

# Health Sciences North 2019 Annual General Meeting

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Report from the President and CEO  
Dominic Giroux



Health Sciences North  
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**Report from the President and CEO  
Dominic Giroux  
AGM - June 19, 2019**

Hello, Boozhoo, Aanii, Kwe Kwe, Bonjour,

The Board Chair reported to you on the accomplishments of the 2018-2019 fiscal year based on the annual performance goals that had been set by the Board for my colleague the Chief of Staff and I.

My remarks will focus on the performance goals that the Board has set for the 2019-2020 fiscal year.

**Performance Goal #1: Accreditation readiness.**

Canadian hospitals are accredited every four years.

We hosted surveyors from Accreditation Canada from June 9th to June 13th.

It was a very positive process.

Surveyors held 29 sessions with HSN employees and medical staff, patients, patients and family advisors and community partners.

Their task was to validate our compliance with standards from Accreditation Canada.

We were very impressed with their approach to their visit.

They were keenly interested in hearing about our accomplishments and the opportunities for improvement that we acknowledged.

Conversations were truly a dialogue.

Surveyors made sure to enable all participants to weigh in on the topics being discussed.

This process allowed all participants to show what HSN is all about and also to benefit from feedback and advice from surveyors.

We look forward to hearing back from Accreditation Canada on their conclusions.

**Performance Goal #2: Regional electronic medical record.**

Now that the board has approved the business case for a regional electronic medical record, our focus will shift to confirm by January the number of other Northeastern Ontario hospitals participating in this collective effort and finalizing the project governance for a successful go-live in 2022.

### **Performance Goal #3 Quality Improvement.**

We are focusing on four targets to be achieved as part of our 2019-2020 Quality Improvement Plan.

We want to contain our proportion of Alternative Level of Care patients below 17%.

We want to contain the time to inpatient bed for patients admitted in the Emergency Department so that no more than 10% of these patients have to wait more than 30 hours.

We want to continue to create a culture of reporting of workplace violence events.

We want at least 50% of admitted patients by March to receive medication reconciliation upon discharge.

### **Performance Goal #4: Sustaining balanced budgets.**

We are expected to sustain a balanced budget in 2019-2020 at HSN and to undertake actions to sustain balanced budgets in the following fiscal years. We are on track in this regard.

### **Performance Goal #5: Planning the implementation of our new strategic directions.**

Over the last four months, administrative and medical directors developed a high-level overview of the implementation approach for the 19 outcomes of the new Strategic Plan, with a preliminary identification of multi-year resource requirements and the sequencing of work for the remaining 66 months of implementation.

This was presented to the Board last month.

In 2019-2020, we have earmarked investments totalling \$1 million to begin the implementation of specific outcomes, in addition to resourcing the beginning of the implementation of the regional electronic medical record and of the Human Capital Management System.

This year alone, we are increasing the annual investment for staff and leadership development by 20%, from \$1.1 million to \$1.3 million as part of the desired outcome to double by 2024 our annual investment in this regard.

### **Performance Goal #6: Multi-year advocacy for our capital plan.**

We will work with the Ministry of Health and Long-Term Care to advance our proposal to create 37 new conventional bed spaces, a \$4 million initiative that would help alleviate hallway health care in the short-term.

We will also advance HSN's capital plan to secure approval to move from Stage 1 to Stage 2 of the five-stage capital planning and approval process for HSN's capital redevelopment so that we are well positioned to meet current and future needs of our region.

**Performance Goal #7: Increasing synergies between the academic and research capacity at HSN and HSNRI.**

We welcomed last month Dr. Greg Ross, our new Vice-President, Academic and Research Impact who will serve on a full-time basis in this role as of September.

Dr. Ross served for 10 years as Associate Dean, Research at the Northern Ontario School of Medicine.

His new portfolio now includes all education and research teams that previously reported to four vice-presidents.

As called for in our new Strategic Plan, we will in the coming year establish dual accountability to the Northern Ontario School of Medicine for medical leadership roles.

