Hôtel-Dieu Grace Healthcare

CHANGING LIVES TOGETHER

Hôtel-Dieu Grace Healthcare

Strategic Operating Plan 2015/16 – 2017/18

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Executive Summary

In 2015, Hôtel-Dieu Grace Healthcare launched its five-year strategic plan, which identified three key strategic drivers: Our Patients, Our People and Our Identity. The 2015/16 – 2017/18 strategic operating plan serves to inform our stakeholders and partners about the projects and major work that will be completed in the three major areas of focus. In preparing this operating plan and accompanying budget, the major pieces of work were reviewed to ensure consistency and alignment with our current strategic priorities. This work will assist in moving us closer to achieving our vision of *A Trusted Leader Transforming Healthcare and Cultivating a Healthier Community*.

Our strategic goals help to guide us into the future. As a new organization, there remain a number of significant projects required to continue to build an efficient and high quality stand-alone healthcare organization. As a result, in conjunction to work aligned to our strategic priorities, this strategic operating plan also includes work that will continue to firmly establish HDGH as a standalone organization.

There were a number of key environmental factors that were considered in the development of this operating plan. Health System Funding Reform (HSFR) and the move toward quality- based funding is expected to have a significant impact on our funding. In turn, this will impact how we manage our day-to-day operations. As a non-acute care hospital specializing in Rehabilitation, Mental Health, Complex Continuing and Palliative care, the adoption of the work of the Rehabilitation Care Alliance and our move to a restorative care model in all programs across the corporation will continue to have an important impact on how we deliver services. As the Lead Agency for Moving on Mental Health, HDGH will continue to work collaboratively with our partners from across various sectors to transform the experiences of children, youth and families that need help for mental health issues.

Background

In October 2013, through the Windsor hospitals realignment of services, Hôtel-Dieu Grace Healthcare assumed governance and operational responsibility for non-acute services in Windsor. Since that time, considerable work has been and continues to be done to establish HDGH as a standalone site on Prince Road. In January 2014, an extensive strategic planning process began that included comprehensive stakeholder engagement, an internal CORR (competencies, opportunities, risks internal, risks external) assessment and an environmental scan. Through that work, a new mission, vision and values were established. In September 2014, HDGH welcomed a new President and CEO who identified three strategic drivers (our patients, our people, and our identity), which would more fully establish the foundational elements from which the corporation could stand upon as it strived toward its vision. These drivers will be the focus for the first three years of the strategic plan and are the underpinnings of our operating plan for the coming year.

Environmental Considerations

Patients First: An Action Plan for Health Care

In February 2015, the Ministry of Health and Long-Term Care released the next phase of the Ontario government's plan to transform the health care system to one that places the patient at the centre. This phase of the work is driven by four key themes: access, connect, inform, and protect.

Access: Improving access and providing access to the right care. This includes providing the right care for mental health and addiction, improving dementia support, expanding scope of practice and better coordination of care for patients with complex medical conditions.

Connect: Delivering better coordinated and integrated care in the community, closer to home. Efforts in this domain will be focused on transforming home and community care, increasing rehabilitation therapy for seniors, improvements for personal support workers, additional convalescent care beds and enhancing at home or out-of-hospital palliative care.

Inform: Support people and patients – providing the education, information and transparency they need to make the right decisions about their health. This work will include menu labeling for healthier eating, enforcement of the Smoke-Free Ontario Act, an online cancer risk assessment and prevention tool, a healthy kids strategy, expanding

mental health programs in schools and workplaces, and expanding Ontario's immunization program.

Protect: Protect our universal public health care system – making decisions based on value and quality, to sustain the system for generations to come. This will include a patient ombudsman more public reports on health system performance, more innovative approaches based on evidence, more public information for patients, and expanding patient engagement.

HDGH is actively working to improve access to services and to work in partnership with other health service providers to improve system flow and overall quality of the patient experience. In many cases, we are reaching across sectorial lines and working in new ways with non-health service providers to do our part in creating a more integrated system in Windsor and Essex County.

