Update on our progress
Rouge Valley Health System

Scarborough Community Council
City of Toronto
Feb. 9, 2010
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Director, Public Affairs and Community Relations

The best at what we do
Agenda

• About Us / History of Progress
• Updates
  ▪ Deficit Elimination Plan
  ▪ Quality and Risk
  ▪ Transformation
• Cardiac Care
• Challenges
• Birthing and Newborn Centre
• Questions
2 hospital campuses (part of CE LHIN)
  o Rouge Valley Ajax and Pickering (RVAP)
  o 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
  o Paediatrics with Level 2+ NICU
  o 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
    - Lacked accountability
    - Unfocused
    - Running large deficits
  - Turnaround
    - RVHS is now more accountable, more efficient
    - Focus on quality
    - Strategic Plan implemented
      - Jointly developed: staff, physicians, volunteers
        - Vision: To be the best at what we do
        - Mission: Provide the best healthcare experience for our patients and their families
    - 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
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
    - 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

10 Year Surplus/Deficit Trend

- Surplus / (Deficit)
- Nothing Done

Year


Dollars (Thousands)

Surplus / (Deficit)

Nothing Done
### Key Operational Statistics

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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
Quality Performance Indicator Results, example:

**Hospital Standardized Mortality Ratio**

*Best HSMR in the Central East LHIN*

HSMR measures actual deaths vs. expected deaths

RVHS continues to improve

- 104 in 2006-07
- 99 in 2007-08
- 94 in 2008-09
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
Designation of our Cardiac Care program as regional centre for cardiac care in Clinical Services Plan (CSP)
  - For the 401 corridor
  - 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
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

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