We will accelerate the concept of a regional health innovation cluster by working with the new President and Vice-Chancellor at Laurentian University, Dr. Robert Haché, and the new Dean and CEO of NOSM, Dr. Sarita Verma, to develop a funding proposal to the federal government for the 2020 Budget.

**Performance Goal #8: Navigating the provincial changes and recommending models of integrated care delivery systems.**

The Ministry of Health and Long Term Care is in the process of creating Ontario Health Teams, that will be “groups of providers and organizations that are clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined geographic population.”

Instead of having 14 LHINs negotiating annual accountability agreements with more than 1,800 health service providers, the Province wants a single agency, Ontario Health, negotiating annual accountability agreements with 30 to 50 Ontario Health Teams across the province that would be self-governed entities covering the continuum of care.

In other Canadian provinces, governments have pursued a “regionalization” of their health care services, where service providers such as hospitals report directly to regional or provincial health authorities or departments instead of to their respective board of directors.

This is not the case in Ontario.

Ontario Health Teams are inspired from the creation of hundreds of Accountable Care Organizations (ACOs) in the US and in UK, particularly in the past decade.

Instead of pre-determining the geography of each Ontario Health Team, on February 26th, the Province initiated a “readiness self-assessment” process so that natural partners could come together to contemplate the creation of an Ontario Health Team.

HSN was one of 37 organizations, based in Greater Sudbury for the most part, that endorsed a readiness self-assessment due to the Ministry by May 15th.

Our approach is to “lead from behind” as much as possible.

As the largest health service provider, we have infrastructure and expertise that not all other peer organizations have.

On the other hand, Ontario Health Teams should not be hospital-centric.

Three community discussions were held at Laurentian University on April 17th, April 24th and May 9th to inform that readiness self-assessment.

Discussions were moderated by David Courtemanche from the City of Lakes Family Health Team, KPMG, Dr. Sophie Gervais from NEOMO and Mark Hartman from HSN.

KPMG and Kate Fyfe from the North East Local Health Integration Network also made presentations.

The Ministry received readiness self-assessments from more than 150 groups of health service providers across Ontario interested in becoming an Ontario Health Team.

By July, the Ministry will approach some of the groups that submitted a readiness self-assessment to come forward this fall with a full submission to become an Ontario Health Team.

We expect that the Ministry will do some “match making” encouraging groups to come together into broader Ontario Health Teams.

There does not appear to be any upside or downside to being among the early adopters, or to become an Ontario Health Team later.

Ontario Health Teams have the potential to accelerate the implementation of specific desired outcomes of our Strategic Plan.

We know that the health and long-term care system in Ontario is complex with far too many silos.

For example, in larger communities like Greater Sudbury, not all health sector partners actually know each other which tends to lead to a more siloed approach to patient care.

Smaller communities are somewhat ahead of the curve in terms of integrated care because key players know each other and can all fit around a table and plan together.

That can be tougher to do in a larger community.

However, the prospect of these provincial changes has actually stimulated conversations between various health care providers that may not have actually happened otherwise.

This is why I feel these changes have the potential to break down barriers and empower health service providers to figure out for themselves the best way to meet patient needs.

If done well, Ontario Health teams have the potential to give more prominence to patients and families, as well as to primary care providers, in leadership and governance structures.

This would be very positive and ties back to our key goal to be Patient and Family-Focused.

The creation of Ontario Health Teams also has the potential to enhance our work as we focus on being Digitally Enabled.

True integration of patient care will really happen when health service providers share “live” patient information.

This needs to happen and will require substantial investments.

Our patient experience survey results at HSN are better than the average for Ontario teaching hospitals on a majority of questions asked, except for questions related to admission and discharge.

This is why outcome #6 of our Strategic Plan is to “improve patient satisfaction with admission and discharge, involving primary and community care partners to support effective care transitions.”

Ontario Health Teams are all about enabling seamless care transitions.

There are many potential benefits we can look forward to with these changes.

There will also be a lot of work ahead as all of this will be easier said than done.

With that said, there are also cynics out there who see this as the third health care structure in 15 years in Ontario and that “this too shall pass.”

Others observe that the Province expects health service providers, without additional resources, to do what the 14 LHINs themselves were not able to do during 14 years with their administrative staff costing more than \$90 million annually.

