Strategic Management at Toronto East General Hospital

June 2008
Strategic Management at TEGH

Helen’s Story
The 2008-2011 Strategic Plan

September 2007
Strategic Planning at TEGH is only part of a comprehensive strategic management system. The strategic plan anchors the system and management cycle. Measurement and three year targets embedded in strategy. Operational plans e.g. Capital and operational budgets etc use same three year timeframe.
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- **September**
  - Board Approval of Strategic Plan
  - Q1 Board Balanced Scorecard
  - Board HAA & WTS Indicator Report

- **October**
  - Develop Corporate Business Plan
  - Corporate Balanced Scorecard

- **Nov./Dec.**
  - Align Improvement Plans to Corporate Business Plan
  - Update HR, IM, Research and Communication Plans
  - Set Parameters & Financial Assumptions for 3 Year Operating & Capital Budget
  - Q2 Board Balanced Scorecard
  - Board HAA & WTS Indicator Report

- **July/August**
  - Complete Environmental Scan
  - Update Rolling Strategic Plan
  - Corporate Balanced Scorecard

- **June**
  - Annual results of the Board Balanced Scorecard
  - Board HAA & WTS Indicator Report

- **May**
  - Individual Performance Assessments
  - Corporate Balanced Scorecard

- **April**
  - Deployment of Program/Department Budget Objectives and Targets

- **March**
  - Board Approval of Operating/Capital Budgets
  - Q3 Board Balanced Scorecard
  - Board HAA & WTS Indicator Report

- **Dec./Jan.**
  - Develop Operating and Capital Budgets

- **Jan./Feb.**
  - Finalize Corporate Operating/Capital Budgets
  - Corporate Balanced Scorecard
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- TEGH Strategic Management System reflects a skills based governance structure that demands planning, implementation, evaluation and adjustment.
- Annually the Board reviews and re-calibrates the plan. Every three years the plan undergoes a major re-tooling.
- Approach reflects a corporate wide culture of measurement and continuous improvement.
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- Strategy
- Policy Direction
- Integrated Health Service Plan
- Strategic Plan
- Corporate Business Plan
- Improvement Plan
- Business Case
- Improvement Plan
- Learning Plan

- Performance Measurement
- LHIN Accountability Agreement
- Hospital Accountability Agreement
- Board-Level Balanced Scorecard
- Executive-Level Balanced Scorecard
- Program/Dept. Balanced Scorecard
- Outcome/Impact Evaluation
- Unit Balanced Scorecard
- Individual Performance Review

- Accountability
- Government
- LHIN
- Board
- Executive
- Program/Dept.
- Unit
- Individual

- Operations
- External Environment
- Learning
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At-A-Glance: TEGH 2008-2011 Strategic Plan
Strategic Priority: Patient Satisfaction

Patient Satisfaction reflects patients’ perceptions of the experience at TEGH, including perceptions of overall quality of care and outcomes of care. Indirectly, patient satisfaction reflects how well the Hospital is integrating care and disseminating information about the Hospital and its services to community members and health provider partners. In recent years, TEGH has placed priority on improving patient satisfaction and efforts to date have resulted in modest positive improvements. While TEGH is pleased with these achievements, greater improvement is necessary.
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Tactics that will be pursued as a means of achieving this strategic priority include:

• Establish staff as ambassadors for creating excellent patient experiences, in part through the demonstration of the TEGH Core Service Standards.
• Enhancing the cultural, social and physical accessibility of services, particularly for vulnerable or marginalized populations.
• Increasing the quality of communication with patients and their caregivers, patient referral sources (e.g. family physicians), and community members.
## Strategic Management at TEGH

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Current Value</th>
<th>2008/09 TEGH Target</th>
<th>2009/10 TEGH Target</th>
<th>2010/11 TEGH Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Patient Satisfaction</td>
<td>85.7%</td>
<td>88.0%</td>
<td>91.0%</td>
<td>92.0%</td>
</tr>
<tr>
<td>Emergency Department Patient Satisfaction</td>
<td>70.6%</td>
<td>74.0%</td>
<td>77.0%</td>
<td>78.0%</td>
</tr>
</tbody>
</table>
Plan Review

- Quarterly the Board reviews a balanced scorecard that includes the measures identified in the strategic plan.
- Scorecard results at centre of performance management system including incentive payments.
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Performance Measure Summary
Definition: Percentage positive score with overall satisfaction with inpatient care received. A percentage positive score includes all patients who answered "Good", "Very Good" or "Excellent" when asked "Overall how would you rate the [inpatient] care you received at the hospital?". The benchmark used is the GTA Peer average (ER & IP) and the Ontario average (CCC & Rehab).
Significance: A high degree of patient satisfaction impacts a number of areas including: fundraising, market share, competitive advantage for new business and employee morale.

