

# Operationalizing Transformation at Providence Care

Canadian Centre for Healthcare  
Facilities

May 15, 2017

# Overview

- Introduction to Providence Care
- Transformation Journey
- Key Success Factors – Transformation Enablers
- Lessons Learned – Early Days...
- Questions



- Sponsored by Catholic Health Sponsors Ontario
- Hospital (non-acute)
  - 120 mental health beds
  - 150 complex care and rehab beds
- Long-Term Care
  - Providence Manor – 243 beds
- Community Programs (22 locations)
  - Brockville, Belleville, Napanee, Sharbot Lake, Kingston

# Providence Care Hospital

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- 270-bed DBFM facility, opened April 23
- Formerly 2 sites:
  - St. Mary's of the Lake Hospital site
    - CCC/Rehab/Palliative
  - Mental Health Services site
    - Adult
    - Seniors
    - Forensics

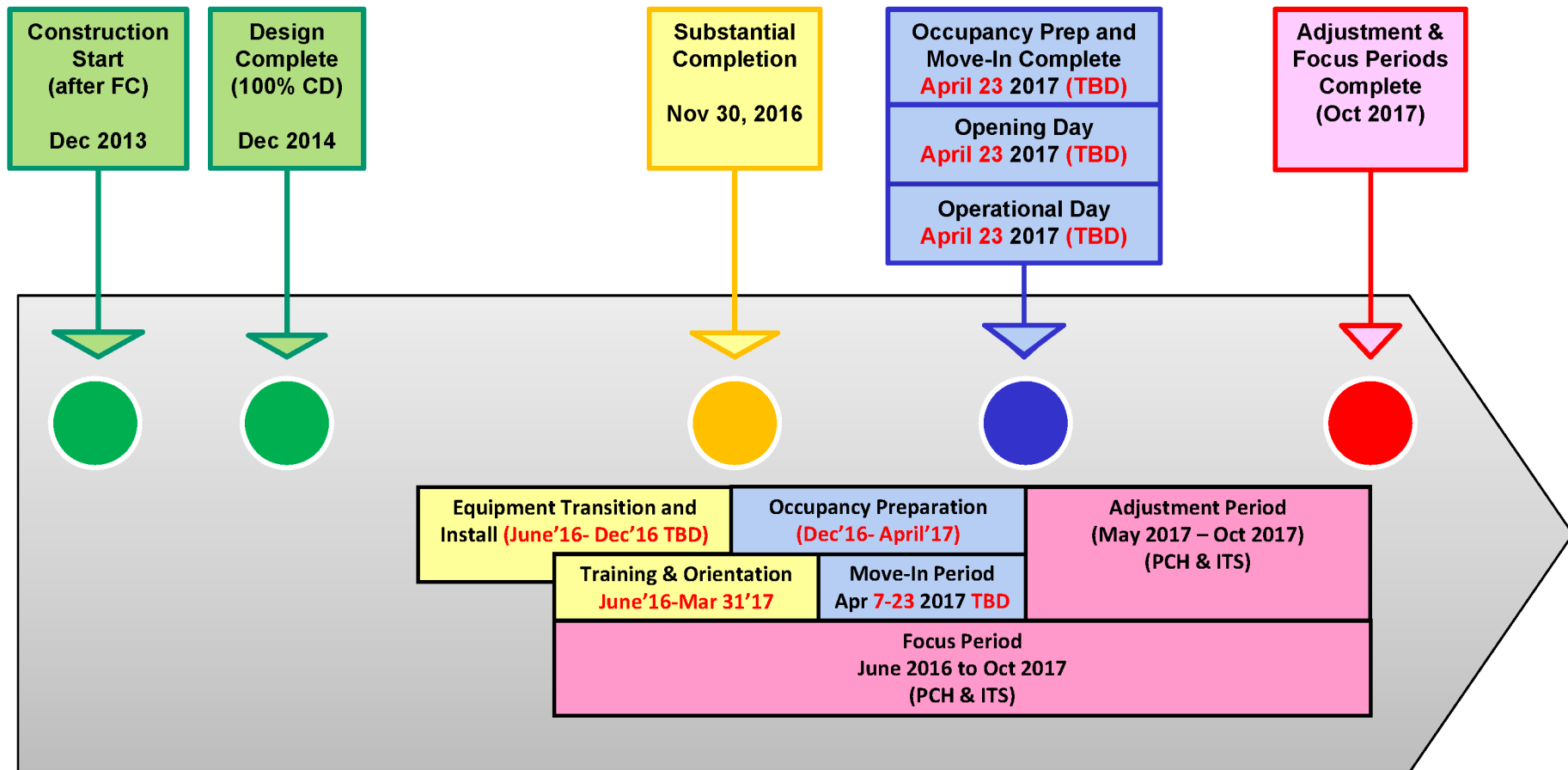


# PCH Design Objectives

- Recovery and Transition – principles of transition not destination, inspire hope and independence
- Normalization – private rooms, de-medicalize, nature
- Program Integration & Stigma - intermingle
- Long Term Flexibility & Using Resources to Best Effect
- Supportive of Employees
- Integration of Education & Research
- An Environmentally Responsible Building – LEED Silver