Major initiatives such as the Transitional Stability Centre and the Long-Term Mechanical Vent Strategy are just two examples of important projects that are aimed at ensuring that patients receive the right care in the right place. These programs will not only improve access to services but will more importantly improve the quality of life for the patient and families they serve.

Health System Funding Reform (HSFR)

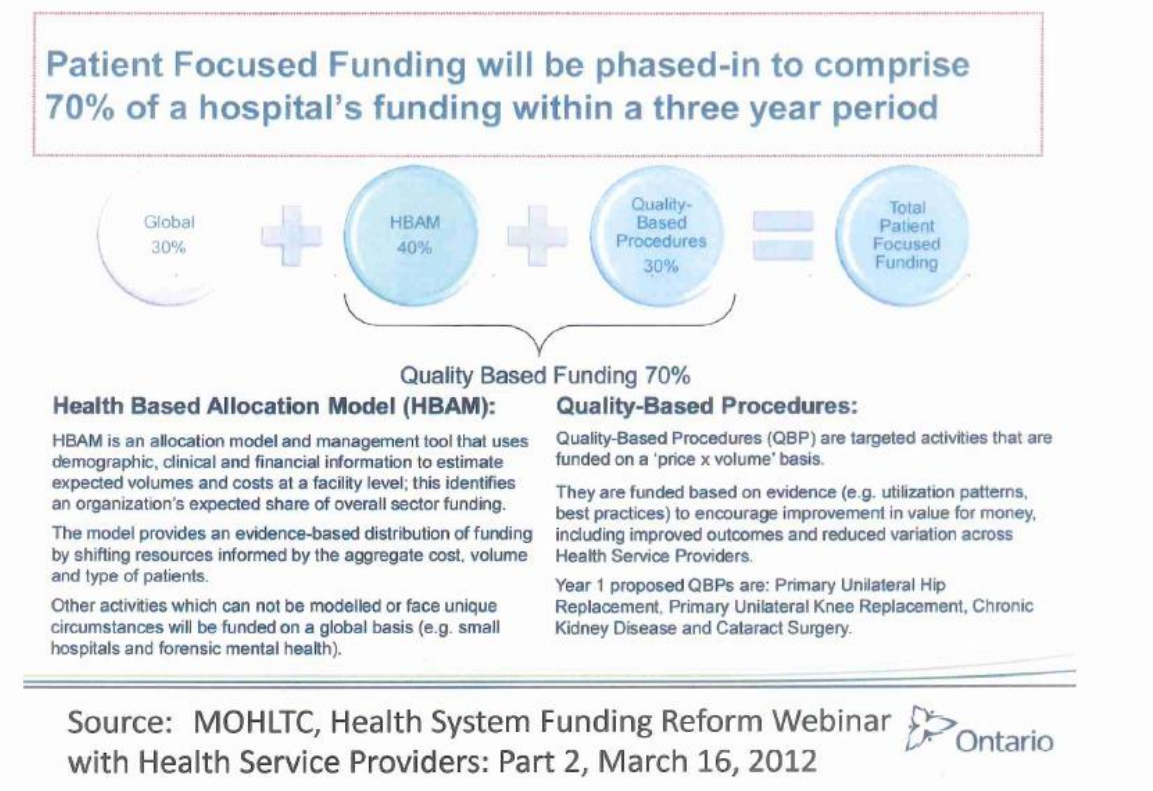
Health System Funding Reform (HSFR) is critical to HDGH's ongoing financial success and was a key element of the first phase of the government's action plan launched in March 2012 to accelerate the move to patient-based payments. The three main components of HSFR include:

Quality Based Procedures ("QBPs"), in which specific procedures are identified and a price is set, taking into account an expected outcome. The impact of QBP's at HDGH is not significant from a financial perspective. To date, only QBPs for primary hip and knee replacements have impacted the rehabilitation sector. It is expected that the funding for rehabilitative services related to strokes and hip fractures will be transferred from global to QBP funding. This component of hospital funding is supported by new clinical handbook guidelines for the post-acute care component of these diagnoses, effective on April 1, 2015.

