

Progress Rouge Valley Health System



**Durham Region
Health and Social Services Committee**
Jan. 14, 2010
Rik Ganderton
RVHS President & CEO



The best at what we do

1

Agenda for Today's Presentation

- History of Progress
- Updates
 - Deficit Elimination Plan
 - Quality and Risk
 - Transformation
- Issues / Challenges
- Progress
- Questions



The best at what we do

2

History of Progress

- ✓ Board appoints Ganderton as 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 our funding envelope (inefficient compared to others)
- ✓ Strategic Plan-on-a-page completed in 2007
 - Actively being implemented (Accreditation Canada noted it as best implemented)
- ✓ Develop/implement Deficit Elimination Plan (DEP)
 - Started March 25, 2008, ongoing
- ✓ Quality Risk Safety Framework
- ✓ Transformation, Lean
 - Began in mid-2008, ongoing



The best at what we do

3

BOARD OF DIRECTORS

MANAGEMENT STAFF AND VOLUNTEERS

PHYSICIANS AND PHYSIOTHERAPISTS

PATIENTS AND FAMILIES

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

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

Achieving our Mission, Vision and Values

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.
- Use 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 and Local Health Integration Networks (CIHN) Integrated Health Services Plan (IHSP) and Clinical Services Plan (CSP).
- Deliver our services within the fiscal resources available to us.

Centres of Excellence

RVHS has two Established Centres of Excellence that fulfill a regional role within the CE UHN 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 UHN.

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:
 - 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 investments 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 CIHN strategy and its CSP as well as fiscal sustainability.
- Centres of Excellence will be organized to maximize the efficiency, quality and affordability of service delivery within the context of the CIHN Clinical Services Plan.
- Centres of Excellence may be located at any one-campus to ensure that clinical efficiency and workflow is maintained.

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 diagnostic, treatment and ambulatory care.

Core Services will be delivered at both of our acute care campuses at Rouge Valley Continuity and Rouge Valley Aged and Prehospice.

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





The best at what we do.



The best at what we do

4

Deficit Elimination Plan (DEP) Planning Parameters are being met

- ✓ Maintain patient volumes at same level as 2007/08
– committed in HSAA
- ✓ 220 positions eliminated 2008-2011
 - Early retirement / attrition / vacancies
- ✓ Follow MOHLTC 7-step framework impact on services and staff
- ✓ Ensure continued access to services for our communities
 - Benchmarking
 - Compared ourselves to more effective hospitals in GTA and Ontario



The best at what we do

5

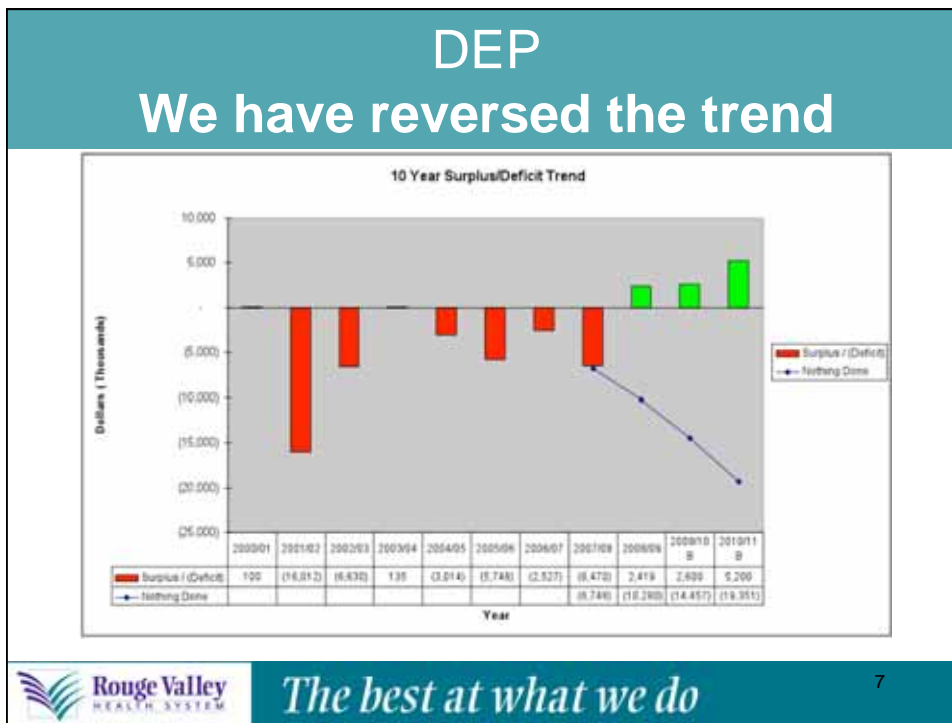
DEP Planning Parameters are being met

- ✓ 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
- ✓ Balanced run rate by Q4 2008/2009 and surpluses in 2009/2010 (\$2.6M) and 2010/11 (\$5.2M)
 - **Surpluses are necessary to maintain our aging facilities**
 - Hospitals don't get separate funding for this
- ✓ Stop erosion of working capital and repay debt as quickly as possible