# PCH Timeline

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# Site Context

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View from North looking South

*Leading provider in Aging, Mental Health and Rehabilitative Care*

# Major Changes

- One hospital site
- Intermingling and anti-stigma – one door
- Private Rooms
- Decentralized Therapy
- Dining room model
- ICAT systems

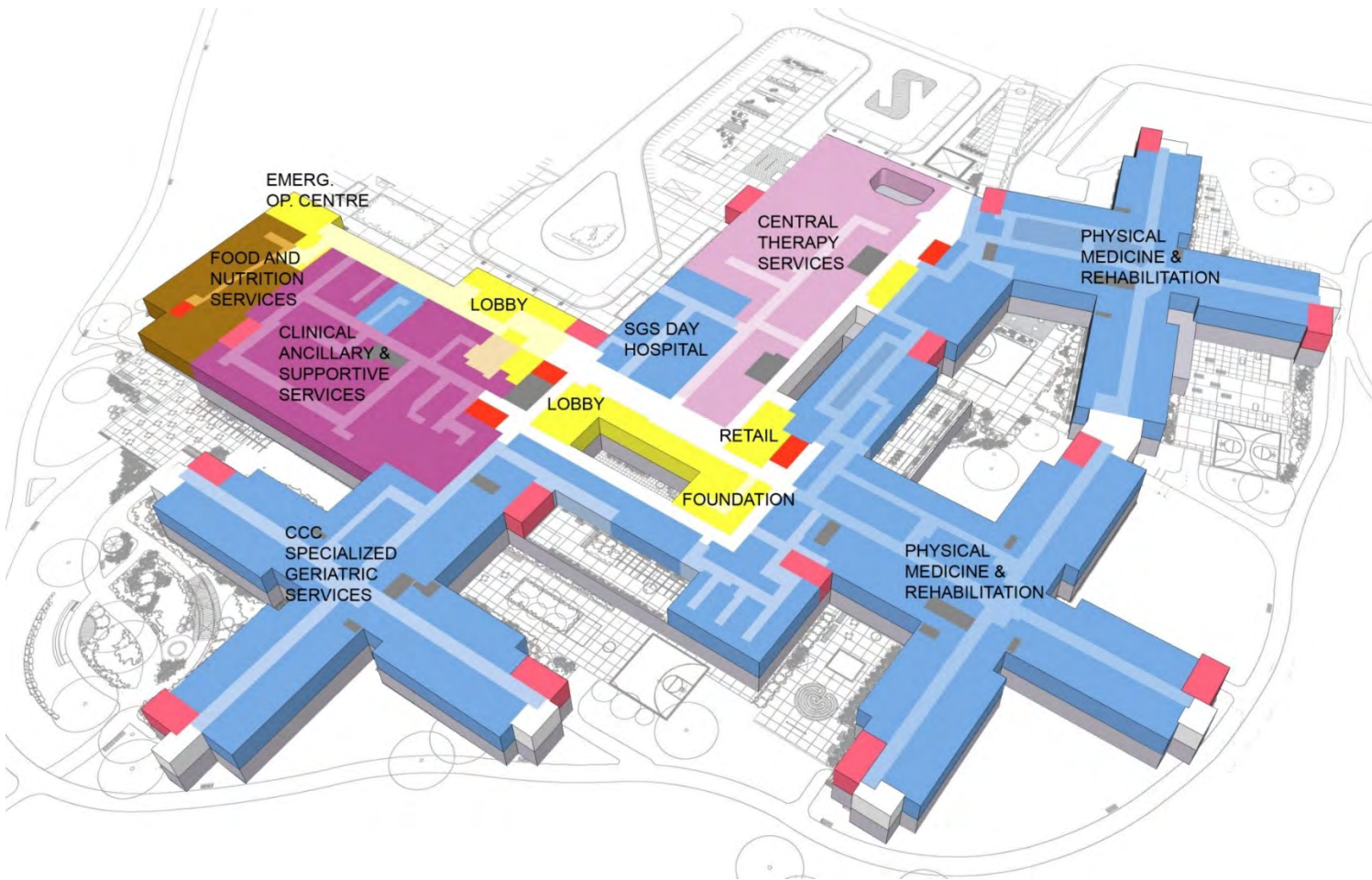


# Transformation Journey

- Change Management Framework
- Transition Budget
  - seconded resources
- Multi-disciplinary Working Groups
  - e.g. Core Clinical Processes