The Health Based Allocation Model ("HBAM"), under development since early 2006, as an allocation model and management tool that uses

demographic, clinical and financial information to estimate expected volumes and costs at an organization level. This identifies an organization's expected share of overall hospital sector funding. This portion of the model affects 40% of HDGH's base funding received in the program transfer for hospital operations and is therefore quite significant.

Global Funding - As there are minimal QBPs at HDGH, the current global portion of the base funding will remain at approximately 60% of funding. As more QBPs are identified, they could represent up to 30% of this funding. However, this is not expected to occur in the near future.



Key to our success in the HSFR model is a detailed understanding of the components that build both the expected and the actual cost and service components. Because the model is a combination of both the clinical volumes as well as the financial costs, HDGH has created an internal group to focus on the key drivers within the funding model. The Finance/Decision Support/Performance team (FDP) will be focused on the detailed components of each factor to maximize funding potential for HDGH. The education of staff who impact the process will also be key to the success of the review.

Erie St. Clair LHIN Strategic Plan

The ESC LHIN's current strategic plan is focused on three strategic directions including: chronic disease management, bold focused leadership and partnerships in health promotion. The objective of the chronic disease management strategy is to realign the system so that those with chronic disease receive better regular care, are better able to self-manage their conditions, and are less reliant on emergency and acute care services. Bold, focused leadership is aimed at making decisions that will create a more integrated, better aligned and sustainable health system. Partnerships in health promotion will create improved links between all health promotion and prevention organizations, so that people have better access to programs and information that help them live healthier lives.

As a provider of non-acute services, chronic disease management is a natural fit with what we do. We know that our patients have complex needs and chronic illnesses that directly impact their health and wellbeing. We continue to work to improve and expand services to ensure that patients with chronic disease can maintain their health and live meaningful lives in our community. The expansion of our Cardiac Wellness Program is an excellent example of our commitment to assisting those living with a chronic disease.

The Rehabilitation Care Alliance

The Rehabilitative Care Alliance is a province-wide collaborative that was established in April 2013 by Ontario's 14 Local Health Integration Networks (LHINs) to build on the work of the Rehabilitation and Complex Continuing Care Expert Panel. The RCA's first mandate (2013-2015) included incorporating best practices across the full continuum of rehabilitative services in all clinical settings, and recommending solutions to challenges that affect rehabilitative care in all regions of the province. The RCA released a report, *Inspiring New Directions in Rehabilitative Care*, which outlined four key priorities:

Definitions - Provide clarity for patients, families and referring professionals through the development of common terminology, clear definitions and standards of practice for all levels of rehabilitative care across the continuum.

Capacity Planning & System Evaluation - Support monitoring and evaluation of rehabilitative care services, programs and system performance through development of a standard rehabilitative care capacity planning and evaluation toolkit.

Frail Senior/Medically Complex - Develop a rehabilitative care approach for frail senior/medically complex populations to support operationalization of priority elements of the "Assess and Restore Framework to Support Aging in Place".

Outpatient/Ambulatory - Inform evaluation and planning at the provincial, regional, organizational and program levels through development of a comprehensive and standardized minimum data set for outpatient/ambulatory rehabilitation.

The RCA's second mandate will be focused on providing project management support to the LHINs for the implementation of recommendations from the first mandate, continue to support the LHINs and Ministry of Health and Long-Term Care as experts in the area of Assess and Restore, and to support the implementation of existing quality-based procedures (QBPs) through identification of standardized rehabilitative care best practices across QBP handbooks (where not already defined).

The work of the RCA is key for HDGH as we shift to a culture and philosophy of rehabilitative/restorative care for all of our programs and services from inpatient rehabilitation, to complex continuing care to specialized mental health services.

