

Cambridge Memorial Hospital Operational Review

Overview Presentation

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Presentation Overview

- **Operational Review Terms of Reference**
- **Review of Hospital Data**
- **Review of Hospital Documents**
- **Interviews**
- **Operational Review Limitations**
- **Areas of Leading Practice/Best Practice**
- **Communications Best Practice**

Terms of Reference

- Initiated by Waterloo Wellington Local Health Network (WWLHIN)
- Reviewed & modified by Cambridge Memorial Hospital (CMH) & Review Team
- Non-disclosure agreements drafted & negotiated
- Scope of the Review included
 - Operations
 - Finance
 - Factors affecting quality care
 - Internal & external community engagement
 - Communications
 - Governance accountability
- Schedule was determined with a June 2009 completion date

Review of Hospital Data

- Financial data
- Statistical data
- Health Data Branch of Ministry of Health and Long-Term Care (MOHLTC) growth data for CMH

Review of Hospital Documents

- Consultants reports
- Hospital documents
- Policy & procedure binders
- Draft accreditation reports
- Quality improvement reports
- Special Project reports
- Clinical manuals
- Capital project manuals
- Correspondence
- Board minutes (limited & restricted review)

Interviews

- CMH senior staff
- CMH Board representatives
- CMH physician leaders
- CMH clinical staff (professional practice council)
- CMH clinical & non-clinical middle managers

Interviews, Cont.

- WWLHIN CEO & Board Chair
- WWLHIN Hospital CEOs
- Waterloo Wellington Community Care Access Centre (CCAC) Executive Director
- Representative of Langs Farm Village Association Community Health Centre

Operational Review Limitations

CMH Data Integrity

- Accurate information was hard to get
- Once received, difficult to interpret (lots of artefact)
- Data kept changing
- Still being refined by the organization

Operational Review Limitations, Cont.

Timeline for the Review

- 60 day window for the review
- Allows for only high level review (good for trending; not enough time for line by line detail review)

Operational Review Limitations, Cont.

CMH's Approach

- Significant roadblocks raised in
 - (i) finalizing Terms of Reference
 - (ii) finalizing disclosure/non-disclosure agreements
 - (iii) access to information
 - (iv) access to decision-making evidence
- Significant staff changes occurred during the review
- Somewhat “urgent” initiation of significant changes to staff schedules etc that caused pushback & uncertainty

Operational Review Limitations, Cont.

CMH's Approach, Cont.

- Heavy reliance on additional new funding as only means of balancing
- Slow to embrace the concept of living within their means (however, now seem to have done so and are developing an aggressive recovery plan)

Areas of Leading Practice/Best Practice

Benchmarking/Utilization/ Financial Sustainability

- Targets of the top 25 percentile of efficiency while maintaining quality
- Examination of staffing patterns
 - (i) professional – non-professional ratios
 - (ii) sick time/overtime utilization
 - (iii) rotations
- Decision support data collection & dissemination
- Staff involvement in data analysis

Areas of Leading Practice/Best Practice, Cont.

Benchmarking/Utilization/ Financial Sustainability, Cont.

- Medical staff ownership of inpatient/outpatient data (i.e. Length-of-Stay (LOS) improvements, reductions in May Not Require Hospitalization (MNRH) patients, improvements in resource allocation & utilization – i.e.. operating rooms, etc.)
- Limitations on bank borrowing & debt (i.e. credit lines less than or equal to one month's cash flow)
- Staff involvement in decision-making, budget allocation, and cost saving strategies

Communications Best Practices

- Open, honest, transparent
- Non-punitive
- Two way
- Timely