

CEO REPORT

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MESSAGE FROM THE CEO

I am pleased to be able to connect with you in this new format and share some Markham Stouffville Hospital news with you along with providing you updates from the health care sector.

It's hard to believe that I have been at MSH for almost three months. In some ways, it feels like I have been here longer because my time has been very busy meeting with chiefs, senior management, directors, managers and community leaders – all so I can learn as much as I can about the hospital and this community.

In determining how I would spend the first few months at MSH, I developed a three month plan to support the successful transition and to provide me with an opportunity to gain insights into the organization. It has been a wonderful opportunity to ask questions such as – what is working well, what needs to work better and what can we improve? The answers were interesting and illuminating and have provided me with great perspective going forward. I heard consistent themes of needing enhanced organizational focus, increased ability to analyze and utilize information in decision-making, great focus on growing our programs and services strategically and efficiently and focusing on execution and results right across the organization.

The hospital's Board of Directors also provided me with a mandate to allow for focused attention in key areas. The four areas of focus for my mandate are: execute the strategic plan; implement engagement plans; maintain operational health; and elevate the MSH brand. These have been identified as priority areas and ones that will have a significant impact on the organization and the services we provide. In this report and in future reports, I look forward to providing regular updates on the mandate and the actions we are taking in each of these areas.

It's an exciting time to be in health care and an exciting time to be at MSH. I'm looking forward to being on this journey together. Please keep in touch. Feel free to email me at jmarr@msh.on.ca.



Jo-anne Marr, President & CEO

HEALTH SECTOR NEWS

PATIENT OMBUDSMAN

The provincial government is currently recruiting for its first Patient Ombudsman. An open survey was available to all Ontarians and was designed to solicit feedback in identifying qualities that would be important in the Ombudsman role.

The Patient Ombudsman will assist patients and their caregivers who have not had their concerns resolved through existing processes at hospitals, long-term care homes or community care access centres. Key functions of the Patient Ombudsman will include:

- Addressing unresolved complaints from current and former hospital patients, long-term care home residents, community care access centre clients and their caregivers
- Investigating health-sector organizations in response to unresolved complaints, as necessary
- Making recommendations to health-sector organizations following investigations

NEW ECFAA REGULATIONS

On July 7, 2015, two new regulations under the Excellent Care for All Act 2010 (ECFAA) were introduced. These regulations make amendments to two key areas under ECFAA: the Patient Relations Process and annual Quality Improvement Plan (QIP).

These new regulations come into effect on **September 1, 2015** and further the MOHLTC's commitment to ensuring patients are included directly in health-care delivery and quality improvement.

Specifically, the patient relations process will be strengthened in three key actions:

First, hospitals will be required to seek feedback from patients and their caregivers on the effectiveness of the hospital's complaint processes. This might include asking patients or their caregivers to complete an anonymous on-line survey once the complaint has been resolved. Second, the hospital is to have a designated patient relations person whose contact information is publicly available; and third is to present aggregate data related to the patient relations process to the hospital's Quality Committee at least twice a year.

As the annual Quality Improvement Plan (QIP) process enters its fifth year, these new regulations require further engagement with patients to development the annual QIP and to provide a description of the how patients were engaged in the development process.



HIGHLIGHTS AND ACHIEVEMENTS

PROGRAM REALIGNMENTS

In order to maximize resources and enable the organization to focus on key priorities, the patient experience portfolio was realigned under Barb Steed, EVP, Clinical Programs. This realignment allows the work of patient experience to be closely tied with the clinical services plan and other clinical projects where patient experience can be enhanced.

Under the leadership of May Chang, EVP, we have created an office of innovation that will include business development, transformation and research and development functions. Supported by Dr. George Arnold, in his capacity as Chief, Innovation and Strategic Ventures, the hospital will be building a strategic framework which will help guide us as we balance the day-to-day operations of the hospital with the need to think about the future. The team will determine, based on our current organizational capacity, what is in scope and what is beyond our scope in terms of the projects and initiatives. This framework will act as a roadmap which will continue to evolve.

LEED® DESIGNATION

MSH received exciting news recently – the expansion project achieved 35 points, the Silver certification level for LEED® (Leadership in Energy and Environmental Design) designation.