Moving on Mental Health

In November 2012, Ontario released 'Moving on Mental Health'. An important part of Ontario's Comprehensive Mental Health and Addictions Strategy. The plan will transform the experiences of children, youth and families that need help for mental health issues. Key goals of this work is that, regardless of where in Ontario a child, youth or family lives, they will know what mental health services are available in their community and how to access the right services to meet their needs. These services will be accessible, responsive and based on the experiences of the children and youth who need help.

In 2014, HDGH's Regional Children's Centre was identified as a lead agency. Since that time, we have been actively working in collaboration with our community partners, youth and family members to identify the priorities that will drive the local system transformation work. On a provincial level, we are actively working with the other lead agencies across the province to create a stronger overall system for children, youth and families.

Who We Are

Mission

The Mission of Hôtel-Dieu Grace Healthcare is to serve the healthcare needs of our community including those who are vulnerable and/or marginalized in any way be it physically, socially or mentally. As a Catholic sponsored healthcare organization, we provide patient-centered care treating the body, mind and spirit. We do this by providing holistic, compassionate and innovative care to those we serve.

Vision

A trusted leader, transforming healthcare and cultivating a healthier community.

Values

Respect

We respect that all persons are unique and dignified regardless of race, creed or religion. We respect their capacity to know, to love and to choose freely and to determine the direction of their lives, and in particular, their ability to make informed decisions concerning their personal care.

Teamwork

We behave in ways that generate trust, build confidence, and enhance performance.

Compassion

We are driven by the love of our neighbor to respond with empathy to each person's needs.

Social Responsibility

We have an obligation to act to benefit our community and a duty to use resources responsibly and in a manner that has the greatest positive impact on our patients, families, and our community.