# Transformation Journey

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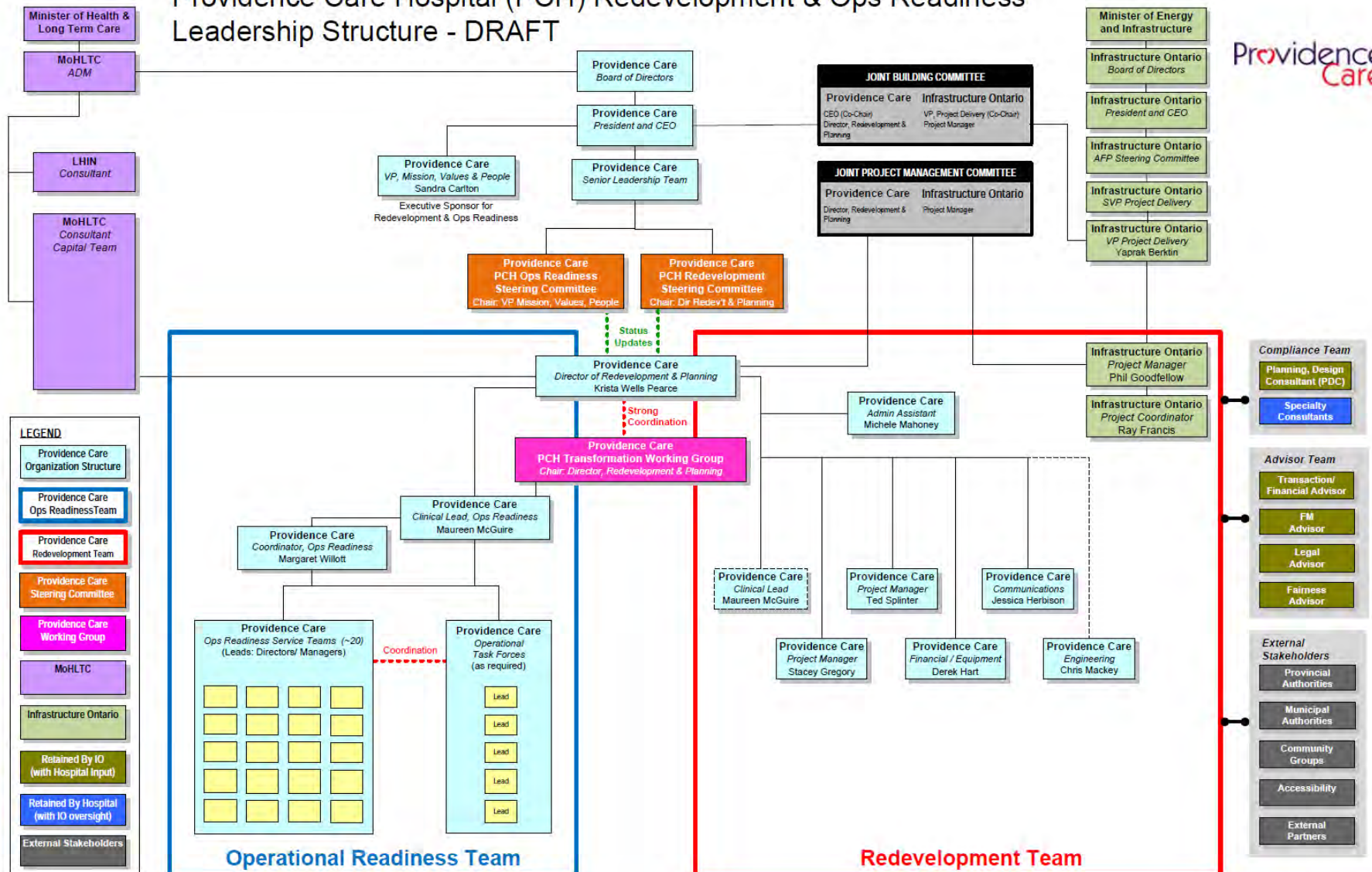
# TRANSFORMATION ENABLERS

# Key Success Factors

1. Governance
2. Operational Readiness
3. ICT Planning
4. On Unit Implementation Working Group(IWG)
5. Dining Room Model IWG
6. Living the Mission TG

# PCH Governance

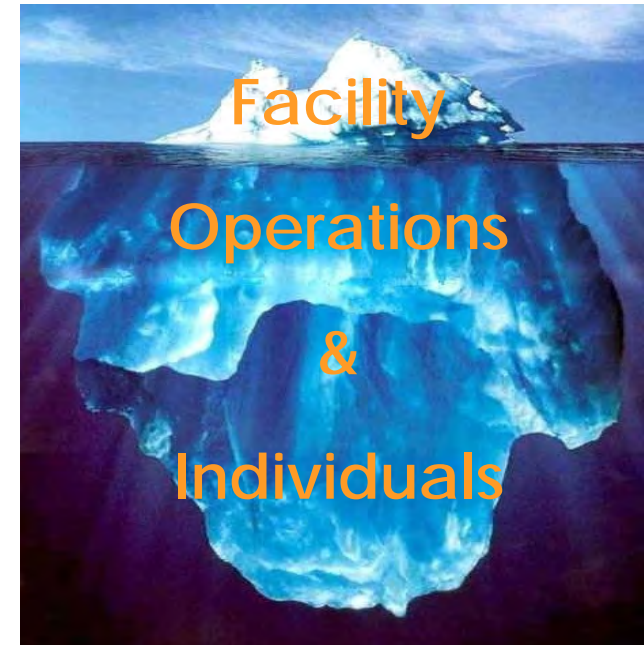
## Providence Care Hospital (PCH) Redevelopment & Ops Readiness Leadership Structure - DRAFT