The best at what we do

6



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 unit opened - Feb. 17, 2009
 - 5-bed PICU opened March 23, 2009
 - All MH services continue to be accessed from both campuses
 - No increase in complaints since new model implemented

8

Key Operational Statistics

	Projected 2009/10	2008/09	2007/08	2006/07
Weighted Cases				
- Inpatients	24134	23230	24671	23750
- Total	28842	28970	29144	27903
Surgical Procedures	22303	22419	22119	21695
Births	3900	3619	3808	3605
Emergency Visits	103584	93638	95301	95044



The best at what we do

9

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
 - **We are meeting or exceeding quality targets** (See HSMR slide)
- Board's Quality & Risk Committee meets to review monthly



The best at what we do

10

Quality Performance Indicator Results, example: Hospital Standardized Mortality Ratio *Best HSMR in the Central East LHIN*



HSMR measures actual deaths vs. expected deaths

RVHS continues to improve

- 104 in 2006-07
- 99 in 2007-08
- **94 in 2008-09**

Transformation / Lean

- Rouge Valley embarked on a major transformation initiative to improve quality patient care and services
 - Started in mid 2008
 - Change is constant at Rouge
- Applied *Lean* methodology
 - A management philosophy used by corporations and hospitals
 - Originates from Toyota
 - Also builds transparency, accountability and employee engagement
- Rouge is a leading hospital in applying *Lean*
 - With much success

Progress: Transformation/Lean

- Transformation successes adding up
 - Patients going home sooner thanks to improved patient flow and discharge planning at both campuses
 - Patients and doctors getting lab test results faster at both hospital campuses
 - Patients waiting less for care in our emergency department at Rouge Valley Centenary
 - 90 per cent of ambulatory patients are discharged in less than four hours
 - Faster ambulance offload times for patients – RVC ambulance offload times continue to be among the lowest in Toronto
 - This initiative is coming to RVAP, now that our new emergency dept. is open



The best at what we do

13

Issues we are working on

- **MRI at Rouge Valley Ajax and Pickering**
 - Necessary, standard diagnostic tool
 - Needed by growing west Durham community
 - One of only a few GTA hospital sites without an MRI
 - Would improve patient wait times
 - Elevate standard of care for diagnostic imaging in the Central East
 - Priority within Central East LHIN
 - Supported by RVHS hospital board
 - Operating Funding / Capital funding (about \$5M)
- **Need more medical beds at RVAP**
 - Demand for inpatient medical care exceeds current RVAP ministry bed allotment, physical capacity
 - Have capacity for 29 medical beds
 - Current RVAP medical bed capacity is half of required compared to peer hospitals
 - Durham region has similar deficit of medical beds
 - Thank you for Durham Region's support on this



The best at what we do

14

Issues we are working on 2010/11 H-SAA Process

- Refresh Capital Infrastructure
- VFA report received in September 2009
- Estimated \$70M investment required in facilities infrastructure upgrade and replacement during next 5 years
 - RVC: \$62M
 - RVAP: \$8M
- Total \$74M capital requests in rolling 3-year capital plan fiscal 2010/11–12/13 (including facilities items)
- These can only be addressed, in a timely manner, through continued generation of operating surpluses
 - Allows us to fund capital or fund debt for major replacements
 - Currently looking at various alternatives



The best at what we do

15

Challenges ahead

- Recession: Province facing \$24.7 Billion deficit
- Impact on hospitals not yet known
 - But health care is 40% of provincial budget
- RVHS is better positioned thanks to its
 - Deficit Elimination Plan
 - Lean/Transformation actions and successes
- Nonetheless, impact on Rouge and all hospitals could be significant
 - Service reductions possible
 - If budgets are frozen by province
 - Funding scenarios: 2%; 1%; 0%
- No decisions yet



The best at what we do

16

Progress: RVAP Redevelopment



Went live on Nov. 30, 2009

Construction on budget / on track

- 70,000 sq.ft. new space
- 70,000 sq.ft. renovated space
- Largest ever investment at RVHS
 - Brings total RVHS investment to \$120M+ at RVAP, since 1998
- 3-year project to be complete this fall
- **PCOP funding came through!**
 - Rare in a recession
 - Indication of RVHS performance



Emergency and related services

- Emergency dept. opened November
- New Cardiac Diagnostics
- New Diagnostic Imaging
- Lab
- New Ambulatory Care



The best at what we do

17

Questions

Thank you

Keep in touch

Rik Ganderton, President/CEO, 416-284-8131 x7293

David Brazeau, Director, Public Affairs and Community Relations, 647-294-8885

dbrazeau@rougevalley.ca

www.rougevalley.ca



The best at what we do

18