



The Ottawa | L'Hôpital
Hospital | d'Ottawa

Managing Change, Productivity & Performance:

Health Service Delivery

Jack Kitts M.D., MBA, FRCPC
President and CEO
The Ottawa Hospital
March 2010



Overview

- Why change
- Managing change
- The Ottawa Hospital Experience



The Challenge

1. Growing, aging demographic
2. Increased demand for access and quality of care
3. Insufficient resources:
 - Finance
 - Human
 - Facilities
 - Technology



The Culture

- Risk averse/Resist change
- Not wired to work as a team
- Provider-centric



The Plan

1. Innovation and Research
2. Health Service Delivery Model



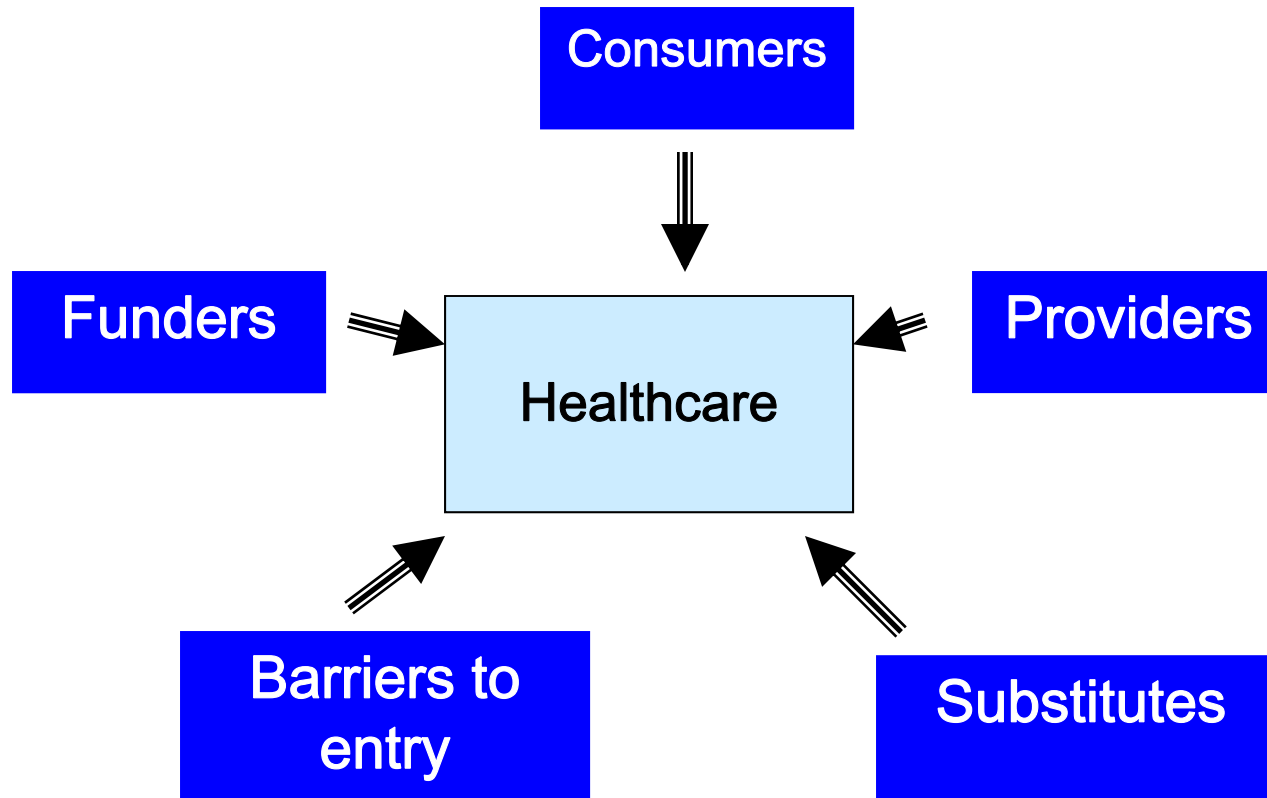
The Approach

6 step model:

1. Identify the need
2. Create the team to lead it
3. Articulate the future state
4. Communicate the future state
5. Implement the plan
6. Measure the Impact



Identify the Need For Change: if we were a business...



*Adapted from Porter's Forces of change



Identify the Leader

National

Provincial

Regional

Local:

- Board
- Senior Management Team



Articulate the Future State and Communicate

- Describe what success looks like:
 - Improved quality and safety measures
 - Improved patient satisfaction
 - Improved staff satisfaction
 - Enhanced recruitment and retention
 - Reduced costs



Implement the Action Plan

- Tactics
- Investments
- Timelines
- Targets
- Outcomes



Measure the Impact

Measure performance:

- Outcomes
- Costs



The Ottawa Hospital Experience

- Inter-Professional Model of Care
- Anesthesia Care Teams



Interprofessional Model of Patient Care (IPMPC©)

“A way of organizing care”

- Patient centered
- Continuity
- Accountability – clarity of who provides what.
- Autonomy for health professionals



1. Start with the Nursing Model of Care (MoNCP[©]):



Based on:

- A set of Guiding Principles
- Best Practice Guidelines
- A full scope of practice



Tools:

- Staff mix tool to determine appropriate roles for:
 - RN
 - RPN
 - Unregulated Health Professionals
- Span of Control for Managers
 - Provide resources/support



2. Measure Results:

- Improvement in burnout, absenteeism, patient safety, physician/nurse relations, work/life, etc.
- ↓ Vacancy rate (13% to 2.9%)
- ↓ Turnover rate (10% to 7%)
- ↑ Nurse Satisfaction (by 14%)
- ↑ Interest in continuing education
- ↑ Publications and presentations
- ↑ Leadership building

Leading Practice (Accreditation Canada)



3. Overlay other Health Professionals (IPMPC©)

- Strengthen their professional practice environment
- Strengthen infrastructure
- Determine full scope
- Redesign process



4. Examples:

Ambulatory Care

- RN to RPN
- Physician to APN

Wards

- Assistants:
 - Physician
 - Physio
 - unregulated

E.R.

- RN to orderly

Operating Rooms

- RN to O.R. Technician
- Anesthesia to APN
- Anesthesia to RT



Anesthesia Care Teams (ACT)

- ❑ 2003: Ontario Wait List Strategy – Shortage of Anesthesiologists

- ❑ 2004: Establish the Operative Anesthesia Committee:
 - Ontario Medical Association
 - Ministry of Health and Long-Term Care
 - Independent chair

- ❑ 2005: Introduction of Anesthesia Care Team Model
 - Pre-operative
 - Intra-operative
 - Post-operative



ACT Model - TOH Example

□ In 2010, TOH has:

- 13.4 anesthesia assistants positions (cataracts, joints, bariatrics, L&D etc.)
- 3 Advance Practice Nurses (telehealth assessment for cataracts, acute pain service)



Challenges

1. Leadership
2. "Turf Protection"
 - Unions
 - Professional associations
3. Measuring value outcomes:
 - Quality
 - Costs