## Capital Projects Enable Healthcare **Transformation**

### Transformation Success is the Sum of Three Parts

Ready facility  
+ Ready operations  
+ Ready individuals  
= **Transformation Success**

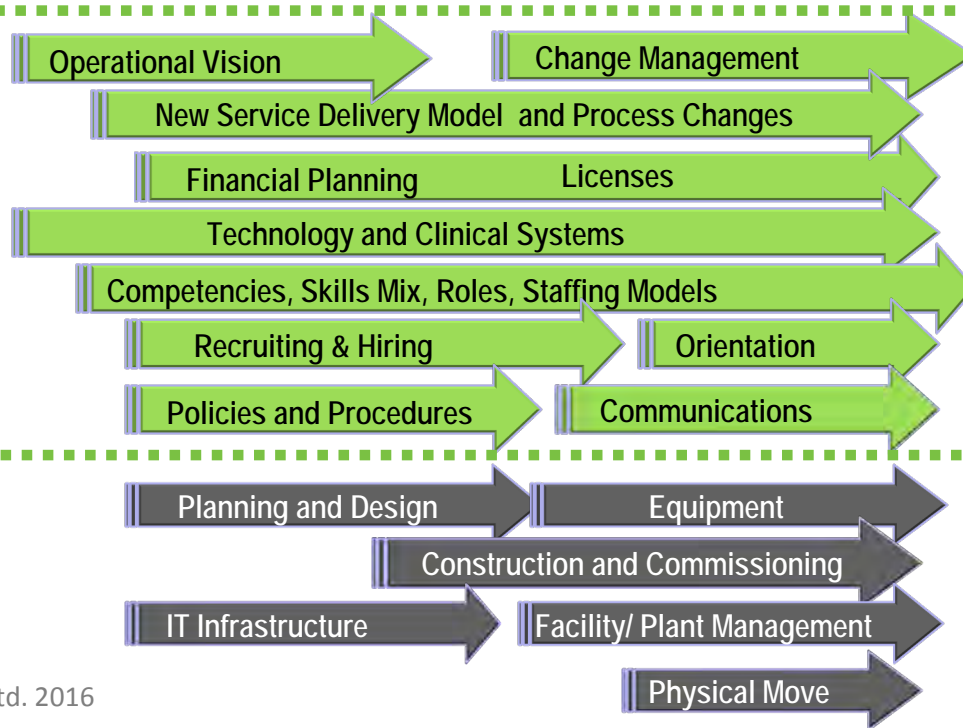


## Operational Readiness Deals with Transforming the *Soft Stuff*...

**Today...**

**...Tomorrow**

*Opening  
Day  
Vision*



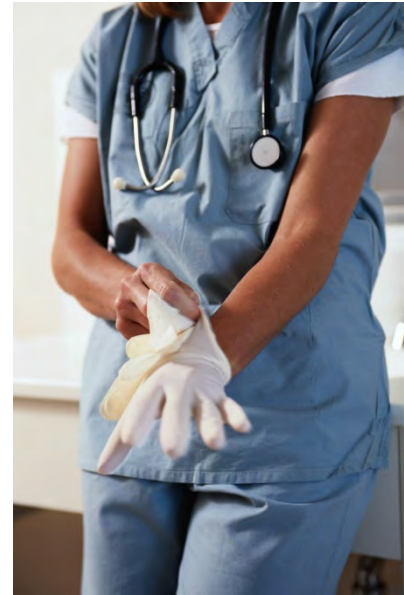
*Opening  
Day  
Operations*

## Success defined for an Operationally Ready Hospital

“An organization that is operationally ready has...

- the *right* people,
- with the *right* training and policies,
- in the *right* numbers,
- at the *right* place,
- with the *right* equipment and technology and,
- with the *right* attitude,

... generating an **exceptional and sustainable** patient, family and staff experience.”



## Must Haves and Lessons to be Successful

- Insights drawn from over 30 projects
- 4 common ***“must haves”***
- Effective blend of:
  - project management practices
  - change management principles



## Must Have – *Leadership Vision and Support*

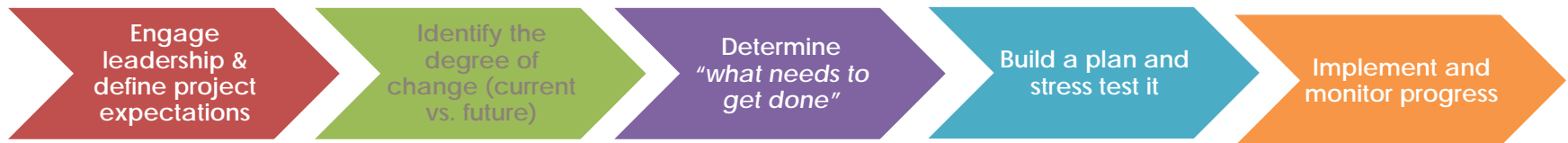


- Start with Ops Readiness *Leadership Charter*
  - aligns expectations
  - links to Corporate Strategy
  - defines governance
  - sets out success criteria
- Recognition its *actual work*
- Focus on operational change not just construction
- *Inspires leadership to lead!*



