Quality Care Through Knowledge

Year One Review
Year Two Plan

St. Michael's
Inspired Care. Inspiring Science.
2011-14 Strategic Plan: Quality Care Through Knowledge

Creating a healthier world, through our culture of caring and discovery

Guided by our:

MISSION AND VALUES

CORPORATE PRINCIPLES

QUALITY
Build quality improvement across all aspects of our work.

PARTNERSHIPS
Strengthen internal collaboration, and community, provincial, national and global partnerships.

INNOVATION
Lead in the development, adoption and evaluation of innovative approaches, by integrating patient care, research and education.

CORE BUSINESSES

Care for disadvantaged populations

Care for the critically ill

Care for patients with specialized diseases

Research addressing the disadvantaged

Applied research

Translational research

PATIENT CARE

RESEARCH

EDUCATION

STATEGIC ENABLERS

OUR PEOPLE
- Engagement and healthy work environment
- Capacity for change and growth
- Developing people as healthcare leaders
- Culture of team

INFRASTRUCTURE
- Planning
- Information management
- Communication

FUNDRAISING
- Acquire more donors
- Provide more choices
- Grow partnerships for success

S1: Patient Care
S2: Research
S3: Education
S4: Our People
S5: Infrastructure
S6: Fundraising
Developing the Corporate Objectives

Review Status of Year One Objectives
Year One Corporate Objectives Summary

St. Michael’s Strategic Plan

Customer/People
- Quality Improvement Plan (Partially Met)
- Quality of Care (Met/Ongoing)
- HR Strategic Plan (Met/Ongoing)
- Fundraising (Met)

Internal Hospital Process
- Accreditation (Met)
- Ambulatory Care (In Progress)
- Information Management Plan (Met)
- Communications (Met)
- New Government Legislation & Regulations (Met)
- Research Action Plan (Met)

Financial
- Balance Budget (Met)
- Patient Care Tower (Met)
- Research Sustainability Plan (Met/Ongoing)

Learning & Growth
- Li Ka Shing Knowledge Institute (Met)
- Partnerships (Met)
- Student and Staff Education (Met)

Adapted from Kaplan & Norton (1996) and Niven (2008)
Developing the Corporate Objectives

- Review Status of Year One Objectives
- Review progress of 2011-14 Strategic Plan
Developing the Corporate Objectives

1. Review Status of Year One Objectives
2. Review progress of 2011-14 Strategic Plan
3. Establish Year Two objectives to advance Strategic Plan and map to Balance Scorecard structure
Year Two Corporate Objectives Summary

St. Michael’s Strategic Plan

Customer/Stakeholder
- Quality of Patient Care (S1)
- Ambulatory Care (S1)
- Senior Friendly Hospital (S1)
- System Integration & Transformation

Internal Process
- Quality of Care Processes (S1)
- Research Action Plan (S2)
- Capital Redevelopment (S5)
- Communications (S5)

Financial Stewardship
- Balanced Budget (S1)
- New Funding Model (S1)
- Capital Campaign (S6)

Organizational Capacity
- Staff & Physician Engagement (S4)
- Service Excellence (S4)
- Information Management (S5)
- E-Learning (S3)
- Adopting Research (S1)

Legend: S# refers to Strategic Direction

Adapted from Kaplan & Norton (1996) and Niven (2008)
Next Steps

1. Board approval – May 8

2. Organizational roll-out to management, all staff, intranet – May 8

3. Standard templates for portfolio/program objectives and as part of performance review process – Through EVPs Offices this week
Appendix:
Year One Objectives Status Report – Slides 10-24
Year Two Objectives – Slides 25-33
Appendix:
Year One Objectives Status Report
Dimension: Customer/People

1a. Build quality improvement in all aspects of our work by:
   i. Implementing the quality improvement goals in our Quality Improvement Plan and meeting or exceeding all government mandated quality improvement targets, with particular emphasis on Emergency Department improvement metrics, hand hygiene and patient satisfaction (D. Sinclair, E. Ferris, J. King)

Achieved or exceeded 4 of 5 targets in the Quality Improvement Plan:

