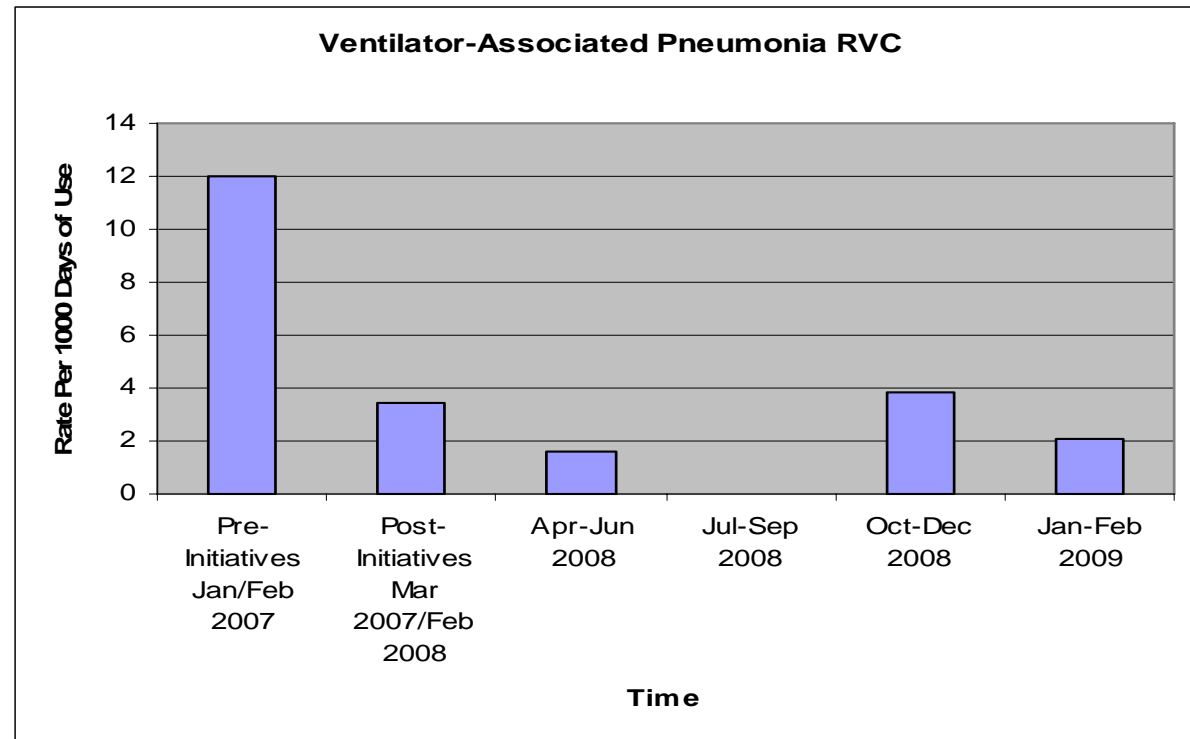


# Quality Performance Indicator Results:

## Safer Health Care Now!

### Ventilator Associated Pneumonia rate following introduction of Best Practices

- Goal was to reduce rate of occurrence by 50% in a year



# Updates: Transformation

# Our Transformation Strategy

## *Why Lean?*

- Major focus on long-term sustainability
  - Through training, coaching and leadership development to build capacity
- Clear alignment at every level with organizational strategy and enterprise metrics
  - Incorporated into leadership and management annual Personal Business Commitments
- Looks at processes from the patient perspective and flow across departments