<table>
<thead>
<tr>
<th>Area</th>
<th>Current Period</th>
<th>Value</th>
<th>Benchmark</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>IP</td>
<td>Q1 2007/08</td>
<td>90.3</td>
<td>80.5</td>
<td>&gt; opportunities for improvement</td>
</tr>
<tr>
<td>ER</td>
<td>Q1 2007/08</td>
<td>82.9</td>
<td>77.0</td>
<td>&gt; opportunities for improvement</td>
</tr>
<tr>
<td>CCC</td>
<td>Nov 2008</td>
<td>98.5</td>
<td>93.6</td>
<td>Meets or exceeds benchmark</td>
</tr>
<tr>
<td>Rehab</td>
<td>Q1 2007/08</td>
<td>93.9</td>
<td>94.3</td>
<td>&gt; opportunities for improvement</td>
</tr>
</tbody>
</table>

Analysis
Note: The results from the Performance Monitoring Committee were previously presented to the Performance Monitoring Committee in December 2007. Opportunities for improvement include the Inpatient and Emergency areas.
Improvement has been noted in several IP surgical units and the most recent quarters results show large improvements. Complex Care consistently performs above the benchmark. Rehab is close but below the benchmark, however, the survey has not been completed since March 2008.

Action Plan

<table>
<thead>
<tr>
<th>Action</th>
<th>Lead</th>
<th>Date Initiated</th>
<th>Current Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhanced patient sampling conducted by inpatient unit rather than entire Service</td>
<td>W. Klassen</td>
<td>July 2007</td>
<td>Complete</td>
</tr>
<tr>
<td>Enhance communication by public posting of results by unit</td>
<td>W. Klassen</td>
<td>Nov 2007</td>
<td>Complete</td>
</tr>
<tr>
<td>New initiatives for 2008: surveying in Ambulatory Care; increased sampling and results (monthly) in ER; improving data submission times to NRC as mechanism to improve scores; focus on going home, access to care, and education as the new priority areas; re-educating care service standards</td>
<td>W. Klassen</td>
<td>January 2008</td>
<td>Planning underway</td>
</tr>
<tr>
<td>Pilot project of post-discharge phone calls started utilizing 40 late career nurses. Includes the introduction of new discharge form and patient follow up within 48-hrs of discharge</td>
<td>M. Fryers</td>
<td>February 2008</td>
<td>Implemented</td>
</tr>
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How is the plan kept current?

- Annual Board level review starts the annual business planning cycle.
- Previous year's performance reviewed.
- Significant policy, environment changes noted and considered in terms impact on plan.
- Measurement targets re-calibrated and a new year three target set.
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How is the Plan Re-tooled

- Broad environmental scans completed
  - Data analysis e.g. market share, demographics etc.
  - Role of organization within TC LHIN
  - Trends and policy shifts.
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How is the Plan Re-tooled

- Consultation process involving internal and external stakeholders
- Internal consultation tools
  - Program/Department meetings
  - Café session
  - Surveys
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How is the Plan Re-tooled

- External Consultation Tools
  - Interviews.
  - Stakeholder group meetings.
  - Web based survey.
  - Draft plan circulated for feedback.
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How is the Plan Re-tooled – Key Features

- Internally driven and staffed:
  - Builds ownership
  - Strengthens relationships
  - Develops competency
- Hardwired link from strategy to action.
- Organized to ensure alignment from Board room to bedside.
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Results

- TEGH has consistently met most of its measurement targets year after year.
- External validation of overall process through organizations like National Quality Institute.
- Staff surveys show that staff engagement to strategy at an industry high.
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Lessons and Observations

● Strategic management approach applicable in any setting.

● Plan development has to be driven by governance that understands and embraces measurement and results orientation.

● Internal ownership of process and plan.
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Lessons and Observations

- Plan must be simple, understandable and meaningful for all stakeholders.
- Need to ensure that other business practices reflect and are integrated with strategy framework.