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<tr>
<td>Hand Hygiene</td>
<td>Exceeded Target</td>
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<td>Readmissions within 30 days for Congestive Heart Failure</td>
<td>Achieved Target</td>
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<td>ER length of stay for admitted patients</td>
<td>Below Target</td>
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<tr>
<td>Patient Satisfaction</td>
<td>Achieved Target</td>
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<tr>
<td>Total Margin</td>
<td>Exceeded Target</td>
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Dimension: Customer/People

1a. Build quality improvement in all aspects of our work by:

   ii. Having each program implement one interprofessional quality improvement project focused on standardization of care, supported by team-based educational activities (D. Sinclair, E. Ferris, P. Houston)
   Each program successfully implemented at least one project. See Appendix for details.

      Met/Ongoing

   iii. Completing the Year 3 requirements for the Best Practice Spotlight Organization Candidacy (E. Ferris)
      All contractual requirements set by the RNAO for Year 3 of the BPSO candidacy/designation met by March 31, 2010.
      Designation to be received at RNAO AGM on April 26, 2012.

      Objective Met
Dimension: Customer/People

1b. Complete and implement an Elder Care Strategy (D. Sinclair, E. Ferris)
Administrative and Medical Lead to complete strategy development have been appointed.
Internal and external scan of current state (SWOT) complete, with Stakeholder Engagement and Planning meeting held on February 28.
On track to have 3-year strategy defined and approved, with organization-wide communication in early Q1.

Met/Ongoing

1c. Implement and evaluate a new web-based patient education tool (P. Houston)
Implemented new web-based patient education tool, Krames, with a pilot in Fall 2011 and organization wide roll out of 6,500 health sheets in November 2011. Between Nov-Feb, the web-tool has received 1,735 hits.

Objective Met
2a. Continue the implementation of Human Resources Strategic Plan, by:

i. Implementing LEADS and completing the 360 pilot evaluation (J. King)
   400 leaders completed the 360 pilot
   Evaluation through focus groups indicated that staff/leaders were pleased with the 360 development reviews and found it more useful than previous 360 reviews.
   Minor adjustments to be made to the final program in 2012
   **Objective Met**

ii. Conducting physician and staff engagement surveys (J. King, P. Houston)
    Conducted with the highest response rate for both physicians and staff in survey history.
    Corporate themes and departmental results released to develop action plans.
    **Objective Met**

iii. Implementing and evaluating the mentorship program (J. King, P. Houston)
     Program launched with 20 mentors/mentees participating in pilot.
     Official evaluation will occur in September 2013.
     **Met/Ongoing**
2b. Implement and evaluate the Service Excellence Program pilot, and determine future corporate strategy (J. King, E. Ferris)

Program has implemented staff rounding in Clinical Areas (CCU, MSICU, Orthopedics, Neurosurgery, and Trauma Ward) and Support Services Areas (Housekeeping and Patient Transport). Program was evaluated and future strategy has been established by the steering committee.

Objective Met
Dimension: Customer/People

3a. Obtain Foundation Board endorsement to launch a major campaign to support a new patient care tower and other major priority programs (A. Metrick)
Both Foundation and Hospital Board endorsed campaign for new patient care tower, emergency department, and research and education priorities at the joint boards retreat.

Objective Met

3b. Increase the number of physicians and hospital staff who are actively engaged with the Foundation by 20% (compared to fiscal 2010-11) (A. Metrick, D. Sinclair, E. Ferris)
Exceeded target, staff and physician engagement increased 55% from 2010-11.

Objective Met

3c. Evaluate the Culture of Giving program (A. Metrick)
The program has completed its fourth of five years. A full program evaluation will occur next year, however early indication points to maintaining the program. Staff and physician engagement is increasing and Foundation staff have been trained and are working across all hospital programs. This year, nine area-specific initiatives implemented and both an online and physical presence have been established.
This year's fundraising target exceeded by 10%.

Met/Ongoing
Dimension: Internal Hospital Process

1. Successfully achieve full Accreditation *(D. Sinclair, E. Ferris, J. King)*
   Accreditation achieved.

   **Objective Met**

2. Complete the Ambulatory Care Review and implement the recommendations for best practice *(E. Ferris, J. King, D. Sinclair)*
   Implementation is underway in three clinics: ENT, Respirology, and Martin Family Centre. Hospital wide implementation has been extended for completion into next year to strengthen physician participation and ensure support for managers to tailor the framework to their individual clinics was available.