## Must Have – *Planning Framework to Follow*

- *Road-map for the journey* = answers where are we headed and why?
- *Manage like a project* = predictability; reduced risk
- *Enables early change* = early wins; maintain momentum, reduced Opening Day risk
- *Support resources/ backfill plan* = business case for Ministry transition funding support



## Must Have – *Structures and Tools to Enable the Work*

- **Integrating structures** (leverage existing wherever possible):
  - Steering Committee (direction/ oversight)
  - Project Council (sharing forum)
  - Multi-disciplinary Planning Groups (solving issues)
  - PMO (support Programs and Services)
- “Day-in-the-life” simulations prior to move
- Educational forums to share lessons along the way



## Must Have – *Teams Empowered & Accountable for Outcomes*

- Engaged and inspired leaders to build resiliency
- Maintain existing operational accountabilities
- Break down silos:
  - Ops Readiness Leads
  - Multi-disciplinary Task
  - Integrated Working Groups
- Designated IT Lead
- Subject Matter Experts (SMEs)



# ICT Planning for AFP DBFM Delivery



# ICT Planning for AFP DBFM Delivery

*“An organization that is operationally ready has...the **right** equipment & technology...”*

- ICT touches all aspects of the organization
- Key enabler supporting improved
  - access to information
  - information use
  - collaboration
  - delivery of care
  - patient safety
  - operational efficiency



# Key Planning Steps

ICT is a project within the Project

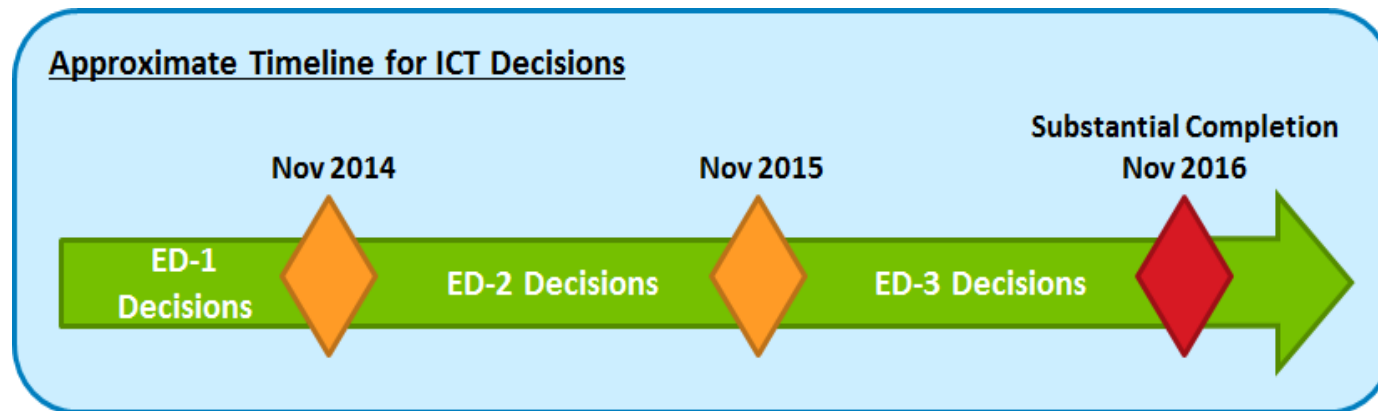
- Review Scope delineation on System by System basis for early identification of gaps in expectations