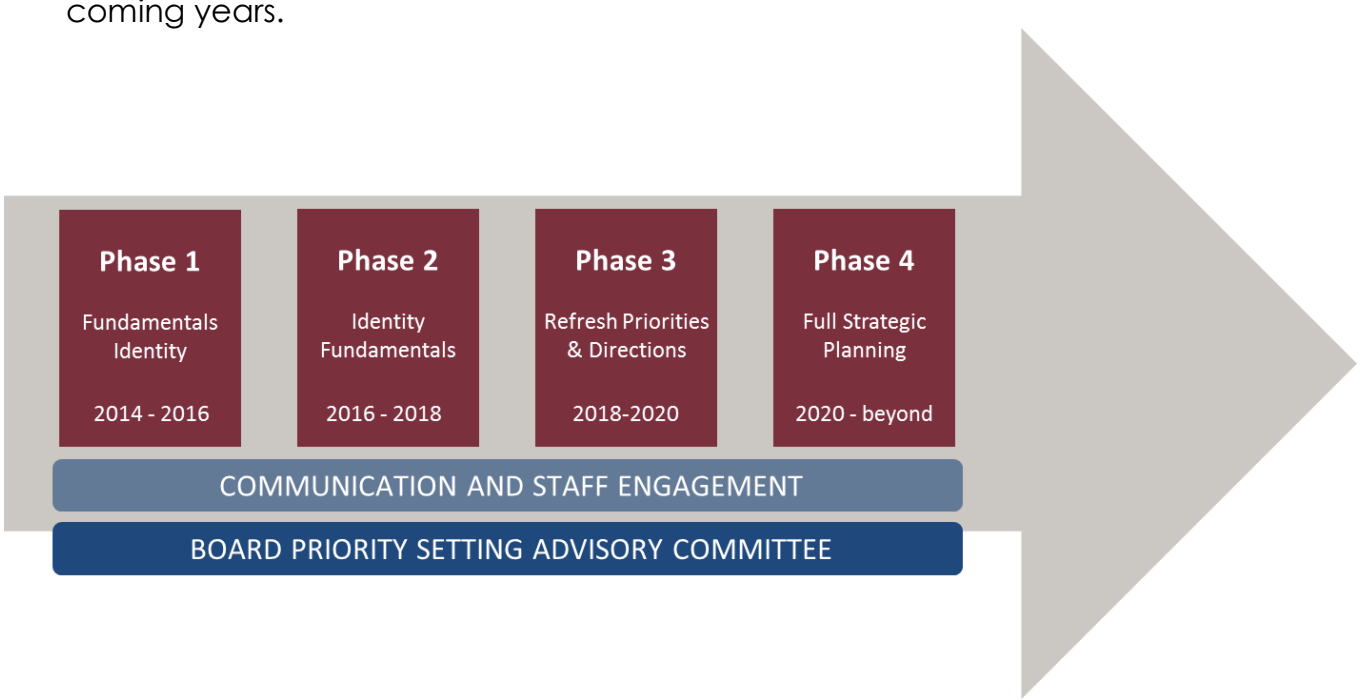
Reflection on 2014

Fiscal year 2014/2015 saw the continuation of number activities focused on the establishment of the new Hôtel-Dieu Grace Healthcare. Some of those key activities included:

- January: Held day long leadership retreat with Sister Lynn Levo who addressed health care ministry, leading change and transitions, and spiritual leadership
- January: offered a self-directed webinar based leadership development program through IHI
- January: Implemented I-Map
- January: Conducted survey of internal and external stakeholders to obtain input regarding core values, priorities, and vision
- January: Engaged third party to assist us in developing a vision statement and strategic directions/priorities - environmental scan/COR analysis, and generating strategic options
- March: Held educational sessions for front line staff with Sister Lynn Levo who talked about coping with change and transitions
- March: Inaugural staff recognition and loyalty program
- March: Opened new billing office
- March: Implemented new ethics framework to staff and physicians
- April: Converted to electronic timekeeping payroll system
- April: Implemented automated time and attendance management
- April: Consolidated volunteer auxiliaries
- Spring: Began offering food services at Emara building
- April: Launched a leadership development series for front line management
- April: Began developing financial literacy with management staff through the launch of the Budget Buddies and monthly Financial Management Meetings (FMM)
- Held various town hall sessions throughout the year to provide an opportunity for staff engagement and feedback
- June 2014: Established a collaborative partnership with the Canadian Mental Health Association to better meet the needs of those in our community who are living with a mental health or addictions issue
- July: Held a community open house and launched the new HDGH corporate video
- September: Welcomed new President and CEO, Janice Kaffer
- October: 1 year celebration – launch of HDGH Vision & Values with strategic drivers: Our People, Our Patients and Our Identity
- Fall: Enhanced patient flow by placing HDGH intake staff at acute site
- Fall: Commenced preparations for the first ever accreditation at the new HDGH

Strategic Plan

While the strategic plan will bring us to 2020, it has been broken down into phases, which will see a different focus every two years. The primary focus for phase one is on developing and incorporating the fundamentals related to quality patient care and staff engagement as well as establishing our identity. This will drive the current strategic operating plan and will serve as the foundation from which we will build upon in the coming years.



Strategic Drivers

Our three strategic drivers form the basis of the work of phase one, which in turn form the basis of the 2015/16 – 2017/18 Strategic Operating Plan.

Our three strategic drivers include:

Our Patients

We are committed to *our patients* - improving their quality of life through an evidence informed culture of quality and safety.

Our People

We are committed to *our people* - their safety, their development, and their wellbeing.

Our Identity

We are committed to *our identity* - so that those in need understand who we are, the services we provide and our vision for a healthier community.