   **In Progress**
Dimension: Internal Hospital Process

3. Continue the implementation of the Information Management Plan, including: (J. King, E. Ferris, D. Sinclair)
   a. Completion of CPOE on 15CC, 17CC, 4 Queen, and developing a strategy for the Emergency Department
   Gemini Project is nearing completion. CPOE has been rolled out to all inpatient units and ED planning is underway.
   
   
   Objective Met

   b. Initiation of the following projects: Critical Care, PeriOp systems, business systems, PACS/RIS Planning in Critical Care is underway. Periop System, Business System, and RIS/PACS are out to tender and will be awarded in 2012.
   
   
   Objective Met

4. Complete a strategic review of communication needs and opportunities (R. Howard)
   Strategic review completed. Recommendations have been developed into action items and are being implemented.
   
   
   Objective Met
5. Ensure compliance with new government regulations related to FIPPA, procurement, and expenses through policy development (J. King, All)

   Freedom of Information and Protection of Privacy Act (FIPPA) regulations and action plans have been developed and resources are in place to address management of FIPPA as of January 2012. Procurement and expenses policies and procedures are in place and the Hospital is in compliance with new government regulation.

   **Objective Met**

6. Develop and obtain approval for the Research Action Plan (A. Slutsky, All)

   Research Action Plan presented to LKSKI Advisory Committee and Research Planning Steering Committee. Approved by Research Executive in March 2012.

   **Objective Met**
Dimension: Financial

1a. All programs, departments and services to manage within their budget (All)

Overall, the hospital will be in surplus position.

Objective Met

1b. All programs to maintain volumes within the current budget; there will be no unfunded growth (E. Ferris, D. Sinclair, J. King)

Overall, programs are maintaining volumes within budget or within any funded increases. Emergency department visits have increased 11%, however program remains on budget.

Objective Met
Dimension: Financial

2. Continue Budget Task Force activities and implement savings strategies, and prepare for fiscal 2013 (J. King, E. Ferris, D. Sinclair, All)
   Budget will balance for 2011/12.
   Budget Task Force continues to meet with a number of reductions and improvement strategies underway. Assuming 1% increase and no surprises, the Hospital should balance for 2012/13. A few reductions in service may be required.
   
   Objective Met

3. Continue to plan and prepare for approval a new Patient Care Tower at the corner of Queen St. and Victoria St. (R. Howard, J. King)
   Approval received in November 2011 from MOHTLC for new patient care tower.
   Implementation is underway through discussions with IO and MOHLTC and internal organizational structures are being developed to support project team.
   
   Objective Met
4. Develop and obtain approval for a research sustainability plan (A. Slutsky, All)

Draft research sustainability plan has been developed (10 year historical look and three year future budget projection have been developed). Draft plan will be brought forward to the hospital and foundation.

Met/Ongoing
Dimension: Learning & Growth

1. Implement research generated at the LKSKI in SMH to support innovation in clinical areas (A. Slutsky, P. Houston, D. Sinclair, E. Ferris)

Eight new knowledge translation projects initiated this year. Five courses continue to operate, training 68 SMH staff to date.
Knowledge Translation Consultation Service – 25 new projects commenced.
Delirium Prevention Project has demonstrated decrease in delirium rates; sustainability of initiative is being reviewed.
New curriculum developed for Basic Life Support, Simulation-based Minimally Invasive Surgery and Education Research courses.

Objective Met

2. Pursue strategic corporate partnerships with select organizations (R. Howard, All)

Partnerships with select clinical and academic institutions were pursued.

Objective Met
3. Implement a new corporate student engagement tool (P. Houston)

New Engagement Survey developed and implemented for all students. Building from work at SMH, TAHSNe Learner Engagement Working Group formed (lead by SMH), to standardize tool to measure student engagement across hospitals and all professions.

Objective Met

4. Implement the recommendations of the Organizational Learning Scan for year 1, including a corporate strategy for Continuing Education and Professional Development (P. Houston, All)

Year 1 recommendations implemented. CEPD Committee established to provide governance and oversee working groups for Consultation Services, Education Tools & Resources and Technology in Learning.

