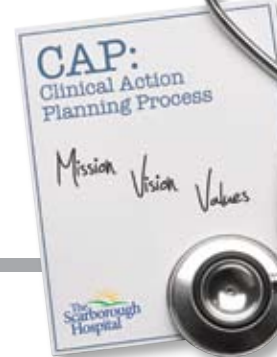


Mission to Action



AN UPDATE ON THE CLINICAL ACTION PLANNING PROCESS

Planning underway using 'communities of practice' model

Most of us are familiar with a typical clinical services planning process: you gather a bunch of data and then staff and physicians get together in their departmental groups and hash out some plans for the next five years.

The problem with that process is that it tends to further entrench people into their program or departmental silos—surgery isn't necessarily talking to women's health, for example, and the opportunity to come up with creative and innovative plans that involve both is lost.

The other problem with the typical clinical services planning process is that it has been used by many organizations to make cuts, so in some circles, clinical services planning is synonymous with "service reductions"—hardly a great starting point for innovative thinking.

At TSH, we consciously decided to do things differently; to try and create an environment that would allow for innovation and creative thinking.

At the April visioning summit, when groups met in the afternoon in their



Dr. Steve Jackson
Chief of Staff &
CAP Working Group Lead

typical departmental groups, we saw how easy it was to slide into comfortable old ways of thinking. We didn't see a lot of room for new thinking in that structure, so we decided to use a "Communities of Practice" planning model. While it is not a common model, it has been used successfully by other hospitals in

Ontario.

It should also be understood that our clinical action planning process is not a budget process. Our budget is balanced; we're not trying to identify areas to cut. The goal here is to improve patient care at TSH, full stop. How we do this is what the planning groups will be considering in the coming weeks. Might they decide to shift resources from one area to another based on patient need? Of course, that is a possibility if they have a good business case. That kind of suggestion will be afforded due consideration, weighing all the implications. And, while there are no new dollars in the

CONTINUED ON PAGE 2

Who's who: The CAP Process Teams

To get through the CAP process, the working group, led by Dr. Steven Jackson, will be assisted in this phase by Blackstone Partners. Blackstone, as you may remember, were the consultants that led TSH through the highly successful process to create our Mission, Vision and Values.

The Blackstone team working on the TSH CAP project includes Susan Owen, Consulting Manager; Jamie Barnes, Senior Consultant/Project Coordinator; Deanna Heroux, Principal and Project Manager; and Mark



Susan Owen
Consulting
Manager



Mark Walton
Partner and
Project Advisor



Jamie Barnes
Senior Consultant/
Project Coordinator



Deanna Heroux
Principal and
Project Manager

Walton, Partner and Project Advisor. Members of the Communities of Practice working groups will be seeing

a great deal of Mark and Deanna in the coming weeks as they facilitate the orientation and the first three sessions.

TSH's Communities of Practice

The Communities of Practice are planning groups struck specifically for the CAP process. They are not intended to replace the existing PSGs or any other administrative structure.

Each of these groups will be meeting a minimum of three times over the coming weeks to begin their planning process.

1. Acute Inpatient Care
2. Ambulatory and Emergent Patient Care
3. Chronic Disease Management
4. Elective Surgery
5. Mental Health
6. Musculoskeletal
7. Cancer
8. Children's Health
9. Women's Health
10. Men's Health
11. Family and Community Medicine
12. Patient Experience

FROM PAGE 1

short term, in the long term, we can pursue additional sources of funding, armed (as we will be) with a great business case.

This process involves a great deal of work, and no one, including me, is looking for more meetings to add

to the calendar, especially in the summer. But I remain very excited about the possibilities. I don't think I've ever been involved in a major planning process of this kind that encouraged innovative thinking, had patients at the centre and was focused on improving patient care. Let's see where this takes us!

Communities of Practice summer meetings

Each Community of Practice will meet at least three times over the summer. The Chronic Disease Management and Cancer groups will meet in July; all the other meetings will be scheduled for August and September.

All participants are being sent a survey to determine their availability during this holiday season, and meetings are being scheduled around those results. Participants who are unable to attend can send an alternate.

If you have any questions about upcoming meeting dates, please contact Yvonne Ragnitz at ext. 2406 or yragnitz@tsh.to

How will the plans be evaluated?

