Planning for tomorrow’s hospital today

OSMH Master Program and Master Plan Initiative
Agenda

- What are we doing, and why?
- What will be different
- OSMH Evolution – How we’ve changed
- How are we doing it
- When will it be done?
- Discussion
What are we doing, and why?

We are creating an OSMH facility renewal roadmap that will match patients’ clinical needs to contemporary physical facilities, capital equipment and information technology.

Our goals are to ensure effective, efficient use of OSMH facilities and associated operating resources, and...

To get into the 10-year capital planning cycle of the Ministry of Health and Long-Term Care’s approval process.
What will be different?

OSMH will have a facility, equipment and informatics plan for the future that will form the roadmap for any changes.
OSMH Evolution

1908

1930s

1970s

2008
How are we doing it?

Build on existing plans

OSMH Clinical Services Plan
Strategic Themes

MISSION
YOUR TRUSTED PARTNER IN GREAT CARE

VISION
EXCELLENT COMPASSIONATE CARE...EVERY DAY

VALUES
COMPASSION • ACCOUNTABILITY • RESPECT • ENGAGEMENT

TRANSFORMED PATIENT EXPERIENCE
OSMH will transform the patient experience through a relentless focus on patient and family engagement, quality, safety and service.

INSPIRED PEOPLE AND TEAMWORK
OSMH is a competitive practice destination for professionals and a hospital of choice for staff of all disciplines.

TECHNOLOGY, INFORMATION AND INNOVATION
Investment and adoption of enabling technologies creates constant innovation in everything we do at OSMH.

TO BE PROACTIVE IN SHAPING HEALTH SYSTEM CHANGE
OSMH has a thriving, irrefutable role in a high performing care delivery value chain for healthcare services in NSM LHIN and beyond.
Additional Strategic Assumptions

• Continue to strengthen the patient and family voice in planning
• The plan is attuned to the needs and demographics of the community
• Planning is aligned with health system funding reform and will ensure that revenue potential is maximized
• Plan will help OSMH achieve a balanced operating position and will help focus resources on patient care
• The facilities will enable the integration of care bundles across the care continuum
Clinical Services Plan – Areas of Clinical Focus

**Acute Care for Complex Conditions** – includes medical, surgical, diagnostic and therapeutic intervention and will accommodate the need for increased access to hospital care for seniors as well as servicing the acute needs of patients presenting to the Emergency, and others that we serve.

**Women and Children’s Health** – includes a regional role for Level 2 Obstetrics, women’s urogenital health, specialty Paediatrics and Level 2 Neonatal Intensive Care.

**Mental Health** – includes Schedule 1 psychiatric care (Excludes Tertiary and Forensic Mental Health provided by Waypoint).
Additional Clinical Services Plan Assumptions

• Plan is aligned with the NSM LHIN plans included local (core) services, Regional Specialized Services and Provincial Specialty Services
• Primary care is the foundation of the system
• OSMH is not positioning itself to be in the business of Provincial specialty services but rather to investigate, care, refer, repatriate and follow-up appropriately
# Quality Dimensions for Space Planning, Capital Equipment & Information Technology

## Planning

<table>
<thead>
<tr>
<th>Master Program and Master Plan</th>
<th>Safe</th>
<th>Effective</th>
<th>Patient-Centred</th>
<th>Efficient</th>
<th>Timely</th>
<th>Equitable</th>
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</thead>
<tbody>
<tr>
<td>Meets contemporary infection control requirements</td>
<td>Meets requirements for OSMH and NSM LHIN care continuum</td>
<td>Space is accessible and meets contemporary accessibility requirements</td>
<td>Provides optimal value-added work flow</td>
<td>Maximizes convenience to patients, staff and volunteers</td>
<td>Meets the needs of the community in accordance with the OSMH strategic plan</td>
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<tr>
<td>Meets contemporary space requirements</td>
<td>Maximizes flexibility</td>
<td>Meets patient flow requirements</td>
<td>Provides optimal adjacencies</td>
<td>Maximizes patient access to care</td>
<td>Provides access to culturally safe care</td>
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<td>Meets building code requirements</td>
<td>Responsive to the model of care</td>
<td>Privacy needs are met</td>
<td>Minimizes patient movement to receive care</td>
<td>Maximizes care coordination</td>
<td>Responsive to population requirements</td>
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<td>Minimizes inpatient length of stay</td>
<td>Enables value-added processes</td>
<td>Focuses the operating budget on patient care</td>
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<td>Honours OSMH's history</td>
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<td>Facilitates patient access to the interdisciplinary team</td>
<td>Maximize the patient ability to mobilize and provide self care</td>
<td>Optimizes existing infrastructure</td>
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<td>Facilitates interdisciplinary team access to each other</td>
<td>Maximizes natural light</td>
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<td>Is affordable</td>
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<td>Innovates in the effective use of space</td>
<td>Enables standard work</td>
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<tr>
<td>The right amount of space in the right place</td>
<td>Innovates in the efficient use of space</td>
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## Quality Dimensions

