

TO: GBHS Board of Directors
FROM: Lance Thurston, President and CEO
DATE: October 28, 2015
SUBJECT: CEO's Report to the Board for October 2015

PURPOSE

The following items are offered for the Board's information, consideration and/or direction. The items are organized around the organization's new Strategic Directions. When items overlap Strategic Directions, they are entered in the one that is most prominently represented by the project. Where indicated, a resolution of the Board is requested.

ACHIEVING BEST OUTCOMES

➤ *GBIN Expansion*

The planned expansion of our shared patient information network (the newly renamed Georgian Bay Information Network or GBIN) to include Orillia Soldiers' Memorial Hospital is well underway with an expected Go Live date at the end of June 2016. This is a major undertaking for the GBIN partnership and for our Information Services Department, which supports GBIN.

The work has been proceeding with the approval of all hospital corporations based on a signed Memorandum of Understanding. That arrangement will be further formalized by way of an agreement that is being drafted and reviewed by all parties. It is expected that the agreement will be coming to our IT Committee and then on to the Board for approval either at the end of 2015 or early 2016.

➤ *Health Information Services Department Review*

The firm of KPMG has been hired to undertake an organizational effectiveness review of the HIS Department. It is prudent business practice to periodically assess the value proposition of programs and services being provided by a functional area within an organization, particularly areas undergoing significant and rapid change, like the HIS Department. The review will include an assessment of current departmental structure, staffing, work flows, communications, organizational culture and other aspects of the department.

The conclusions and recommendations arising from this assessment will provide guidance in strengthening the HIS function in the context of the rapidly changing health care system, the expanding GBIN partnership, new corporate strategic priorities, emerging

opportunities/challenges, and leading management practices. We want to ensure that the department is set up for success, namely to:

- Deliver high levels of customer, partner and employee satisfaction
- Ensure accountability and responsibility across the organization and with network partners
- Ensure consistency between operational activities and strategic direction
- Promote responsive and inclusive leadership, and
- Foster a healthy, engaged employee culture

The project steering committee consists of the Chief Executive Officer, Chief Information Officer and the Chief Human Resources Officer. A major part of this engagement is to solicit the views of HIS staff, users of the systems and partner organizations. The review is expected to be completed by the end of December 2015. The findings will be reported back to the organization and will be considered by the IT Committee, Resources Committee and ultimately the Board.

➤ *OHA Transfer of Accountability Task Force*

CEO Thurston has accepted an invitation to join a new task force sponsored by the Ontario Hospital Association (OHA). Much work has been done in recent years to develop provincial standards for transferring non-urgent patients between healthcare facilities. There are, however, some outstanding issues that need to be addressed. As an example, often the sending organization's support staff are not released once the patient arrives at the receiving organization. This has significant cost and operational implications for the sending hospital, particularly smaller rural sites with limited available staff complement, and the overall efficiency of the system.

The OHA has struck this new task force to look at the issues of clarifying the roles and accountabilities of medical escorts, sending hospitals, and receiving hospitals. The task force will include a cross-section of representatives, including community hospital CEOs, emergency department staff, clinical staff, paramedics, EMS management and a representative of large acute hospitals.

➤ *Regional Review of Medical Imaging Services*

The South West LHIN is initiating a regional review of medical imaging services offered across the southwest. Imaging performance results across the region point to ongoing challenges in providing an optimal service based on factors like: referral system, access points, infrastructure, case complexity levels, and management of supply and demand pressures to name a few. The LHIN is of the view that the current environment of growing imaging volumes and reduced hospital operating budgets requires a more formalized strategy of collaboration across the hospitals in the region.

A committee reporting to the Hospital/CCAC/LHIN CEO Committee is being established to recommend a new model of regional and system collaboration that enhances the patient experience through coordinated access and quality of service (which includes system strategies for:

scheduling, utilization, appropriateness, human resources, equipment utilization, real time quality/access metrics). The new model will define imaging service expectations and standards from a patient perspective. This review is important to GBHS and we will seek to have representation on the project teams assembled.

