



**Operational Review
Cambridge Memorial Hospital
Presentation to the Community
June 30th, 2009**

Review Team Members

- **Vickie Kaminski President and CEO
HRSRH**
- **Ken Tremblay President and CEO
Chatham Kent Health Alliance**
- **Paul Temple Financial Consultant**
- **Sue Matthews Vice President and
CNO Niagara Health System**

Purpose of the Review

- Intended to assist the CMH with the development of a hospital improvement plan (HIP) that will enable the organization to achieve and maintain a balanced and sustainable fiscal position by 31 March 2010

Review Methodology

- Review of documentation from Cambridge Memorial Hospital
- Review of documents submitted to WWLHIN
- Review of best practice/benchmarking information and reports
- Interviews with hospital staff, physicians and Board members
- Interviews with external partners/stakeholders within the WWLHIN

Significant Findings

- A financial position that was urgent and deteriorating quickly (payroll was in jeopardy)
- An organization that felt victimized (“we never get our fair share”)
- Insufficient and unreliable data for decision making
- Lack of involvement of managers in the budget setting/monitoring areas

Significant Findings cont'd

- Combative relationship with the WWLHIN
- Lack of integrated programs with local partners
- Issues with bed allocation and Alternate Level of Care (ALC) patients
- Increased costs for sick time and overtime
- A culture of fear, anxiety and distrust

Significant Findings cont'd

- **And yet, in spite of that.....we found no reason to question the clinical care and compassion being offered to patients at CMH**
- **Physicians, nurses, managers and support staff are commended for their dedication to patient care in very tumultuous times**

Recommendations

- The Board of CMH should establish a policy for a clear and appropriate limit on borrowing accompanied by adequate in-year and multi-year forecasting and repayment mechanisms. The WWLHIN as the funder should participate in that discussion and consider appropriate preventative restrictions

Recommendations

- Senior Management (CEO and executive team members) should commit to the full pursuit of all internal efficiencies based on the top 25th percentile of benchmarked peers

Recommendations

- The Board and Senior Management should communicate this target to all staff and physicians and ensure that every department and program develops a realistic plan for achieving it, as part of an overall Recovery Plan

Recommendations

- Senior Management (CEO and the executive team) should ensure that all managers have the position and staffing control tools and support necessary to achieve optimal staff deployment for the organization

Recommendations

- The Board of Cambridge Memorial Hospital should implement a governance policy that requires the staff of CMH to operate within available funding

Recommendations

- Recognizing the urgency of CMH's borrowing position the hospital improvement plan should include item specific implementation dates as well as short term measures to stem further borrowing

Recommendations

- The Board should ensure that the CEO provides regular reports on the successful implementation of the Recovery Plan and is held accountable for meeting the targets

Recommendations

- CMH should look at the possibility of proactively staffing the Emergency Department (ED) ANB (Admit No bed) patients, to decrease the reliance on overtime to staff these beds. It is recognized that the numbers fluctuate on a regular basis so it is suggested that CMH trend data of ANB patients with an eye to staffing proactively if possible

Recommendations

- CMH should consider partnering with a local long term care (LTC) home to provide for the LTC destined ALC patients, either at the LTC home or on a separate unit within CMH

Recommendations

- CMH should implement staffing levels that are equivalent to LTC staffing levels including the use of Personal Support Workers (PSW), Registered Practical Nurses (RPN) with a Registered Nurse (RN) available on the unit 24/7

Recommendations

- CMH should review scheduling practices to determine if the nursing schedules are causally linked to increased sick time and overtime and make the appropriate changes to staffing schedules where necessary

Recommendations

- CMH should review its Operating Room (OR) scheduling of urgent cases to determine if implementing an urgent block in regular daytime hours would increase cost effectiveness and reduce unwarranted overtime for nurses
- CMH should review how it captures overtime data to ensure that overtime is assessed in a more meaningful way

Recommendations

- CMH should address the nature and context of physician leaders and their relationship to CMH, their members and the key activities of strategic planning, performance management, quality and safety monitoring, utilization management and human resources planning. CMH may need to concurrently review physician stipends to improve physician engagement, commitment to and participation in resource decision-making.

Recommendations

- CMH should implement a formal search process for recruiting and appointing physician leaders with an emphasis on performance management and utilization

Recommendations

- CMH should support leadership development of physicians to ensure succession planning of physician leadership roles
- CMH should sponsor a cultural shift to understand and embrace patient centered care as the preferred model of care delivery

Recommendations

- CMH needs to adopt a policy of standardization that includes, for those areas not currently subject to standardization (i.e. Operating Room cases for orthopedics and surgical device implants), with a view to reducing variation, thereby reducing costs and improving the quality of care

Recommendations

- CMH should adopt an impact analysis process to evaluate medical staff human resources plans, to assess the organization's ability to accommodate budgetary implications of new appointments and to quantify their clinical contribution to the organization's strategic plan

Recommendations

- CMH should investigate and do a cost benefit analysis of an electronic staff scheduling program with a robust HRIS (Human Resources Information System). CMH is encouraged to look at companies that will “guarantee the savings” outlined in their proposals to achieve performance improvements through revised staffing and scheduling models

Recommendations

- CMH should improve the process for data distribution to managers and leaders, by identifying- with the input of these managers and leaders- who needs what information and in what frequency

Recommendations

- CMH should adopt a philosophy of empowering its staff and middle managers. Managers and directors should have access to resources, information, support and opportunity. CMH should formally review the empowerment of its managers on a regular (yearly) basis to measure baselines and the effectiveness of improvement strategies

Recommendations

- CMH requires robust strategic and operational planning methodologies that engage Senior Management, middle managers and staff , as well as physicians, Board members and arguably external stakeholders. In turn respective goals, budgets, and other accountabilities should be delegated to empower managers and directors who should be directly involved in the performance management activities of their portfolios

Recommendations

- CMH should develop and implement a comprehensive formal orientation program for new managers that includes the Strategic Plan and annual goals, orientation to their functional areas, including budget and finance, human resources, quality and safety and decision support processes

Recommendations

- CMH should adopt a PMO (project management office) approach to its operations. This approach is particularly effective with one-time and major projects with emphasis on future costs and consequences

Recommendations

- Through a PMO approach CMH should ensure that projects elected match the Strategic Plan of the organization. Once projects are approved to go forward CMH should use a consistent change management model in its roll out, communication, implementation and evaluation processes

Recommendations

- CMH should develop processes to assess the viability and business case for on-going support (i.e. resources, time, people, technology, facilities, etc) of all projects with time-limited funding

Recommendations

- CMH should develop a policy that there be no growth without appropriate impact analysis and data to support the request. Clinical managers must be key participants in the impact analysis process. If a request is approved the organization must have a process for monitoring the impact on an ongoing basis

Recommendations

- The Board of CMH should be given coaching and education regarding their fiscal/fiduciary responsibilities and on how to balance those with patient services

Recommendations

- Senior management must commit to a process that facilitates shared decision-making with managers directors etc
- A culture survey should be conducted and a work plan developed to change the organizational climate from a fear-based culture to one that is open. Honest and respectful

Recommendations

- The Senior Leadership Team (CEO and executive staff) should immediately request the WWLHIN to supply the previously offered and rejected coaching assistance to help CMH develop an appropriate Recovery Plan (HIP), financial management strategies, and communication strategies



Questions