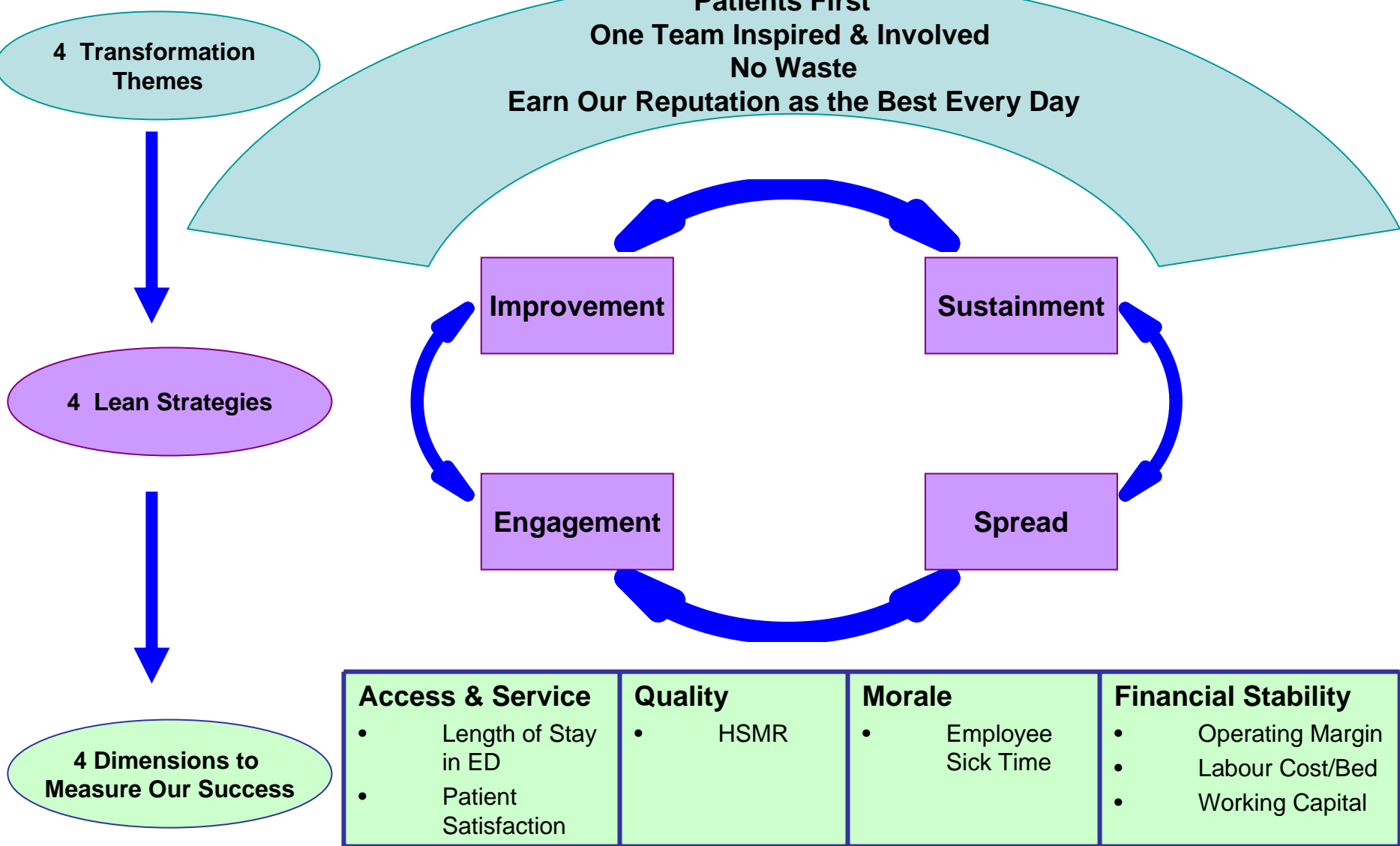


# Our Transformation Strategy

## *Why Lean?*

- Comprehensive approach to change
- Frontline staff are involved and empowered
  - **Kaizens**, committees
- Specific metrics and targets established at the outset and tracked throughout
- Emphasis on eliminating waste and quality improvement
- Process change is rapid (days not months)

# RVHS Lean Transformation Model (4x4x4)



# Transformation Engagement

- ✓ **325** staff and physicians have participated in at least one Lean activity
- ✓ **62** managers completed Lean Management Training
- ✓ **45** people completed the 3 day Lean Expert Tools Training Course
- ✓ **42** people completed the half-day Lean Basic Tools Training Course
- ✓ **60** people participated in Coaching workshops

“I see something that happens in Kaizen events that is magical almost – it’s culture changing.”