The hospital has long supported environmental sustainability and the expansion was part of MSH's pledge to become a greener building. The hospital was designed to achieve LEED® for New Construction Silver and be 29 per cent more efficient than Canada's Model National Energy Code Building. The LEED® Green Building Rating System is a voluntary, consensus-based national standard for developing high performance, sustainable buildings. It was created to define "green building" by establishing a common standard of measurement, promote integrated, whole-building design practices, recognize environmental leadership in the building industry, stimulate green competition, raise consumer awareness of green building benefits and transform the building market.



[Click here](#) to learn more about LEED® and the features of the expansion that achieved LEED® Silver for MSH.



STRATEGIC UPDATES

STRATEGIC PLAN REFRESH AND CLINICAL SERVICES PLAN

As the organization shifts from an expansion and redevelopment focus to a renewed focus on quality and patient experience – this is an ideal time to refresh the hospital's strategic plan and also initiate a clinical services planning exercise.

For the clinical services plan, we are working with the clinical leadership teams and chiefs to look at the clinical programs and services we provide today, how we provide them, and if they are programs that we would like to grow, enhance, maintain or potentially change. If we are looking at growing or enhancing a program, we will consider the best ways to do it. We will also look at our external environment and influencers to see how they might impact the programs and services we provide and how we provide them.

When we are looking at our programs and services, we will also make sure that they align with our corporate strategy. Reviewing and refreshing our strategic plan should be done on a regular basis as strategies aren't just documents that sit on a shelf. Rather, they are living documents that need to change and adapt as the organization and external environment changes. We have engaged our staff and community in this process by asking for their feedback on our SWOT analysis. We will continue to include feedback from a variety of stakeholders into the strategic plan refresh and in clinical services planning. You will be hearing from us in the coming weeks and we'll be asking for your input.



OPERATIONAL UPDATES

PERFORMANCE INDICATORS

For the 2015-16 fiscal year, the hospital has a revised set of indicators that management uses to monitor performance related to the strategic direction. Historically, there were over 175 indicators. We have revised those indicators and 15 representative indicators have been selected for monitoring. These indicators were selected to allow continued focus and attention on key areas. A target was selected for each indicator based on either maintaining in cases where the hospital is already at benchmark or where the organization would like to improve performance.



FINANCIAL UPDATES

The hospital has received \$2.8M in funding for 2015-16. This funding is a combination of funding for Health Based Allocation Methodology (HBAM) which includes funding for rate and volumes as well as funding for a number of specific procedures known as Quality Based Procedures (QBPs). Hospitals which have done better than expected rate and volumes received additional funds and those who are above the rate and volume lost funding. Based on our rate and volume, we are receiving additional funds this year. The HBAM funding was slightly offset by our higher than expected cost for our QBPs. We will continue to improve our cost per activity to optimize funding for the future. In addition, MSH also received additional funding for growth related to very specific QBPs in which MSH must produce additional volumes to earn the funding.

Overall, the total provincial funds for hospitals did not increase and remains at \$51.5B therefore hospitals are expected to absorb inflation. MSH has been fortunate to receive additional funding this year.

At the end of the first quarter, MSH is in a deficit of \$298,000. Our volumes continue to grow in a number of areas at the Markham site and we continue to watch our expenditures and move towards a balanced position by the end of the fiscal year.



PATIENT EXPERIENCE

OUR APPROACH

Achieving an exceptional patient experience is a journey and not a set of specific tasks or projects. It requires the entire organization to be actively engaged in enhancing the patient experience.

For the next 18 months to two years, MSH will be focusing on a few key tactics that will start to change the conversations with patients and families and with our staff.

First we will establish a clear *vision* for patient experience at MSH. To do this, we will engage leaders, physician and frontline staff from across the organization to determine what we can do to enhance patient experience. We will also engage our patients, visitors and community in helping us determine areas of focus and priority for our strategy. With a clear vision and supporting strategy, we believe we will be able to continue to evolve and enhance the way patients experience our hospital and services.

We will also look to incorporate patient and visitor feedback into a number of areas including way-finding and customer service.



PARTNERSHIPS & ENGAGEMENT

ENHANCING PARTNERSHIPS AND ENGAGEMENT

Through the strategic plan and as part of the CEO mandate, the hospital will continue to explore partnerships that enhance the care we provide to our patients.

The hospital is also looking at additional ways to engage its key stakeholders including staff, physicians, volunteers, the community and other partners. A number of vehicles are already used including newsletters, open forums, community education sessions, electronic surveys and social media. A broader stakeholder engagement strategy that also supports the goals of patient engagement and enhancing our brand is currently being developed. To provide feedback, or to be added to our email list, please email myhospital@msh.on.ca