# Key Planning Steps

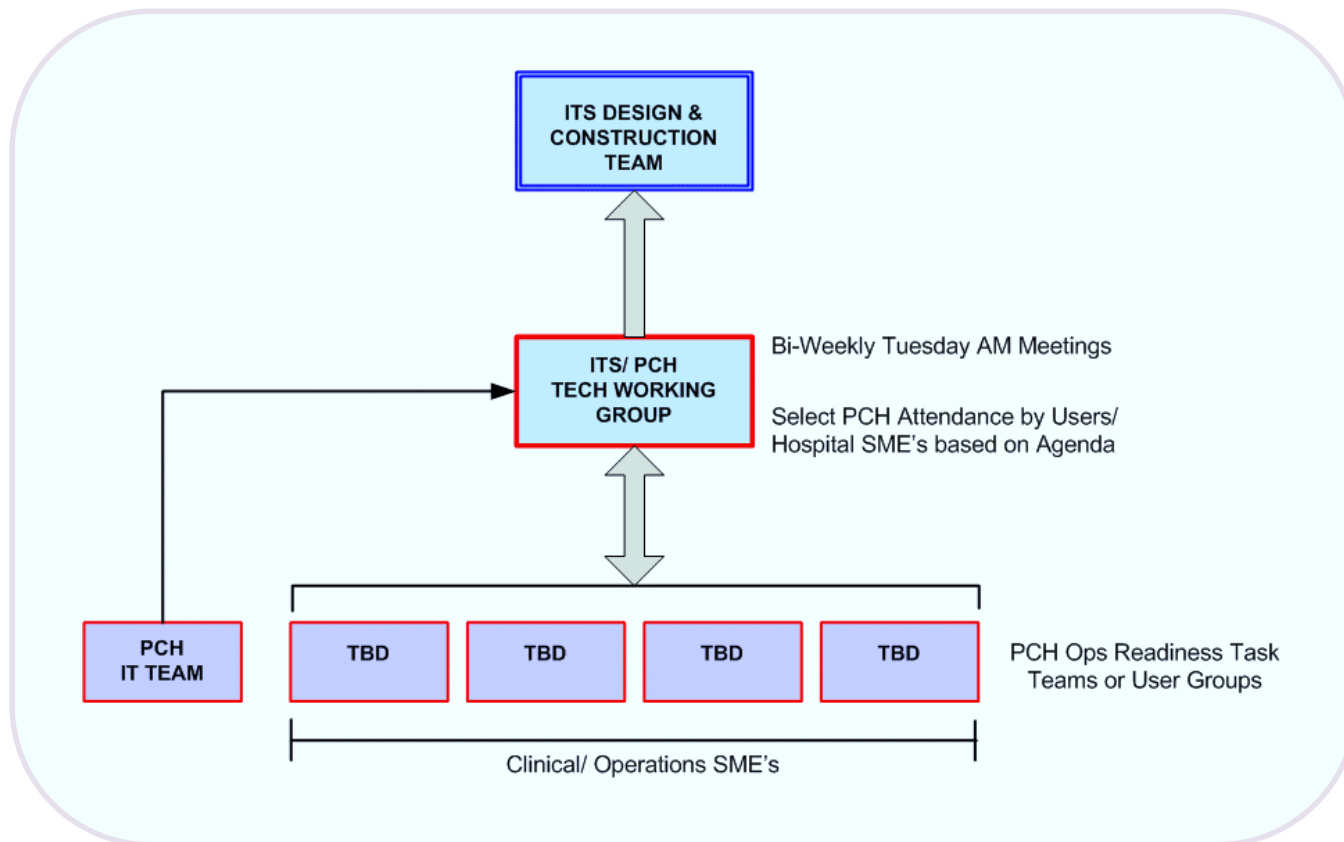
## Prioritized approach to identification of inputs

1. Required to support Design & Construction
2. Required to Support Integration
3. Required to support Install, Commissioning & Training