- Clinical Practice Leader,  
RVHS

# Transformation Improvement

## 25 Kaizen Events in Clinical Areas

Site	Emergency Department	Inpatient Medicine	Surgery Department
RVAP	<ul style="list-style-type: none"> <li>• 5S</li> <li>• Lab Turn Around Time</li> <li>• Triage/Registration Process Flow</li> <li>• Review Event on first 3 events</li> <li>• Diagnostic Imaging Turn Around Time</li> <li>• Cross-site Standardization of Improvement Tools</li> </ul>	<ul style="list-style-type: none"> <li>• Discharge Room Turn Around Time</li> <li>• Discharge Planning x 2</li> <li>• Call Bell Response and Bathroom Assistance (cross-site collaboration)</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-Operative Process x 2</li> <li>• Day of Surgery Flow</li> </ul>
RVC	<ul style="list-style-type: none"> <li>• Implemented Rapid Assessment Zone</li> <li>• 5S</li> <li>• Diagnostic Imaging Turn Around Time</li> <li>• Ambulance Offload Time</li> <li>• ED Process Flow and Space Layout</li> <li>• Flow for admitted patients in ED (joint event with Medicine)</li> </ul>	<ul style="list-style-type: none"> <li>• Discharge Room Turn Around Time</li> <li>• Discharge Planning</li> <li>• 5S</li> <li>• Sustainment of first 3 events</li> <li>• Lab Turn Around Time</li> <li>• Call Bell Response and Bathroom Assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-Operative Process x 2</li> <li>• Day of Surgery Flow</li> </ul>

# Transformation Improvement

## 2 Kaizen Events in Non-Clinical Areas

Facilities	Finance
<ul style="list-style-type: none"><li>• Electricity Efficiency</li></ul>	<ul style="list-style-type: none"><li>• Revenue collection from uninsured and out-of-country patients</li></ul>

### Other Lean Initiatives:

- Health Records Redesign
- 5S in Complex Continuing Care, New Birthing Centre and Stores on 4East
- Mini Kaizens in DI and Labs
- Performance control boards in Corporate Services
- Groups working on several discharge planning improvements based on best practices from the Flo Collaborative, IHI and the UK
- Development of care pathways

# Transformation Sustainment

## A few of our successes

- ✓ 1 week after the kaizen, RVC ED achieved the 2<sup>nd</sup> best ambulance offload time for community hospitals in Toronto
- ✓ 2 weeks after the kaizen event we reduced electricity usage by about 3%
- ✓ Improvements in lab and DI turnaround times
- ✓ Increase in % of patients discharged by 1p.m. (from 44% to 63% at RVC in 4 week period)
- ✓ Sustained improvement in discharged patient room turnaround time
- ✓ Discharge planning boards and bullet rounds in use on medicine floors; including recording of Estimated Date of Discharge
- ✓ Discharge lounge opened at RVC on April 6

# Transformation Spread

- Improvements are being spread across RVHS campuses
  - Cross-site participation in some kaizen events
- During the next couple of months discharge planning improvements implemented (and sustained) on the medicine units will be spread to other units
  - e.g. discharge planning boards, bullet rounds, patient/family communication tools, room turnaround time processes, processes to transport patients from ED to inpatient units

# Burning Issues



# Burning issues

- **RVHS has a number of critical issues it must address, but does not have the funds to do so**