➤ *Mental Health Grey Bruce Partnership Strengthening*

In 1999 GBHS entered into a partnership with the Canadian Mental Health Association Grey Bruce and Hope Grey Bruce to improve the delivery of mental health services across the region. This partnership, known as the Grey Bruce Mental Health Partnership, was a bold and innovative step in the coordinated delivery of mental health and addictions services across the two counties. It has been highly successful in improving coordination between mental health and addictions agencies. The partnership is overseen by an Advisory Board and Mental Health Management Group made up of members of the boards and staff from each organization, respectively. Mr. Will Rogers is our Board representative on the advisory and a number of our staff participate on the management group.

The SW LHIN has expressed strong interest and support to the partners in refreshing the local service collaboration and has hosted two meetings over the past months with some of the governors and senior executive of each organization. At the most recent meeting on October 20th, the LHIN agreed to consider a proposal from the partners to fund a facilitated workshop to lay the groundwork for a renewed collaboration among the partners and possibly other mental health and addictions organizations in the region. A small working group has been struck to develop the funding proposal for submission to the LHIN by the end of November 2015. Each agency will have a member of its board and a senior executive participate on this working group.

Strengthening mental health and addiction services in the region has been a long-stated priority of GBHS. Working collaboratively with our community partners towards this end is fully consistent with the directions outlined in the new GBHS Strategic Plan. It is timely too given the retirement of our director of outpatient mental health, Jeff Franks, in November 2015 and ongoing process improvements and space planning being undertaken to improve patient care and patient movement and flow through this organization.

➤ *Back Office Collaboration and Integration Project*

One of the integration strategies being advanced by the SW LHIN is the Back Office Collaboration and Integration Project (BOCIP). The BOCIP is focusing on enabling effective and efficient use of system resources to achieve the highest quality back office services making the best use of public resources to create readiness for future health system transformation. CEO Thurston is a member of the project steering committee representing the acute hospital sector. Other members represent community health care partners.

Phase 1 of the project, being conducted in 2015/16, will leverage expert resources to define industry best practices and develop minimum standards in specified administrative service areas (e.g. finance, human resources, payroll, IT, procurement, etc.).

The RFP process is currently underway and the LHIN is seeking a vendor with a solid understanding of the Health Service Provider environment in Ontario. The best practices and minimum standards to be developed must be relevant to the Mental Health and Addictions, Hospital, Community Support Services, Community Care Access Centre, Community Health Centre and Long-Term Care Home sectors. They must also be relevant to the rural setting of many of our care providers. Regardless of current practices, understanding what the practice is and how the LHIN may assist providers in achieving best practice is the goal.

If health services providers are currently exploring back office integration opportunities but are not in the late stages of this work, the LHIN is suggesting that the parties hold off on any further work in order for the BOCIP best practices and minimum standards to be published.

CREATING POSITIVE EXPERIENCES

➤ *Baby Friendly Designation*

GBHS is the first hospital in the Southwest LHIN and only the fourth in Ontario to obtain the Breastfeeding Committee for Canada *Baby-Friendly* designation. The recently completed assessment of GBHS revealed excellent attitudes, knowledge and skills to support women to meet their breastfeeding goals.

The Baby Friendly Initiative (BFI), is a worldwide programme of the World Health Organization and UNICEF, launched in 1991. Breastfeeding is one of the most important contributors to infant health. Breastfeeding provides a range of benefits related to infant growth, immunity, and development, and also improves maternal health.

Epidemiological evidence shows that exclusive breastfeeding for the first six months has advantages for infants and mothers. Yet, despite the evidence, optimal breastfeeding initiation and duration rates have not been achieved in Ontario or Canada. The Canadian Perinatal Health Survey showed that 85% of mothers in Canada initiated breastfeeding in 2003, as compared with 75% in 1994-95; however, only 47% were breastfeeding at six months, and only 19 % were breastfeeding exclusively for at least six months.

A woman's decision to breastfeed is influenced by a variety of demographic, personal and societal factors, including socio-economic status, attendance at prenatal classes, attitudes and beliefs toward breastfeeding, identity and body image issues, lifestyle issues (such as smoking), comfort with breastfeeding in public and the influence of others such as family, friends, and health care professionals. Educational level, a previous successful breastfeeding experience, hospital practices, social network and return to work or school are all factors which affect the initiation and duration of breastfeeding.