# Key Planning Steps

## Governance



# Key Planning Steps

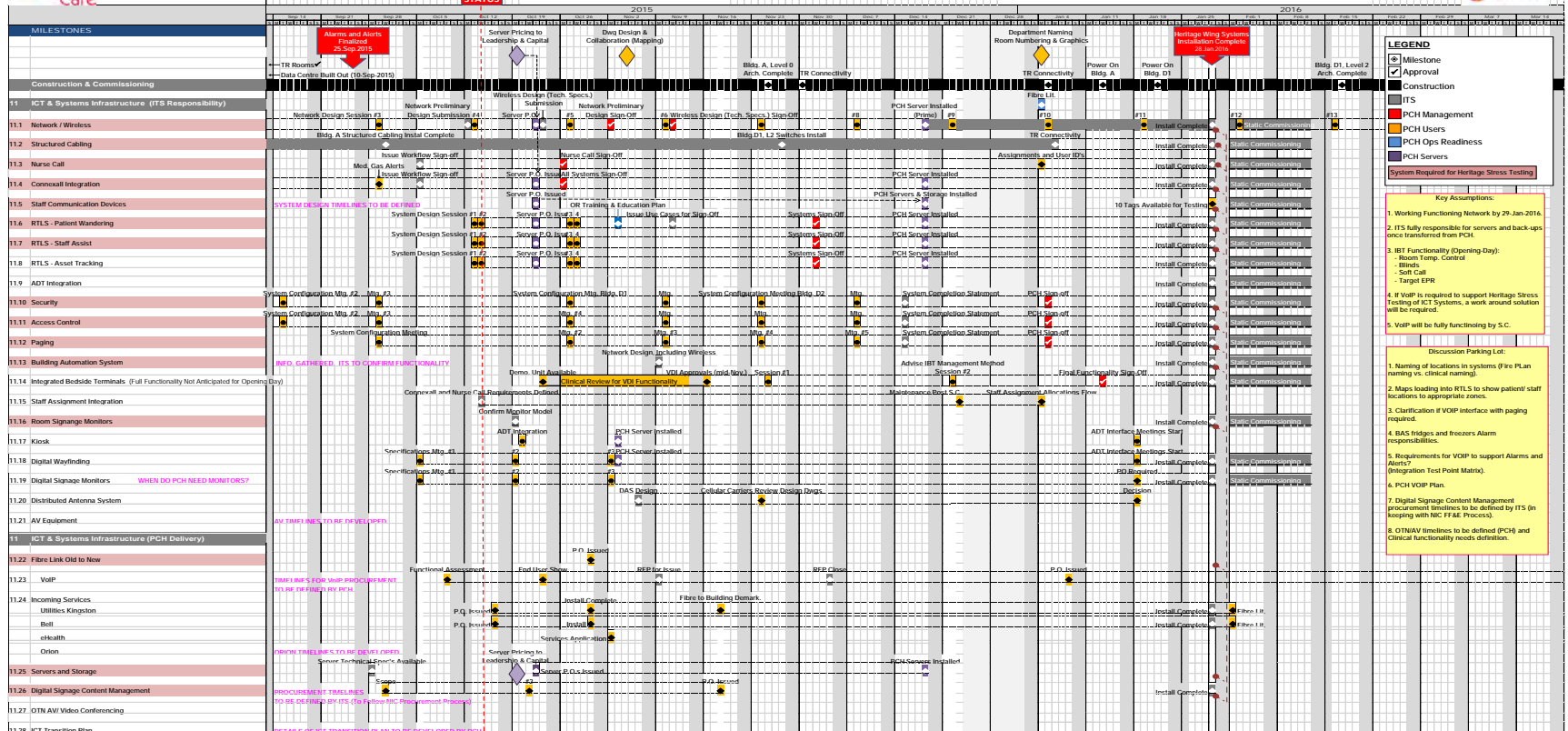
## Build the Plan

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STATUS PCH ICT Schedule to March 2016

29.Sep.2015 ICT Planning Workshop - DRAFT for Discussion

Stantec



Stantec

# Key Planning Steps

- Validate planning assumptions with Corporate ICT Strategic Plan
- Document & endorse scope statements for each system that clearly spell out system functionality
- Regular check-ins with Users to validate use of technology and workflow assumptions



# Key Considerations

- Don't underestimate draw on SME's & Users
- Create time for vendor fairs
- Balance resources between Capital ICT works & internal ICT projects
- Careful consideration to be given to timing for cutover of existing systems
- Manage Users expectations - what will be available when



# Lessons Learned

- Build in sufficient time for stress testing integrated systems
- ICT Plan needs to be integrated with readiness of built environment
- Pilot technology early to validate functionality & workflows



# On Unit - IWG

## Purpose:

1. Staff, clients/patients, and families will know the layout and clinical focus of the care units.
2. Staff who work on units will be ready to deliver *safe and efficient patient care in private rooms*

# Intentional Rounding

- Proactive
- Pre-determined frequency of “check ins”
- Mitigate risk
- Enhance client experience
- Responsive to patients/clients fundamental care and safety needs



# Frequency



- Newly admitted: at least every hour
- Post-admission: at least every 2 hours
- Documented on the care plan
- More frequent observation based on clinical assessment and expertise will always supersede this minimum standard.

# Dining Room Model

- Implemented in 2009 – Mental Health Clients
- Addresses:
  - Malnutrition
  - Safety concerns with private rooms
  - Social isolation
  - Workflow with private rooms

# Meal Time Matters

- Improve the "meal experience" for patients/clients by allowing them to eat their meals with minimal disruption and interruption in a social environment
- Commitment across the organization