# Burning Issues

## Ajax Medicine Beds

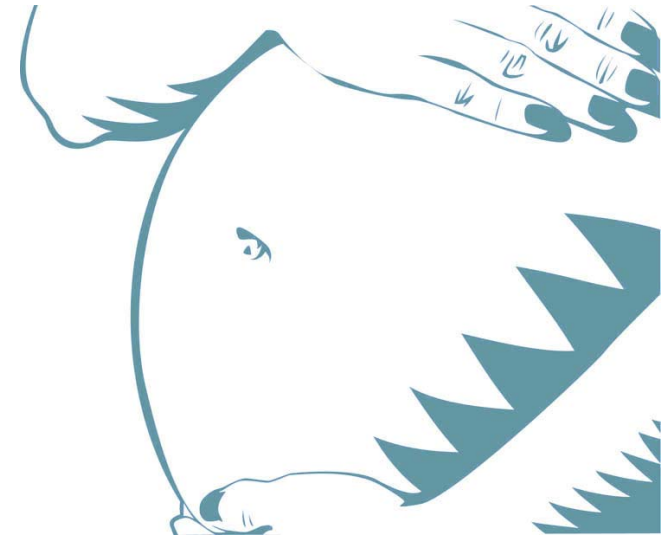
- Need 29 more medical beds at RVAP. The RVAP re-development will provide space for an anticipated 60,000 Emergency Departments (ED) visits per year. Currently staff and physicians care for over 46,000 patients a year in a space designed for 20,000
- Re-development project does not create any additional medical bed capacity, despite increase in ED capacity
- Demand for inpatient medical care has exceeded current RVAP ministry bed allotment and physical capacity. Additional medical bed capacity needs to be added in immediate term to meet patient care demands
- Current RVAP medical bed capacity is approximately half of that required when compared to peer hospitals, and Durham region has a similar deficit.
- ED Wait times at RVAP are very long, continue to deteriorate and cannot be resolved without more medical beds. Anecdotal reports from physicians and nurses is that patients are being sent away sick and returning sicker or are self-referring elsewhere

# News

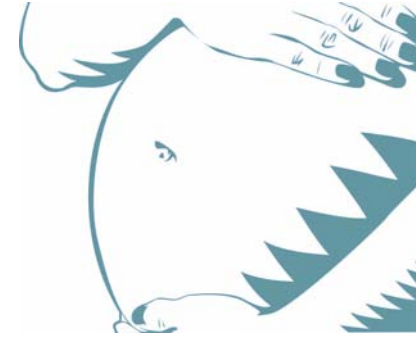
# Birthing & Newborn Centre

## Recently opened at Centenary

- First baby delivered Dec. 11, 2008
  - Official grand opening in early January 2009
- Replaces 1967 birthing area
- Features include
  - 16 Labour, Delivery, Recovery and Postpartum (LDRP) rooms
    - Bed converts into delivery table
    - Whirlpool tub in washroom for pain management
  - 21 additional post-partum beds
    - for use by mothers who need to stay longer than 60 hours after giving birth, or when the LDRP rooms are needed for deliveries



# Birthing & Newborn Centre



- **New Advanced Level II Neonatal Intensive Care Unit**
  - built adjacent to modern, state-of-the-art operative birthing rooms
- **Family Lounge**
  - a children's play area, telephone, internet access, small library
- **Four private-care-by-parent rooms**
  - for parents to look after babies who may be admitted for prolonged periods
- **Two overnight hostel rooms**
  - for mothers and families who have been discharged before their babies are ready to go home

# Ajax and Pickering Redevelopment

Construction on budget and on track for 2010!

- 70,000 sq.ft. new space
- 70,000 sq.ft. renovated space
- Largest ever investment at RVAP, and at RVHS as a whole
- Brings total RVHS investment to \$120M+ at RVAP, since 1998

Emergency and related services

- Cardiac Diagnostics
- Diagnostic Imaging, Labs
- Ambulatory Care
- New emergency department opens this September 2009



April 2, 2009



# Constant improvement journey

- Despite challenges Rouge on road to success
- No longer spending more than we are funded for
  - Balanced run rate
  - Enabling us to plan for reinvestments in facilities
- Culture of constant positive change evolving
- Staff and physician engagement growing
- Culture of trust, united team emerging
- Increased regular community communications
  - RVHS has presented and listened to 30 community organizations from March 2008 to present. [www.rougevalley.ca/community\\_outreach](http://www.rougevalley.ca/community_outreach)
- Your support and advice are welcome

# Questions

Thank you