Strategic Priorities 2015/16 through 2017/18

Strategic Driver: Our Patients

Strategic Priorities 2015/18

- Lead the delivery of non acute services—the right programs in place with the right resources
- Lead the delivery of care and ensure right patient, right service, right location
- Enhance and connect the patient experience/safety with clinical operations by improving service and quality
- Deliver high quality service through the provision of patient centered care guided by evidence based practices

Strategic Driver: Our People

Strategic Priorities 2015/18

- Through increased staff engagement, establish HDGH as a best place to work
- Improve professional staff engagement
- Support accountability for professional staff
- Develop dynamic professional staff human resource philosophy in line with strategic directions
- Be an organization of fiscally responsible stewards of tax payer dollars

Strategic Driver: Our Identity

Strategic Priorities 2015/18

- Establish & strengthen government, community & private sector partnerships
- Inform the public on HDGH's new role
- Develop a thriving research & innovation program that builds upon our medical programs & services
- Become a premier location of choice for our community volunteers, students volunteers and academic placements
- Establish HDGH as a leader and collaborator in mental health system planning

See **Appendix 1.0** for an overview of the work aligned with each strategic driver and accompanying strategic priorities.

NOTE: **Our Identity > Strategic Priority > Diversification – *To Be Developed in 2016***

Financial Strategy

The 2015/16 Operating Budget has been developed to support the activities of the Operating Plan outlined above.

Guiding Principles

The guiding principles used in the development of the Strategic Operating Budget were a focus on our mission and values to achieve a balanced budget for 2015-2016.

Various collaborative activities took place in order to achieve the current budget. Presentations were given at physician group meetings to elicit input from professional staff. Front-line staff were engaged and encouraged to provide feedback during departmental staff meetings. Feedback from physicians and frontline staff assisted in identifying areas of risk or opportunities. Thorough discussions occurred with the Finance Committee of the Board of Directors as well as with the ESC LHIN.

Decision making related to the Operating Budget were done at Director's Council and at Executive Leadership Team (ELT) meetings.

Budget Assumptions

This plan outlines the decisions and measures necessary to achieve a minimum budget deficit in the next fiscal year and is based on the following key assumptions:

- Ending 2014/15 with a $1.3M forecast deficit
- Y/E adjustments not yet complete; likely immaterial and/or one time
- PCOP recoveries in 2014/15 projected to be $1.0M
- HSFR impact is difficult to measure in 2014/15 due to the complicated effect realignment has on the funding formula. LHIN has indicated nil impact for 2014/15
- Annualizations of new positions add $0.5M to the run rate- opening value for 2015/16 is $1.8M

Operating Budget Overview

The 2015/16 operating budget was approved by the Board of Directors on April 29, 2015 and is summarized below:

	Annual Budget 2015/16				
	Annual Budgeted Revenues	Annual Budgeted Expenses	Annual Budgeted Surplus/(Deficit)	Annual Budgeted Building and Interest	Annual Budgeted Net Surplus
Hospital Operations	77,587,000	79,018,000	(1,431,000)	(1,592,000)	(3,023,000)
Regional Children's Centre	10,963,846	10,963,846	-	-	-
Other Votes	16,144,347	16,144,347	-	-	-
Total Hotel Dieu Grace Healthcare	**104,695,193**	**106,126,193**	**(1,431,000)**	**(1,592,000)**	**(3,023,000)**

This budget reflects an operating deficit of approximately $1.4M; which is slightly less than the anticipated cost of inflation. It is important to note that this budget does not include any changes in services provided nor any impact from Health System Funding Reform (HSFR). Given that the 2013 program re-alignment between HDGH and WRH has complicated the funding calculations, it is anticipated that the HSFR impact will not be known for several months. Should the HSFR impact be material, the budget will be recalibrated in accordance with the revised funding.

With the current funding uncertainty, it was agreed that there would be a deferral on increasing any services, including bed programs, until funding was better known.

Improvement Strategies

The following is a summary of the key initiatives to achieve operating cost savings in fiscal 2015/16:

- Bed strategy will maximize volumes in CCC and MH, thus reducing the recovery from PCOP by $1.0M
- No non union inflation – savings of $0.2M
- Roll out of the Core Team- estimated cost savings of $0.3M
- Attendance Management- estimated cost savings of $0.3M
- Interest income improvements- $0.2M
- Benchmarking project – savings TBD

Statement of Working Capital

The MOHLTC requires that hospitals strive for a level of working capital that result in a current ratio of 1. HDGH's current ratio is .9. This is to ensure that there is sufficient liquidity to meet current obligations. HDGH monitors its cash position closely and transfers excess cash to investments as appropriate. Should additional liquidity be required, funds can be transferred from the investments to working capital. Other than previously approved transfers for capital acquisition, this is not anticipated to be needed in the year.