The rate at which women initiate and continue breastfeeding will only be increased if there are positive societal attitudes toward breastfeeding and increased community support to help women address their individual barriers to breastfeeding. A BFI designation means that GBHS is taking significant strides in fostering the necessary supports to moms and infants in this important life health journey.

➤ Provincial ER Patient Satisfaction

Patients' satisfaction with their emergency care experience while in hospital is an important metric that all hospitals track and are measured against provincially through the Access to Care initiative led by Cancer Care Ontario for the Ministry of Health. Our emergency departments across GBHS perform well against our provincial counterparts as demonstrated in recent data released for the fourth quarter of the 2014/2015 fiscal year. While this data is not definitive about the quality of care provided by hospitals, it is instructive and demonstrates that from the patients' perspective we are performing well as an organization. It also demonstrates the value added to the patient experience in more intimate community settings.

The table below provides a quick summary of notable performance metrics for our ERs compared to ALL ERs in the province:

Metric	Name of ER	Satisfaction	Ontario Ranking*
Overall Care Provided	Markdale	100%	1st
	Lions Head	100%	1st
	Owen Sound	95%	3rd
All Dimensions	Lions Head	90%	1st
	Meaford`	84%	4th
	Markdale	81%	6th
Access & Coordination	Meaford	91%	2nd
	Lions Head	91%	2nd
	Southampton	88%	4th
	Markdale	85%	7th
Continuity & Transition	Lions Had	87%	1st
	Markdale	78%	4th
	Meaford	76%	5th
Emotional Support	Lions Head	87%	1st
	Southampton	80%	4th
	Meaford	76%	7th
Physical Comfort	Owen Sound	85%	3rd
	Markdale	85%	3rd
Respect for Patient Preferences	Lions Head	93%	3rd
	Southampton	91%	4th
	Meaford	91%	4th
	Warton	88%	6th

Note * - ranking of all hospitals in Ontario, regardless of size.

ADVANCING A SUSTAINABLE ORGANIZATION

➤ *Surgical Services Review*

GBHS has hired the firm of Deloitte to help us develop a future focused strategic action plan for strengthening our surgical services program across the corporation. The following factors have led us to undertaking this important service planning:

- The new HSFR funding formulae are driving hospitals to greater provincially determined standards for efficiency and excellence in patient outcomes. QBPs for surgical procedures is a particularly significant revenue stream for GBHS that must be maximized.
- Physicians' groups have identified a desire to consider new models of service delivery across sites, seeking greater efficiencies, effectiveness and adherence to best practices.
- Significant capital infrastructure investment is required for the surgical program. This includes:
 - Owen Sound and Meaford– a need to refresh and refurbish the Operating Room (OR) suites to modern standards,
 - Markdale – a new hospital without an OR, means changes to current practices
- Numerous requests for expensive surgical equipment to support existing and new services/procedures continue to be received by administration for consideration, prioritization, and funding.
- Patient movement and flow between GBHS hospitals is often cited as a concern that needs to be addressed for greater effectiveness, efficiencies, and better patient outcomes.
- The new strategic plan for GBHS calls for strategies to ensure services offered meet the changing needs of the population and reflect leading practices in effectiveness and efficiencies.

Key questions to be explored include:

- What are the needs of the local communities, the region and the healthcare system with respect to program expansion or realignment?
- Are recommended directions consistent with the utilization targets established in the GBHS Hospital-Service Accountability Agreement (“HSAA”)?
- Is there duplication or over-capacity today and what can be done to realign resources appropriately?
- Are services provided with the necessary critical mass for quality and efficiency of care?
- Have alternative service delivery models been explored?
- What models of care and technologies should be anticipated to inform future capital infrastructure planning
- Identify the risks, impacts, and opportunities
- Long-term capital and operating budget implications to GBHS

The SW LHIN has indicated an interest in this initiative and considers this to be an Integration initiative that warrants active participation from our partner hospitals in Grey and Bruce counties. This means that the level of engagement intended initially will be deepened and it is expected that additional one time funds will be provided to GBHS to undertake a broader system-wide review. Such an approach is fully consistent with the directions set out in our new Strategic Plan. In the end, it should lead to more sustainable system-wide improvements to surgical services across the two counties.