There are plenty of great ideas out there, but with the reality of limited human and financial resources, not every idea put forward can be actively pursued. Before

a proposal moves from the planning stage to the business case stage, it will be evaluated by the CAP Advisory Committee using the following criteria:

| CRITERION | DESCRIPTION |
|---|---|
| Strategic Fit | The extent to which a health service contributes to advancing the strategic directions of the organization (e.g., “fit” with the organization’s Mission, Vision, Values, and goals/objectives). |
| Alignment with External Directives | The extent to which a health service is limited by government mandates (e.g., protected programs) and legislated obligations, and/or contributes to achieving regional or provincial health services objectives. |
| Ideal Patient Experience | The degree to which the proposition moves TSH closer to the “ideal patient experience” as defined at the Visioning Summit and through a public consultation process. |
| Clinical Impact | The extent to which health services volumes are sufficient to ensure clinical competency, patient safety and effective care, as well as considerations related to uniqueness of the service in the local/regional areas and to quality of service provided. |
| Community Needs | The extent to which health services and volumes are consistent with health needs of a defined community (or catchment area), including present and future demands for service. |
| Partnerships (external) | The extent to which a health service works in partnership with other organizations to coordinate delivery of care to defined populations (e.g., to enhance service quality, improve access, optimize resource utilization in the region or local catchment area). |
| Interdependencies (internal) | The extent to which a health service coordinates and collaborates with other health services within the organization to enhance quality or optimize resource use. |
| Resource Implications | The extent to which the resource context for health services delivery has implications for degrees of freedom in relation to prioritization, including funding source (e.g., base hospital budget, ministry of health volume-based funding, donation, revenue-generating activity), availability of staff (e.g., nurses) and capital resources (e.g., equipment, space), contractual arrangements (e.g., union contracts) and model of service delivery (e.g., efficient verses inefficient). |

The Planning Primer: a reference guide for planning groups

In addition to the patient scenarios, planning groups will be provided with a comprehensive document to support planning discussion and decisions. This “Planning Primer” will include important information relative to the CAP process (e.g. planning assumptions, evaluation criteria, etc.) as well as detailed data analysis (e.g. TSH referral patterns and market share, projections, demographics) and a summary of competitors and priorities of key organizations (e.g. LHIN). The first draft of the document is completed and will be distributed to all planning group members in advance of their first session. (It will also be posted on Sharepoint.)

Upcoming Meetings

Cancer:

July 22, 5:30 p.m.
Birchmount, Board Room

July 27, 5:30 pm
Birchmount, Board Room

Chronic Disease Management:

July 15, 5:30 p.m.
General, Board Room

July 21, 5:30 p.m.
Birchmount, Board Room

July 28, 5:30 p.m.
Birchmount, Board Room

CAP Steering Committee:

July 29, 9 a.m.
Birchmount Campus Board Room

FAQs about the Clinical Action Planning Process

The following questions were posed at the recent orientation sessions or have come forward in other forums.

Q: Who chose the planning groups? How many people are involved?

A: The Advisory Committee (approximately 40 members) was asked to nominate people to represent each Community of Practice. Planning group members will have the opportunity to see the list of those identified and add representation if there is a key person/area missing.

Q: Are we working with the same (i.e. fixed) pot of money and infrastructure?

A: Yes, it is a zero sum game overall, but shifting of resources between areas and services is on the table. Additionally, if business cases warrant the investigation of alternative or additional funding, these opportunities can and will be explored.

Q: Is this process really about changing service delivery or just about making sure the patient has a good experience? Can you give an example of how this process has brought about change in service delivery at other organizations?

A: Other institutions that have used this process have changed their service delivery models and demonstrated enhanced patient outcomes. While our process is not explicitly open to the consideration of new funding, new thinking may bring about business cases for renovation and shifts in infrastructure funding allocations. Past examples include

the Eye Clinic at the Birchmount campus; other organizations have pursued new funding opportunities through Cancer Care Ontario and the Ontario Renal Network. Business cases will also allow the Senior Team to approach the LHIN and negotiate additional funding.

Q: So this is about pushing the boundaries?

A: Yes. The planning document will also assist you in identifying the areas where we can look to increase our attention and align with LHIN priorities. Patient experience is important, but it is just one of the criteria by which we will evaluate plans going forward.

Q: What is the relationship between the PSGs and the Communities of Practice? Is restructuring the PSGs an option?

A: The Communities of Practice are planning groups; they do not replace

the PSGs. But if a group wants to propose administrative restructuring as part of their proposal, they certainly can. The planning principles we've committed to are two, 24/7 emergency departments, and one organization/one leadership. Everything else is on the table.

Q: Who is developing the patient scenarios and how do we know they are relevant?

A: The working group has developed the scenarios. They are based on TSH's top case mix groups so they do represent real patients. There will be approximately three patient scenarios for each Community of Practice.

Q: Do the planning groups include the people from the visioning summit?

A: Yes, wherever possible. Members of the community and patients have also been included.

Cancer and Chronic Disease Management 'out of the gate'

The cancer and chronic disease management groups have already had their orientation session and are beginning their planning meetings.

"There were lots of questions as people worked to wrap their heads around this new planning model," explains Mark Walton, one of the consultants helping to lead the process on behalf of TSH. "But

there were also quite a few people who were already excited by the possibilities it presents.

"These two groups are, to some extent, testing our processes. Changes that they suggest—such as changes to the planning primer or the number of meetings required—will be made for the next 10 groups."