Financial Risks

There are a number of risks that may negatively impact the 2015/16 operating budget including:

- The impact of HSFR on funding is unknown at this time and could be material to operations, requiring adjustments to the budget mid year to balance from a run rate perspective.
- Union contracts /inflation may be higher than assumed.
- Estimated volume recoveries under PCOP programs may be higher than expected for CCC/SMH.
- Co pay revenue erosion may be higher than budgeted.

In an effort to mitigate the risks outlined above, the following strategies have been identified:

- Close monthly monitoring of results on a departmental basis with action plans developed to course correct as soon as possible
- Thorough benchmarking exercise to occur during the first 6 months of the year.
- Ensure that data capture for costs, workload and patient data is as accurate as possible to inform HSFR.
- Maximize patient days/weighting within the CCC program
- Service adjustment if required when HSFR funding is known
- Defer the majority of requested investments in staffing until funding is confirmed.
- Review the timing of capital equipment acquisitions to reduce training costs and equipment amortization expense.

Capital Plan

Capital Planning Process

Capital items are defined as equipment costing greater than $5,000 and with an expected useful life of greater than one year. Requests can also be made through this process for minor equipment items needed in patient areas (e.g. blood pressure cuffs). The following collaborative process was utilized to establish the comprehensive Capital Plan:

Capital Plan – Summary

Below is a summary of the approved capital plan:

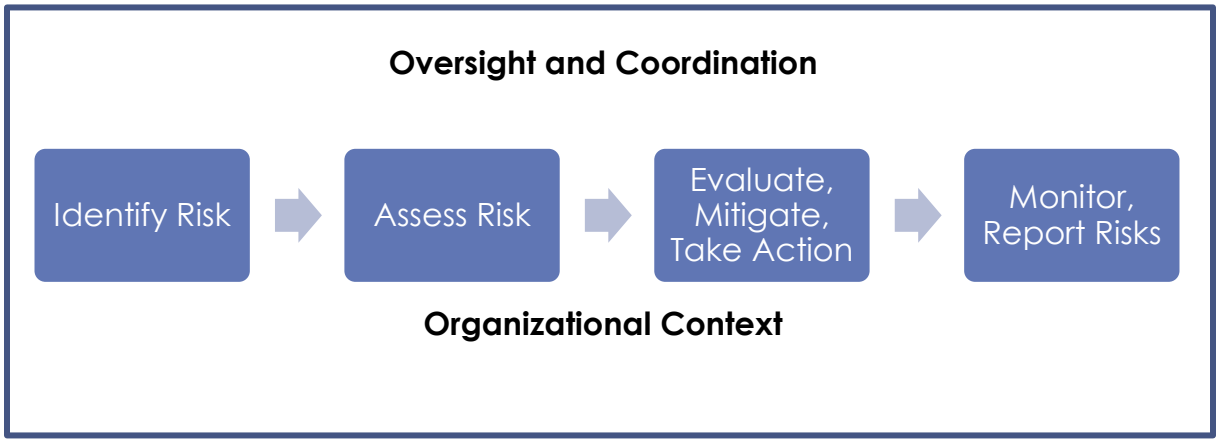
	Carryforward Allocation	Allocation 15/16	Total Approved Allocation	Requests 15/16
Patient & Medical Equipment	1,100,916	700,000	1,800,916	1,800,916
Other Equipment	130,574	200,000	330,574	330,574
Information Services	440,198	300,000	740,198	740,198
Facilities	3,008,000	768,000	3,776,000	3,776,000
Total	4,679,688	1,968,000	6,647,688	6,647,688

Risk Mitigation Plan

Integrated Risk Management Framework

HDGH is committed to ensuring the safety of our patients and staff and to improving the quality of our services. HDGH ensures that integrated risk management (IRM) principles and practices are entrenched in all aspects of its organization philosophy, culture, planning and operations. Our approach includes the assessment of risk across the organization incorporating the management of administrative, clinical and financial risks with the goal of mitigating the impact on patients and on the organization's reputation before an event arises.