As Ontario Health Teams are implemented, it’s incumbent upon us to stay focused on what could be truly positive change that would be noticeable to patients and families, instead of being focused by the minutia of governance and funding.

And finally, **performance Goal #9: Supporting the foundations and the HSN Volunteer Association** with the onboarding of their new President and Chief Development Officer, Anthony Keating, who I have the pleasure to introduce to you tonight.

Originally from Newfoundland and a regular visitor to Greater Sudbury and Manitoulin Island for family reasons, Anthony joins us from the Princess Margaret Cancer Foundation where until last week he served as Campaign Director.

Welcome to HSN and HSNRI Anthony!

Anthony will be leading the development of a multi-year fundraising strategy for HSN and HSNRI to help resource the implementation of our new Strategic Plan.

Any leader can only be successful if he or she is surrounded by top talent.

I am very fortunate to be surrounded by exceptional colleagues on the Senior Leadership team of HSN and HSNRI.

I would like them to stand to be acknowledged.

Six of them are new to their roles compared to the last AGM.

In addition to Dr. Greg Ross and Anthony Keating who I just introduced, I would like to recognize:

- Mark Hartman, who in December became our Senior Vice-President, Patient Experience and Digital Transformation;
- Max Liedke, who joined us in August from the Sault Area Hospital as our Senior Vice-President and Chief Operating Officer;
- Lorraine Carrington, who joined us in August from Lakeridge Health in Durham Region to serve as Vice-President and Chief Nursing Executive;
- Maureen McLelland, who in December became the Regional Vice-President for Cancer Care Ontario and our Vice-President for Social Accountability;
- Dr. John Fenton, our Chief of Staff; and
- Rhonda Watson, our Vice-President, People Relations and Corporate Affairs.

I would like to thank Joe Pilon and Dr. David McNeil who were part of the Senior Leadership Committee until August and December respectively, as well as Dr. Janet McElhaney, Dr. Chris Bourdon and Darren Jermyn who either recently completed or are about to complete their assignments respectively as Vice-President, Research, Vice-President, Medical and Academic Affairs and Interim Associate Vice-President for Strategic Planning.

All five are exceptional leaders and we look forward to Dr. McElhaney's ongoing leadership as Scientific Director of HSNRI and HSN Volunteer Association Research Chair in Healthy Aging, to Dr. Bourdon's leadership as Medical Director responsible for the relationship with NOSM and the Northern Ontario Academic Medicine Association

(NOAMA) and to Darren Jermyn's leadership as Director of Community Care and Rehabilitation.

I would like to thank the departing and returning Board members for their exceptional support and guidance, as well as all patient and family advisors, employees, medical staff, learners, volunteers, the foundations, the HSN Volunteer Association and external partners.

You should all be proud of your HSN.

Our patient experience survey results are above the average of Ontario teaching hospitals on 29 of 33 questions asked.

HSN is recognized among the Top 10% of 680 North American hospitals on the National Surgical Quality Improvement Program (NSQIP) administered by the American College of Surgeons.

Since October 2014, our cancer program ranks between the Top 2 and Top 5 in Ontario out of 14 regional programs for its overall performance on Cancer Care Ontario priority indicators.

Our Emergency Department is among the top 26 in Ontario on six performance indicators.

Your HSN has been recognized among Canada's Top 40 research hospitals for five years in a row.

On indicators reported by the Canadian Institute for Health Information (CIHI), HSN performs at or above the Ontario average on 13 of 15 indicators.

Where trending is provided on CIHI indicators, none are trending downward.

In terms of efficiency, CIHI reports that our cost of standard hospital stay is better than the average of Canadian teaching hospitals, hospitals from the North East LHIN, Ontario hospitals and Canadian hospitals.

We have completed the 2018-2019 fiscal year in the black, and the Board approved a balanced 2019-2020 budget.

And we have a clear, concise Strategic Plan to guide our future.

We will be patient and family-focused and digitally enabled.

We will be socially accountable, support and develop our people, and strengthen our academic and research impact.

Thank you!