➤ *Southampton Hospital ER/Lab Expansion*

On October 15th the Ministry of Health and Long-term Care gave GBHS the green light to issue a tender call for the expansion of the emergency department and laboratory facilities at the Saugeen Memorial Hospital in Southampton. This is a major project milestone for which our project team and the Saugeen communities have been waiting a long time. The project is shovel ready and we expect to commence construction in early Spring, with completion in about 18 months. The hard work and commitment of our project team, the hospital foundation and the community can not be emphasized enough!

The ER will be 3.5 times larger than the current to handle the over 16,000 visits annually. It will contain 9 treatment rooms, 2 ambulatory care rooms and a dedicated decontamination room. More space means better waiting areas, workflows and more privacy.

The Lab will be doubled in size, providing needed elbow room to meet industry standards for environmental safety, temperature and humidity control.

➤ *Markdale Hospital Project*

A meeting with Ministry and LHIN staff has been requested as we attempt to secure the Ministry's green light to move this project to the next stage in the approvals process – the development of detailed construction drawings. Our request has been well received and it is expected that this meeting will take place in November or December. It will provide us with the opportunity to answer any remaining questions/concerns the Ministry and LHIN may have about the new hospital building and programming being proposed. This is seen as a positive sign in this elongated approvals process.

➤ *eHealth 2.0*

The Provincial government has initiated a review of health information systems across the province. The Ministry of Health and Long-term Care has established the *eHealth Investment and Sustainment Board*, chaired by Deputy Minister Bob Bell, to engage the health system in renewing the provincial strategy for eHealth. The board's mandate is to provide advice to the Minister on *eHealth Strategy 2.0* and once approved, to monitor its implementation. It will consist of ministry senior executives, LHIN representatives, the CEO of eHealth Ontario, and a cross-section of special advisors. The CEO of the SW LHIN is on this board. The board will be seeking to maximize the value of current and future hospital information system investment in Ontario.

This is an important issue to monitor and may have significant implications on GBHS and its partners in GBIN (the regional patient information system newly re-named Georgian Bay

Information Network or GBIN). GBIN encompasses five organizations spanning 14 hospitals: Muskoka and Algonquin Healthcare , Orillia Soldiers' Memorial, South Bruce Grey Health Centre and Hanover and District Hospital and GBHS. There is interest from other hospital organizations to join GBIN.

➤ *Legacy Giving Officer Proposal*

Legacy gifts, bequests, and other end-of-life gifts are seen as solid sources of steady funding for hospital organizations in an era of a shrinking donor base and unreliable government grants. Beginning in 2014 a working group of members from the five hospital foundations developed a proposal and business case to support the creation of a legacy giving staff position to enhance fundraising capabilities across all foundations. The position was intended to be shared among and funded by the five foundations. Three of the five foundations supported the concept pending further details and two declined further participation at the time. This result effectively negated collective advancement of the proposal by the foundations in its existing form.

The need for capital and equipment across the organization on an annual basis is striking:

- Capital needs are in excess of \$10 million annually; GBHS budgets for about \$6 million
- Foundations combined contribute approximately \$3 M annually
- The gap is growing, infrastructure is aging, government funding is unpredictable
- An aging donor population provides opportunity to enhance legacy giving,
- Increased competition from other charities requires us to adopt new approaches
- Changing demographics requires new ways of identifying, engaging, and retaining younger donors
- Need more extensive and sustained use of social media and other digital platforms to reach new donors

An enhanced legacy giving capability across all five foundations is seen as being so important to the continued viability of GBHS that the Senior Executive Team took it upon itself to revise the original proposal to address the concerns that had been expressed by some foundation members. Over the past couple of months the CEO has attended Foundation Board meetings to explain and answer questions about the proposed new function in an effort to gain the support of all foundations.