- **Safe**
  - Meets contemporary infection control requirements
  - Meets contemporary space requirements
  - Meets building code requirements

- **Effective**
  - Meets requirements for OSMH and NSM LHIN care continuum
  - Maximizes flexibility
  - Responsive to the model of care

- **Patient-Centred**
  - Space is accessible and meets contemporary accessibility requirements
  - Meets patient flow requirements
  - Privacy needs are met

- **Efficient**
  - Provides optimal value-added work flow
  - Provides optimal adjacencies
  - Minimizes patient movement to receive care

- **Timely**
  - Maximizes convenience to patients, staff and volunteers
  - Maximizes patient access to care
  - Maximizes care coordination

- **Equitable**
  - Meets the needs of the community in accordance with the OSMH strategic plan
  - Provides access to culturally safe care
  - Responsive to population requirements
  - Honours OSMH's history
## Quality Dimensions, cont’d

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<tr>
<th>Planning</th>
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<tbody>
<tr>
<td>Capital Equipment</td>
<td>Contributes to the safety culture</td>
<td>Facilitates the care continuum</td>
<td>Enables efficient work flow</td>
<td>Enables timely access</td>
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<td></td>
<td>Increases accuracy and helps minimize errors</td>
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<td>Enables practice audits</td>
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<tr>
<td>Information Technology</td>
<td>Increases accuracy and helps minimize errors</td>
<td>Facilitates the care continuum</td>
<td>Assists in minimizing wait times</td>
<td>Adoption enables efficient work flow</td>
<td>Enables timely alerts</td>
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<td>Enables practice audits</td>
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<td>Assists in limiting the inpatient stay to the acute episode of care</td>
<td>Enables automated documentation</td>
<td>Accessible for use</td>
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<td>Decreases manual documentation and increases time at the bedside</td>
<td>Enables automated documentation</td>
<td>Accessible for use</td>
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<td>Value added for patients and families</td>
<td>Facilitates system integration</td>
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<td>Cost-effective solutions</td>
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<td>Increase levels of automation</td>
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How are we doing it?

Broad stakeholder engagement – staff, physicians, patients, community, NSM LHIN, MOHLTC
How are we doing it?

Steering Group will oversee creation of the plan
How are we doing it?

Guided by external experts and internal project management expertise
How are we doing it?

Follow the Capital Planning requirements of the Ministry of Health and Long Team Care and the North Simcoe Muskoka LHIN
Planning Grants
3 possible approval milestones: proposal development, functional program, design development

- **Stage 1**
  - Proposal (Part A&B)
  - Review and support of Pre-capital Submission
  - Review and approval of Stage 1 submission
  - Requires Government Approval to Plan

- **Stage 2**
  - Functional Program (Part A&B)
  - Review and approval of Stage 2 Functional Program

- **Stage 3**
  - Preliminary Design or Output Specifications
  - Review and approval of blocks and sketch plans; approval to proceed to working drawings or blocks/output specifications
  - Requires Government Approval to Construct

- **Stage 4**
  - Working Drawings or Output Specifications

- **Stage 5**
  - Implementation
  - Review and approval to tender & implement/issue RFP or approval to award construction contract/Project Agreement

Construction Grant

CORE DELIVERABLES
“A COMPELLING CASE FOR AN OSMH CAPITAL PROJECT”

