

Revised Hospital Improvement Plan (R-HIP)

Addressing the Challenge:

Keeping Pace with Changing Needs of Our Patients

Sustaining Quality Care with a Sustainable Future

Your Hospital – What does it all mean?

Dear Cambridge Community Members:

As I've shared with you in my internet messages, Job 1 at Cambridge Memorial Hospital over the past several months has been the development of a revised Hospital Improvement Plan. Together with the support and advice from the Waterloo Wellington Local Health Integration Network (WWLHIN), we have a plan that went to the WWLHIN Board of Directors for approval on Thursday, November 26, 2009.

The initiatives in the R-HIP have been developed by all of us, and reviewed throughout the organization by medical staff, front-line staff, managers, physician leaders and administrators. Our plan has been endorsed by our Board of Governors and our Supervisor. I also want to thank you for the feedback you have provided us around efficiencies and future delivery of healthcare services.

We believe the R-HIP is a practical, effective and sustainable plan that positions CMH to continue to provide excellent acute healthcare services to our community. Our plan is also consistent with the goals and priorities of the WWLHIN.

In this document, we want to highlight the changes the R-HIP will bring to various operations and staff within the organization.

Our most valued resource is our people. Over the past few days, staff meetings have been held across the organization to outline the plan and to address questions they may have about the implementation of the plan as we continue to be open and transparent with all our communities of interest.

I encourage you to continue reaching out to us with your input and suggestions going forward and we will be doing likewise as part of our community engagement strategy.

As always, you can write to me at pgaskin@cmh.org or call 519-621-2333 ext 2301.

Thank you for your continued support of Cambridge Memorial Hospital and the staff, physicians and volunteers who every day deliver exceptional patient care. I hope to see you at one of our town hall meetings.

Patrick Gaskin
Acting President & CEO

Revised Hospital Improvement Plan (R-HIP):

- Overall Themes:
 - Addressing the challenges
 - Keeping pace with changing patient needs
 - Enhancing quality care at lower cost

- This is a multi-year recovery plan that supports other initiatives currently in progress

- 5 essential components to the CMH Revised Hospital Improvement Plan

1. Balanced operating budget during 2010 – 2011
2. Reduce bank indebtedness / reduce reliance on line of credit
3. Consistent with WWLHIN integrated health service planning
4. No core service divestiture without a voluntary integration solution
5. Ensure reasonable access to care

Our Approach to Our Recovery

➤ **Long Term & Complex Continuing Care (CCC)**

Current State: 42-bed CCC / Restorative / ALC Unit on 3B

As of May 2010:

- 21-bed combined Oncology / Palliative / Rehab Unit on 3B
- Within the WWLHIN integrated health services plan, CMH will no longer have complex continuing care beds
- Place 32 patients currently in CCC beds waiting for long-term care (or other institutional care), using: Community Care Access Centre *Home First*; interim LTC beds; or Restore Access Partnership Program (RRAP)

End State: CMH Master Plan includes growth of 10 additional rehab beds (*pending Ministry approval*)

➤ **Oncology & Palliative Care**

Current State: 11-bed Oncology Unit on 5B

As of May 2010:

- Part of a 21-bed combined Oncology / Palliative / Rehab Unit on 3rd Floor
- Close land-locked 11-bed inpatient oncology unit on 5th Floor
- Responsive to changing needs for care at CMH... able to accommodate all palliative care patients, not limited to cancer patients
- Strong physicians' and staff endorsement
- Establish interim program to care for longer-care, ventilated patients in ICU
- Change model of care for oncology to integrate acute with non-acute services such as rehabilitation, palliative or respite care
- No change for cancer patients who do not require hospitalization and are treated at the outpatient Medical Day Clinic

➤ **Ambulatory Rehabilitation Clinic**

- Closure of Outpatient Ambulatory Care Program effective Friday, February 26, 2010
 - Outpatient Occupational Therapy Hand Clinic
 - Outpatient Physiotherapy Clinic
 - Cardiac Rehabilitation Clinic
- Work with preferred service provider – Cambridge Centre for Health and Wellness (CCHW) on potential employment opportunities for affected, non-union CMH staff
- Patients currently in treatment at CMH will be transitioned to CCHW in late February

- Effective February 15, 2010, all new patients will be referred to CCHW or a provider of the patient's choice
 - CMH staff will collaborate with CCHW staff or other providers to ensure safe and seamless transition to new programs
 - CMH to engage in public consultation around voluntary integration
 - Opportunities may exist for CMH staff on the Acute Rehab Unit as well as a new inpatient ACE Unit (Acute Care for the Elderly) that is being considered... decision to be made by January 15, 2010
- **Women's & Children's Health**
- Create a combined Special Care Nursery / Paediatrics Unit to optimize staffing requirements
 - Currently working with staff on relocation options
- **Nursing Skill Mix**
- Skill mix changes are planned for most clinical units
 - Nurse staffing is critical to patient safety and well-being
 - Appropriate staffing involves having nurses with the right skills, knowledge and judgment working within the right type of staffing model along with the right blend of other healthcare providers
 - Nursing management leaders, nursing union leaders, clinical nurses, charge nurses and clinical education facilitators will work together towards quality patient care by enhancing RN and RPN scopes of practice
- **Surgical Short Stay Unit**
- Create an operating room schedule that will allow CMH to create a 10-bed short stay unit that closes on Saturdays and Sundays
 - No reduction in surgical capacity
- **Administration, Support and Supplies**
- Reduction in management positions
 - Reduction in clerical support
 - Improve supply inventory control and generate savings through contract negotiations and enhanced technology
 - Savings in food cost and handling
 - Reduction in linen inventory
 - Introduction of multi-skilled worker role in Environmental Services
 - New attendance management program
- **Other Revenue**
- Increase revenue not related to the Ministry of Health global budget
 - Increase medical staff OHIP billing capture
 - Recapture loss of semi-private and private room revenues
 - Ensure that self-pay and uninsured services are billed and collected
 - Reduce bad debts