

# CEO REPORT

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## MESSAGE FROM THE CEO

It has certainly been an exciting and busy first six months for me at MSH. We have accomplished a lot together in that time and I look forward to working with all of you as we launch many new initiatives in the New Year.

Our focus on planning and community engagement will continue as we look to our stakeholders to help us determine the needs of our communities for the next 5, 10 and 20 years. We are dedicated to enhancing our patient experience with new advisory councils, and to providing more efficient and cost effective services using our new case costing model.

In the last month we hosted a number of education and awareness sessions, and celebrated the launch of our Breathe Better Program in partnership with the City of Markham. These opportunities help us achieve our goal to provide the information and services our patients and community need to be healthy and active.

I would like to wish everyone a happy holiday season as you celebrate your traditions and spend time with family and friends.

As always, please keep in touch. Feel free to email me at [jmarr@msh.on.ca](mailto:jmarr@msh.on.ca)



Jo-anne Marr, President & CEO



## HEALTH SECTOR NEWS

### Syrian refugee support from the health care sector

The federal government is planning on bringing 25,000 refugees to Canada from Turkey, Jordan and Lebanon. The vast majority of them will arrive in Toronto and Montreal.

Ontario has pledged to accept 10,000 Syrian refugees and spend \$10.5 million on those efforts.

- Ontario may use decommissioned hospitals (eg. Humber River, Oakville) to house some refugees.
- The Ministry of Health and Long-Term Care is developing a health-system action plan and engaging health stakeholders to ensure that refugees have access to appropriate health services.





## HIGHLIGHTS AND ACHIEVEMENTS

### MSH Now A Case Costing Hospital

MSH is officially an Ontario Case Costing hospital. From December 2014 to October 2015, we compiled fiscal year (FY14/15) patient costing data for Acute, Ambulatory, Complex Care, Mental Health, and Rehab departments with a 97% overall pass percentage to the Ministry.

The case costing data is now available for our internal use to support our clinical operations. It provides us with quality data and insights to help us achieve our strategic goal of providing enhanced patient care at the right cost. It also supports our Health System Funding Reform (HSFR) transformation to maximize funding for our patient care operations.

This is a significant milestone for MSH, and the Ministry ranked our implementation process as very high, recommending other facilities to MSH for guidance on their implementations. This achievement is the result of a truly collaborative effort by our Clinical Leads, Physician Lead, and IT, Case Costing, Finance, Procurement and Health Records/Decision Support departments.



### MSH Wins 2015 Booth Centennial Green Award

Markham Stouffville Hospital was selected as one of five recipients of the 2015 Booth Centennial Green Award, acknowledging MSH's dedication and commitment to using reusable textiles in the Diagnostic Imaging department.

This award is granted to hospitals who have demonstrated a serious commitment to "going green" and using reusable textiles. The Booth Centennial Green Award recognizes MSH's efficiencies in consolidating Surgical Solution's single item reusable packs into one custom Vascular Interventional Radiology Pack for Diagnostic Imaging.

### Mary Bayliss, Director of Interprofessional Practice & Education Wins Gord Hyland Award

The Respiratory Therapy Society of Ontario (RTSO) has chosen Mary Bayliss, Director, Interprofessional Practice and Education, and Registered Respiratory Therapist (RRT) at MSH, as the recipient of this year's Gord Hyland Award. She was chosen for her great leadership skills, constant professionalism, her commitment and dedication to the respiratory therapy profession, and her compassion and objectivity in every situation.



## STRATEGIC UPDATES

### Uxbridge Update

In November, I had an opportunity to make a presentation to the Uxbridge Town Council to update them on our hospital's activities and talk to them about our future plans.

For Uxbridge, this means looking at our current facility. A government commissioned report shows that the Uxbridge site needs a \$10 million infrastructure investment – this amount doesn't include equipment. Given that the building is almost 60 years old, many factors need to be considered to determine how to best move forward.

Our role is to make certain that our programs and services are keeping pace with what our community needs now and in the future. This is the ideal time to look at a hub model as an option for the Uxbridge site. This model brings together a number of services including hospital care, long-term care, mental health services, supportive housing, and adult day programs all on one site. The goal is to increase access to services and make care more seamless.