Reporting to the GBHS Director of Communications and Public Relations, the proposed Legacy Giving Officer would work closely with the five hospital foundations to develop leading-edge resources, policies and procedures to enhance legacy giving that are well integrated with the broader fundraising strategies of each foundation. The Legacy Giving Officer would develop and implement a Legacy Giving Program and marketing plan, set annual targets and goals and recommend an annual budget. Providing flexibility for local adoption by each foundation would be a key priority in program development.

- A two year trial period, to be assessed towards the end of the trial period.
- Approximate cost, salary and incidentals - \$100,000/yr.
- GBHS pays 50% (\$50,000/yr.); Foundations split 50% equally (\$10,000 each /yr.)

- “dotted line” accountability to the Chair of the Five Foundations Committee
- Office space and equipment would be made available at all hospital sites
- Administrative supports provided by the Executive Support Team and Foundation support teams as required and feasible
- A plan to establish and grow relationships with professional advisors - financial, estate and legal advisors
- A common system for recording, tracking prospects and expectancies
- Expected to more than pay for itself in enhanced level of giving

The creation of such a position should be viewed as an investment in the long-term sustainable future of the hospital and not as a short-term cost. Well designed and executed legacy giving capabilities across all Foundations is seen as a solid business approach that will yield significant returns to the organizations over the medium to longer term.

INSPIRING THE PASSION OF OUR PEOPLE

➤ *Donor Appreciation*

An important part of the CEO’s role is to reach out to those parties that support the hospital through fundraising for equipment and capital needs. Over the past few months the CEO has spoken at functions hosted by local service clubs and hospital foundations. Each function provides an opportunity to speak about the strategic direction of GBHS, the importance of this organization to the health and wellbeing of the region, and the “*GBHS advantage*”.

The creation of GBHS in 1998 through the merger of six hospital corporations was visionary. Together as one organization our hospitals are stronger and better able to withstand the challenges of a rapidly changing healthcare sector. The hub and spoke organizational model of GBHS (wherein the Owen Sound hospital serves as the specialty service hub or backbone for the outlying hospitals that offer emergent care close to home) is our strength. It provides our residents and visitors access to a broader range and higher quality of care closer to home than could otherwise be provided had the hospitals remained separate corporate entities.

The GBHS model offers economies of scale – financial, operational, clinical and educational. This critical mass enables the organization to excel. We are able to attract and retain top notch medical specialists and professional staff. We are able to provide meaningful educational and training opportunities for students and locums seeking unique rural and small town experiences. Together we are able to purchase specialized equipment like the MRI, CT, mammography, interventional radiology and other surgical modalities, and offer a strong oncology program. We have state of the art labs and pharmacies to support our clinical services. I could go on but suffice it to say, a review of our patient outcomes and performance measures bears witness to the fact that GBHS “punches above its weight class” in many respects.

It is important to reaffirm with residents across the region that the specialties available at the Owen Sound Regional Hospital are in fact their services: that the MRI is their MRI; the CT Scanner is their CT scanner; the oncology program is their oncology program. And that support for the regional hospital is in fact support for the outlying hospitals. It is also important to reaffirm that

investments in our outlying hospitals strengthen the overall organization and its ability to meet the healthcare needs of the region.

➤ *Corporate Orientation*

All new staff must undergo a formal orientation program that introduces them to GBHS and work within a hospital environment. We have been on-boarding 15-20 new employees each month over the past year, for the most part filling vacancies that arise. In response to feedback from staff and managers a working group was struck to examine the corporate orientation process and make recommendations for improvement. The group adopted a LEAN methodology to explore the issues, which resulted in a significant re-examination of virtually every aspect of the process, and many related processes. The group is now working to incorporate a number of changes in the process designed to make it more meaningful and helpful to new staff.

➤ *Welcoming new Physicians*

As reported in the local media recently, we welcomed 15 new physicians to the GBHS family with an informal gathering as part of the Friday Grand Rounds for physicians. It is important to celebrate this sort of organizational renewal. It is also rewarding to see the fruits of the enhanced recruitment efforts of our Medical Affairs office.

Respectfully, LT