Update on our progress Rouge Valley Health System



Scarborough Community Council

City of Toronto

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Agenda

- About Us / History of Progress
- Updates
 - Deficit Elimination Plan
 - Quality and Risk
 - Transformation
- Cardiac Care
- Challenges
- Birthing and Newborn Centre
- Questions

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Rouge Valley: About Us

- 2 hospital campuses (part of CE LHIN)
 - o Rouge Valley Ajax and Pickering (RVAP)
 - Rouge Valley Centenary (RVC)
- Many programs
 - o 24/7/365 Emergency at both campuses
 - o Regional Cardiac Care
 - o Mental Health
 - o Internal Medicine
 - o Large Surgical Program
 - o Maternal Newborn
 - Paediatrics with Level 2+ NICU
 - Complex Continuing Care and Rehabilitation
- Physicians: 224 general practitioners and 325 specialists
- About 1,000 nurses and many other professionals



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History of Progress

Three years of big changes

• Learned from past problems, Peer Review 2007

- o Lacked accountability
- o Unfocussed
- Running large deficits

• Turnaround

- RVHS is now more accountable, more efficient
- Focus on quality
- Strategic Plan implemented
 - o Jointly developed: staff, physicians, volunteers
 - Vision: To be the best at what we do
 - o Mission: Provide the best healthcare experience for our patients and their families

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- Financially balanced, running modest surpluses in 2009/10
 - Needed to reinvest in aging facilities



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Deficit Elimination Plan (DEP) Planning Parameters are being met

- ✓ Maintain patient volumes at same level as 2006/07 – committed in HSAA
- ✓ 220 positions eliminated 2008-2011
 - Early retirement / attrition / vacancies
- ✓ Follow MOHLTC 7-step framework impact on services and staff
- Ensure continued access to services for our communities
 - Benchmarking
 - Compared ourselves to more effective hospitals in GTA and Ontario



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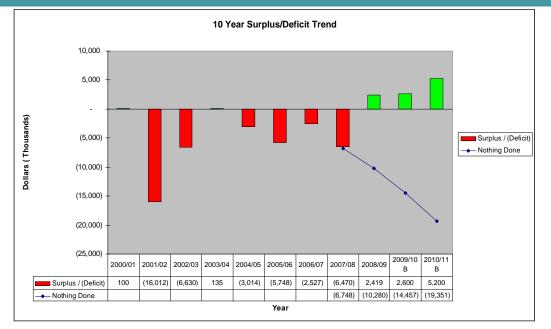
DEP

Planning Parameters are being met

- ✓ Be amongst the best performers in the Province and measure this
- Relentless focus on Quality and Safety for Patients and Staff in a healthy workplace
- ✓ Balanced run rate by Q4 2008/2009 and surpluses in 2009/2010 (\$2.6M) and 2010/11 (\$5.2M)
 - Surpluses are necessary to maintain our aging facilities
 - $\circ~$ Hospitals don't get separate funding for this
- Stop erosion of working capital and repay debt as quickly as possible



DEP We have reversed the trend





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Key Operational Statistics

	Projected 2009/10	2008/09	2007/08	2006/07
Weighted Cases				
- Inpatients	24134	23230	24671	23750
- Total	28842	28970	29144	27903
Surgical Procedures	22303	22419	22119	21695
Births	3900	3619	3808	3605
Emergency Visits	103584	93638	95301	95044
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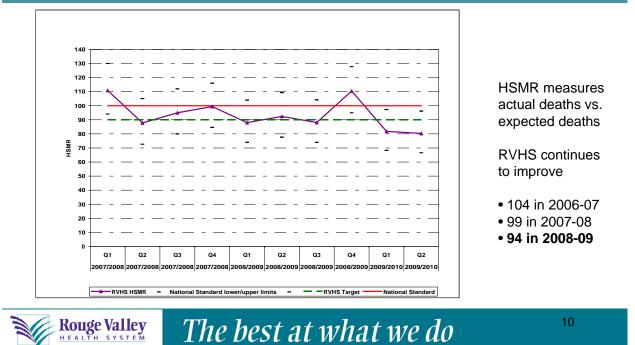
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Measuring Quality

- RVHS is committed to the CE LHIN through its Hospital Services Accountability Framework
- RVHS is committed to patient volume and wait time targets
- RVHS is measuring and reporting a variety of performance indicators to the Ministry and publicly through its website and through other venues
 - We are meeting or exceeding quality targets (See HSMR slide)
- Board's Quality & Risk Committee meets to review monthly

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Quality Performance Indicator Results, example: Hospital Standardized Mortality Ratio <u>Best HSMR in the Central East LHIN</u>



Progress: Transformation / Lean

- Rouge Valley embarked on a major transformation initiative to improve quality patient care and services
 - Started in mid 2008
 - > Change is constant at Rouge
- Applied Lean methodology
 - A management philosophy used by corporations and hospitals
 - > Also builds transparency, accountability and employee engagement
- Rouge is a leading hospital in applying *Lean*
 - With much success



Progress: Transformation / Lean

Transformation successes adding up

- Patients going home sooner thanks to improved patient flow and discharge planning at both campuses
- Patients and doctors getting lab test results faster at both hospital campuses
- Patients waiting less for care in our emergency department at Rouge Valley Centenary
 - 90 per cent of ambulatory patients are discharged in less than four hours
 - Faster ambulance offload times for patients RVC ambulance offload times continue to be among the lowest in Toronto
 - > This initiative is coming to RVAP, now that our new emergency dept. is open



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Progress: CSP / STEMI

- Designation of our Cardiac Care program as regional centre for cardiac care in Clinical Services Plan (CSP)
 - For the 401 corridor
 - o Part of CE LHIN's Hospital Clinical Services Plan 2009
 - Thanks to staff and leaders such as Dr. Joe Ricci
 - Cardiac Care a flagship program for years
 - Central East LHIN designation is an important recognition
 - Aligned with our Strategic Plan
 - Sends a positive signal to communities
 - Vote of confidence in the program and in RVHS

Code STEMI funding

- Segment (ST) elevation myocardial infarction (STEMI)
- Brings unstable cardiac patients the specialized care they need within a crucial 90-minute window
- Central East LHIN Board approval in December



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Challenges ahead

- Recession: Province facing \$24.7 Billion deficit
- Impact on hospitals not yet known
 - But health care is 40% + of provincial budget
- RVHS is better positioned thanks to its
 - Deficit Elimination Plan
 - Lean/Transformation actions and successes
- Nonetheless, impact on Rouge and all hospitals could be significant
 - Service reductions possible (both sites)
 - If budgets are frozen by province
 - Funding scenarios: 2%; 1%; 0%
 - If we receive 1% or more, no service reductions at RVHS
- No decisions yet



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Birthing and Newborn Centre 1st anniversary

- Officially opened state-of-the art birthing centre in January 2009 at RVC
 - Replacing original 1967 facilities
- Funding received
 - Thanks to Rouge Valley's progress
 - Post Construction Operating Plan (PCOP) funding
- Level 2+ Neonatal Intensive Care Unit
 - For more complex and premature births





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Questions

Thank you

Keep in touch

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