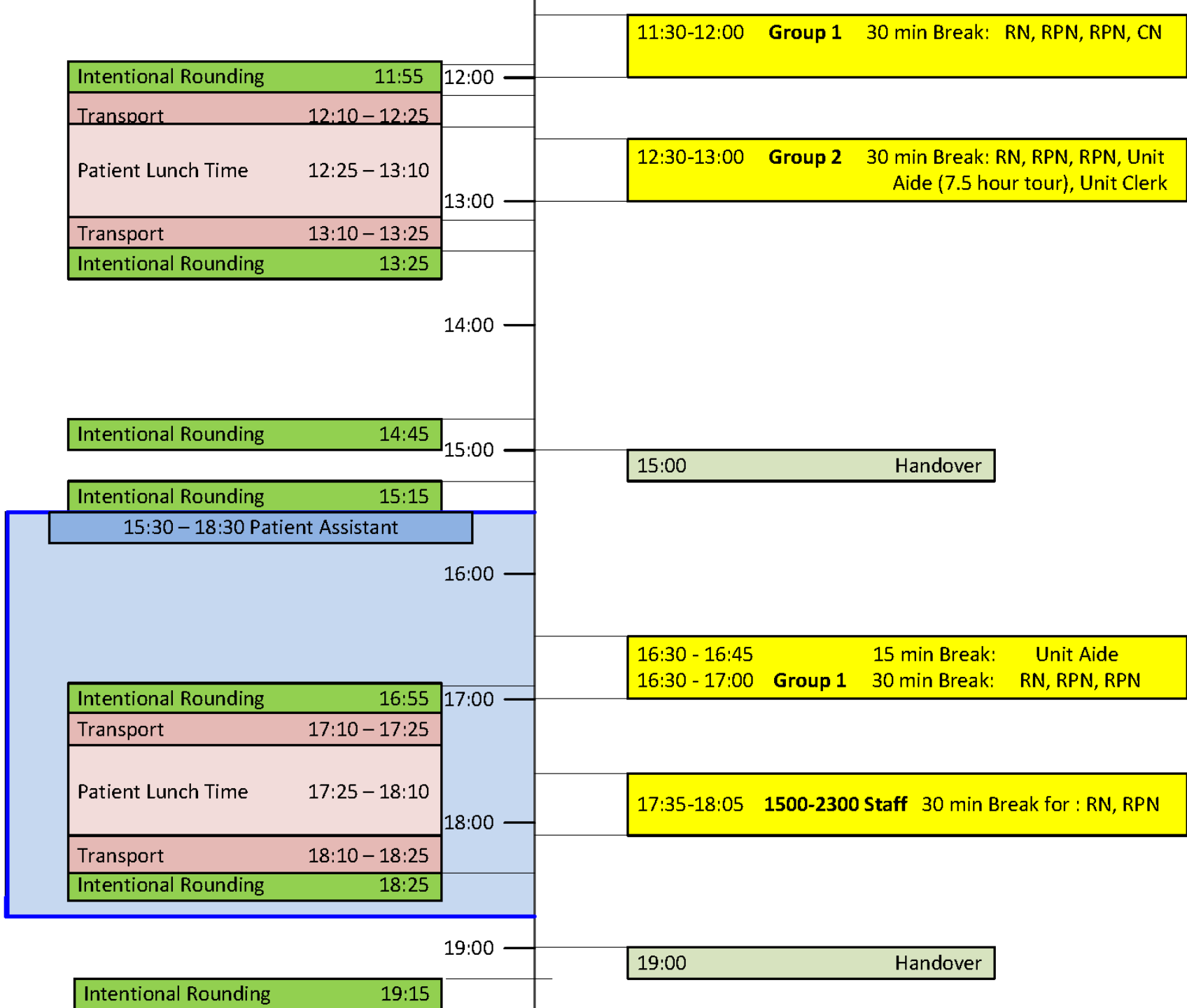
# Focus - Patients/Clients

## Highlights:

- Mealtime is therapeutic, enjoyable, and provides a key social activity in an inclusive environment
- Limit clinical and non-clinical activities
- Optimize safety
- Environment conducive to enhance appetite
- Skill development and independence

# Operationalizing MTM

- Specific Criteria for Tray Delivery
- Logistics and Nutrition Assistant (LANA)
- TDSS – Dispatching Software
- Maximize staff on the units to enable the meal service to run effectively and efficiently
- Meal Time Matters (MTM) timeline



# Lessons Learned

- Working very well on rehabilitation units
- Implementation affected by the degree of new learning for staff on heavier care units e.g. complex care, seniors mental health
- Need user-friendly, height-adjustable tables in dining rooms
- Schedule regular meetings with unit staff to problem solve the issues

# Living the Mission

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- Transition Facilitation
- Celebrating the Spirit
- Patient/Client & Family Engagement
- Mitigating Stigma

# Living the Mission

## Transition Facilitation:

- Change Management Framework
- Training
- Tools and practices
- Values Integration Monitor (VIM)

### ***Providence Care Mission:***

Trusting in Providence and strengthened by the spirit and tradition of our Founders, the Sisters of Providence of St. Vincent de Paul, we enhance the quality of life by meeting the physical, emotional, social and spiritual needs of each person. We work with our partners to innovate and excel in education and research.

We treat each person with respect, dignity and compassion.

# Celebrating the Spirit

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Honouring our  
Pasts

Embracing our  
Future

# Living the Mission

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## Patient-Client & Family Engagement:

- Experience Advisors
- Orientation Sessions



# Mitigating Stigma IWG

- “Disability Stigma” – Addresses **ALL** of the people we serve:
  - Physical health
  - Mental health
  - Older adult
- Proactive & Responsive measures
- Sustainability Plan

# Mitigating Stigma

- Proactive Measures:
  - Inventory
  - PCH and Me
- Responsive Measures:
  - Occupancy Huddle – 2 questions
  - wE-Care and SafetE-Net

# Huddle Questions

“Thinking of both 1:1 interactions, as well as our policies, processes and workflows,

1. What examples of stigma are you aware of?
2. What examples of acceptance and inclusion are you aware of?”



# Mitigating Stigma Themes

- We live our values through *respectful encounters*.
- We live our values by *honoring the dignity* of each person in shared spaces
- We live our value of *compassion* by helping each other find our way
- *Our words matter*, and can make a big difference for someone else. Words can help but they can also hurt.

# Lessons Learned

- Early Days....

# Questions?

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