Objective Met
Appendix:
Year Two Objectives
1. Improve quality of patient care by meeting the objectives in the Quality Improvement Plan
   - Reduce emergency department time to admission
   - Reduce unnecessary CHF readmissions
   - Reduce clostridium difficile infections
   - Reduce the rate of central line blood stream infections
   - Maintain HSMR
   - Maintain patient satisfaction

2. Complete the implementation plan for the new ambulatory care model

3. Implement year one initiatives of the senior friendly hospital strategy

4. Executive leadership will continue to contribute to system integration and transformation through the LHIN and Ministry
Senior Friendly Hospital Strategy – Year 1 Objectives

1. Implement initiatives related to two provincial priorities
   Delirium – FDR Advisory
   Functional Decline – MOVE ON Initiative

2. Conduct an organizational elder care learning needs assessment and
   develop an education plan to address gaps – SFH Steering

3. Review existing geriatric-specific services and develop recommendations for
   addressing any identified gaps – SFH Advisory

4. Continue environment audits to increase organizational awareness of Code+
   (senior friendly environment) standards and implement checklists for
   consideration in new construction and renovations – SFH Steering &
   Planning
1. Improve quality of patient care by meeting the process objectives in the Quality Improvement Plan
   - Increase inpatient admission medication reconciliation completion
   - Increase timely completion of electronic discharge summary
   - Increase provider hand hygiene compliance
   - Reduce ALC days

2. Improve transitions of care practices under the direction of the Quality Improvement Council

3. Evaluate the Best Practice Spotlight Organization initiatives and sustain their implementation

4. Implement and evaluate target equity pilot projects to inform the development of a corporate equity plan

5. Implement year one objectives of the Research Action Plan
Transitions of Care – Objectives
(Through Quality Improvement Council)

1. To develop a corporate framework and implementation plan for a standardized approach to the management of transitions in care

2. To develop and implement standardized tools and processes for nurse-to-nurse communication during transitions in care (shift to shift, transfer to diagnostic depts, unit to unit)

3. Emergency to General Internal Medicine - develop an effective communication process to enable unit readiness to receive patient from ED to enhance timely access to care

4. Trauma Neurosurgery ICU and Neuro-Trauma/Acute Care Surgery Unit will develop an effective planning tool to improve discharge from the ward to enable movement from ICU
6. Develop an evaluation process for the online patient education tool

7. Develop and issue output specifications for the capital redevelopment project as part of the Design-Build-Finance process

8. Develop and obtain approval for a three-year Information Management Strategic Plan

9. Develop and obtain approval for a three-year Communications & Public Affairs Action Plan

10. Implement the new communications model for internal support, and conduct an evaluation of effectiveness

11. Implement year five of the Culture of Giving initiative through building and leveraging partnerships with physicians, staff and program leaders
Financial Stewardship

1. Maintain agreed upon volumes within budget; There will be no unfunded growth

2. Conduct a corporate review to identify clinical services that will benefit from standardization or relocation that will improve SMH's performance with the implementation of HBAM and patient based funding

3. Conduct a review of research administration and operations

4. Achieve 20% of the capital campaign pledge goal ($30M of $150M)
1. Develop the Action Plan and implement year one objectives to address the corporate level themes identified from the staff and physician engagement surveys:
   a) performance management and recognition
   b) relationships with management
   c) internal communications

2. Based on the pilots and evaluation of the Service Excellence Program, implement a Rounding experience with staff in every program and service

3. Implement PACS and begin implementation of the perioperative and business systems

4. Develop an education plan to sustain the electronic patient record
5. Develop a plan to advance e-learning capacity and capability through broader and enhanced use of the Learning Management System

6. Develop at least one cross cutting theme in translational research to link basic research to clinical programs

7. Implement year one of the CAHO Adopting Research to Improve Care (ARTIC) initiatives:
   a. Mobilization of vulnerable elders in Ontario in General Medicine
   b. Antimicrobial stewardship program in the ICUs

8. Create ambassador teams with staff and physicians to raise awareness and support the foundation