Pre-Capital and Stage 1 Submissions developed in parallel

Part A – Services
  – Scope of Services and Workload, by site
  – Service Delivery Model

Part B – Facilities
  – Master Program facilities assessment & projections
  – Master Plan options for space to 2033/34
  – Business case/Analysis of Options
  – Facility Development Plan
  – Local Share Plan
PART A - SERVICE DELIVERY MODEL REPORT

- Tells the “Story” of how and where you plan to deliver care and services in the Future
  - new roles, new linkages, new locations
  - demonstrate new operating principles - “process re-engineering”, Lean, patient centred care, etc.

- Builds on Vision and Prior Planning
  - Strategic plan
  - Clinical service plan

- Reflects Provincial Priorities

- Includes Projected Workload (5, 10 and 20 years out)
Business Case Options Analysis

- Criteria-based comparison of alternative facility solutions, to find most sensible
- Quantitative focus
  - Operational
  - Capital costs
  - Transitional
  - Life cycle
  - Revenue generation
  - Financing and funding
- Includes non-quantifiable factors to give broader picture
- Enables selection of most balanced solution for redevelopment
STAGE 1 & PRE-CAPITAL - KEY PLANNING STEPS

**Project Launch**
- Orientation
- Organization & scheduling
- Volume Projections
- CAD plans
- Kick-off

**Planning Parameters**
- Clinical visioning workshops
- Roadmap for support services
- Integration & validation

**Master Program**
- Walk & Talks
- Develop drafts
- Review/revise with users
- Set redevelopment priorities (SC)

**Develop Part A Documents**
- Pre-Capital Submission
- Service Delivery Model incl. operating cost estimate
STAGE 1 & PRE-CAPITAL - KEY PLANNING STEPS

Master Plan Options

• DIALOG leads this component
• Costing - cost consultants

Select Preferred Option

• Business Case Options Analysis
• Criteria-based
• OSMH, DIALOG, HCM, APA

Facility Development Plan

• DIALOG leads
• Draft material
• OSMH review
• Funding & Financing Plan (OSMH)

Develop Part B Documents

• Draft & refine material
• Funding & Financing Plan (OSMH)
• Executive Summary
• Presentation support
Business Case

- Hospitals are Expensive!!! (so is parking!!)
- Appropriate Facilities
- B2 vs. D occupancy
  - Acute Care (Inpatient, ICU, Emergency, Surgical Suite, etc.)
  - Ambulatory Care
  - Administrative / Support
- Renovation vs. New Construction
  - Capital Cost
  - Operating Cost (staffing, energy, maintenance, etc.)
  - Phasing
  - Operational Disruption
  - Safety
- “Building Out” vs. “Building In”
OSMH

• Board
  – Strategic Direction – High Level
  – Addressing Community Need, Stewardship
  – Sustainability (Long Term, Value, Lifecycle, Bus. Case, Risk Mgt., Control)
  – Approval

• Steering Committee
  – Senior Team / Physician Leadership
  – Direction
  – Conflict Resolution

• User Group(s)
  – Managers/Clinical Leaders/Support/Administration
  – Front-Line staff
Master Plan

Master Plan Option Development

• Receive and analyze Master Program space table

• Identify the implications of the existing facilities (both plan and condition of bldgs.) on potential planning strategies

• Explore possible building and site planning strategies

• Review planning precedents, zoning, etc.

• Develop 3 potential planning options for Business Case Analysis
Charrette

Master Plan “Charette” Workshop

• Intensive and focused planning and design workshop

• Test and further develop 3 master plan options with OSMH User Groups that are consistent with Hospital Vision / Strategic Plan / Master Program

• Options will then be drawn in CAD, peer reviewed, and then submitted for cost estimate followed by Business Case Analysis
Stage 1 Submission

Part A - Section 1.1 Service Delivery Model Report

SPACE EVALUATION & PROJECTIONS

MASTER PLAN

Section 2.0 Service Support Infrastructure Report

Section 3.0 Business Case/Options Analysis

Section 4.0 Facility Development Plan for Preferred Option

Section i Executive Summary
When are we doing it?
Discussion