Our IRM process includes:



Identify Risk: Identification describes those risks either internal or external to the organization that could affect its ability to meet its strategic objectives.

Assess Risk: Assessment seeks to understand the range of risks the organization faces, the potential impact, the likelihood of occurrence and the level of the organization's ability to control the risk. Priority is given to risks identified as "high" or "extreme" and added to the Risk Profile Summary for Board/PAC oversight.

Evaluate Mitigate, and Take Action: Risks are evaluated to determine whether there is a need for action. For risks requiring action, plans are developed to modify the risk level in an effort to: avoid the risk, reduce the likelihood of the risk or minimize the impact of the consequences, share the risk with another party (insurance), retain the risk by informed decision. As part of the action phase, accountability is determined for implementation with timelines, responsibilities and deliverables.

Monitor and Report Risks: HDGH ensures that processes are in place to review risk and the effectiveness of mitigation strategies. Regardless of how it is identified, any significant risk is added to the Risk Profile Summary. It is the responsibility of Managers and Directors to escalate any risk that elevates or exceeds the specified threshold to the appropriate level of authority for resolution. The Risk Profile Summary is to be reported to the Board of Directors and the Professional Advisory Committee bi-annually to guide them in their role of oversight and provide an understanding of HDGH's risk culture and what might threaten the organization's overall corporate objective.

Quality Improvement Plan 2015/16

The 2015/16 QIP focuses on five of the dimensions that define quality within the Excellent Care for All Act: Accessible, Effective, Patient-Centred, Integrated and Safe.

The HDGH QIP is based on our strategic focus and commitment to quality and patient centered care. Our quality improvement plan identifies 8 priority indicators that we will focus on in 2015/16 to provide improved and safer care for patients.

Quality Dimension	Objective	Measure
Access	Improving access to outpatient rehabilitation therapy	• Wait time for outpatient rehab services – referral to initial outpatient admission. % meeting target (discharge to initial OP appointment)
Effectiveness	Improve organizational financial health	• Total Margin (consolidated): % by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) revenue excluding the impact of facility amortization, in a given year. • FIM efficiency Indicator: Discharge FIM – Admission FIM / LOS
Integration	Reduce wait times and facilitate early access for admission to post acute rehabilitation services	• Total rehab patients transferred within two days
Patient Centred	Improve patient satisfaction	• Overall, how would you rate the care and services you received at the hospital (CCC) • Overall, how would you rate the care and services you received at the hospital (Rehab)
Safety	Improve medication reconciliation upon admission	• Medication reconciliation at admission: Total number of patients with medications reconciled as a proportion of the

Quality Dimension	Objective	Measure
		total number of patients admitted to the hospital
	Reduce hospital acquired infection rates	• CDI rate per 1,000 patient days: Number of patients newly diagnosed with Hospital Acquired CDI, divided by the number of patient days in that month, multiplied by 1,000 - Average for Jan-Dec. 2014, consistent with HQO's Patient Safety public reporting website. • % Hand hygiene compliance before patient contact (all patients)

Conclusion

As we continue to strive toward our vision of HDGH as a trusted leader transforming healthcare and cultivating a healthier community, we will continue to engage our patients, our staff and our community to ensure that we are meeting the needs of our community. The work outlined in this strategic operating plan will assist us in doing that and will guide our efforts of fiscal year 2015/2016 through 2017/2018. As we continue to monitor the needs of our stakeholders and the environment in which we operate we may from time to time modify our work to ensure continued relevance and responsiveness.