The future remains vibrant for the Uxbridge site as a healthcare provider in the community. By looking at a hub model and evaluating if it is something that could work for Uxbridge it will allow us to enhance the role of the site in the community. We are currently in the planning and discussion phases and will involve staff, physicians, volunteers, the foundation, political representatives, and community members in engagement sessions in the near future.





## FINANCIAL UPDATES

As of the end of October, MSH has a surplus year to date of \$2.3M. This surplus is mainly due to additional Post Construction Operating Plan (PCOP) funding as well as savings related to a number of difficult to fill vacancies.

Volumes have increased substantially this year from the previous year, and pressures are being felt in our Emergency Department (ED) at the MSH site which has seen an overall increase of 7% more visits. Increased ED visits has had an impact on inpatient beds as we have seen a 3% increase in cases in Medicine with an increase in acuity, which shows an overall increase in weighted cases of 11%.

MSH is in a fortunate position of earning additional revenue related to our PCOP, whereas other hospitals have been struggling with growth. Overall it is expected that MSH will end the year in a balanced position.

### 16/17 Planning Assumptions

MSH has been working with the CLHIN on planning assumptions for funding. MSH will assume funding assumptions based on the best data available to date. Given that the government no longer funds inflation, hospitals are expected to absorb inflation and this has created a challenge for all hospitals. Taking into account all incremental revenue and inflation expenses, the hospital is challenged to find additional efficiencies. Over the next few months, the leadership team will be looking for solutions to align our cost per activity with MSH's expected cost. Our final Hospital Annual Planning Submission (HAPS) is due to the CLHIN at the end of January.



## PATIENT EXPERIENCE

The stakeholder engagement sessions that were held in September and October regarding our patient experience strategy were highly informative. Most of our patients and families were very complimentary of the care and services they received.

Many ideas were generated on actions the hospital should focus on to enhance the patient experience. We heard overwhelmingly from all sources that way finding is the biggest challenge and is having a negative impact on the patient experience at the hospital. We have already established a group to review options on how to address this matter.

Starting in the New Year, we will be launching a patient and family engagement plan, and recruiting patients and family members to participate in program-based Patient Advisory Councils starting with the Maternal Child program. A complete list of tactics will be available in the near future.

The hospital is also planning to create a Council on Diversity and Inclusivity at MSH. This council will provide leadership in the development of a diversity strategy, and will have oversight on accomplishing the related goals and objectives. This key initiative for MSH is an integral part of our people strategy and will help us better meet the needs of our diverse communities.



## PARTNERSHIPS & ENGAGEMENT

### MSH in the Media

There were a number of opportunities to profile the work of MSH through various media outlets recently:

#### Markham Economist and Sun

The Markham Economist and Sun highlighted the Breathe Better patient program that is being offered in partnership with MSH and the City of Markham. The program helps seniors who are at risk of, or suffering from Chronic Obstructive Pulmonary Disease (COPD) or Congestive Heart Failure (CHF) stay healthy, active and independent.

#### Today's Parent

Dr. George Arnold, Chief of Obstetrics and Gynaecology is in the November issue of Today's Parent talking about how MSH is reducing C-section rates. He outlined how the hospital talks with patients about the risks involved with C-sections so that they feel both empowered and comfortable to ask questions about the type of care they'll receive.

#### **Aurora Banner Metroland**

In an article about Health Quality Ontario's report that raised issues with healthcare for immigrants and low-income earners, Dr. Alan A. Monavvari, Chief of Family Medicine commented on the global health focus of MSH and its Health for All Family Health Team. This focus reduces some of the disparities faced by newcomers.

#### **Toronto Star (Markham Edition)**

Paul Cappuccio, Director of Mental Health Services and Family Medicine at MSH talks about helping youth through a mobile walk-in clinic called MOBYSS, Mobile York South Simcoe. This is an innovative and unique outreach program launched by the Canadian Mental Health Association (CMHA) in collaboration with MSH.

### **Community Engagement**

The hospital is at a critical and exciting time in its evolution, and in its implementation of the six year strategic plan. The community will see programs, and services at MSH evolving and changing based on funding, patient needs, consolidation of programs, and changes to the broader health care system. To make sure the hospital is delivering the services our community needs, where they need them; we will engage a diverse selection of individuals and groups in our community to provide their input.

These community engagement activities will also help identify areas that our brand and reputation can be elevated, and provide an educational opportunity about the importance of community support in terms of donations for the long-term sustainability of the hospital.



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