

Summary of Proposed Future Vision for Facilities Working Group

The Facilities departments within the seven hospitals of the South East LHIN will work together to help to support quality patient care by:

- Standardizing services and improving quality with more efficient and effective service delivery;
- Providing additional services to sites that are currently lacking required resources or formalized processes;
- Standardizing/ sharing expertise, reducing risk and improving information availability;
- Reducing costs of service delivery in the facilities areas by achieving and leveraging critical mass and implementing best practices.

The Facilities Working Group is reviewing the following hospital support service areas: Housekeeping, Portering, Food Services, Plant Operations and Maintenance, Capital Planning, Protection Services, Emergency Management, Life Safety, and Biomedical Engineering.

Summary of current state:

Currently, Facility-related services (as mentioned above) are provided within each hospital of the South East LHIN using delivery models that have evolved over time within each site. As a result, there is an opportunity to gain efficiencies by working together to standardize processes and procedures. The Health Care Tomorrow – Hospital Services Facilities Working group has been reviewing options on how to structure a delivery model that best supports quality patient care within its seven hospitals.

Opportunities considered:

The Facilities Steering Committee has taken three approaches to its review of the different departments under the facilities umbrella:

- A third party service provider has been consulted to propose a regional approach for the Housekeeping, Portering, and Food Services Departments. The review of this proposal is ongoing.
- The approach for Plant Operations and Maintenance and Capital Planning has been

focused on a regional Shared Services Organization (SSO) model.

- A Lead Agency delivery process has been the focus for Protection Services, Emergency Management, Life Safety and Biomedical Engineering.

Work will continue on all three areas over the coming months as we prepare for the final Business Case.

Working Group Process and Engagement

Since October 2015, a group of leaders from the 7 SE LHIN hospitals have been meeting on a regular basis to explore the key priorities and opportunities for a regional Facilities service, building off the work done in Phase 1 of the Health Care Tomorrow – Hospital Services Project. Their mandate is to develop a business case to optimize a regionalized approach to Facilities in the South East region.

The Facilities Steering Committee members are:

- Brian Allen, Perth and Smiths Falls District Hospital – Lead
- J'Neene Coghlan, Kingston General Hospital
- Brenda Carter, Kingston General Hospital
- Chris Mackey, Providence Care
- Larry Erwin, Hotel Dieu Hospital/Brockville General Hospital
- Nancy Manion, Lennox & Addington County General Hospital
- Bill Andrews, Quinte Health Care
- Bill Hunter, 3SO

Facilities Working Group Support:

- Krista Wells Pearce, Providence Care
- Rocky Prosser, Kingston General Hospital
- Allan McLuskie, Kingston General Hospital
- Chris Scott, Kingston General Hospital
- Steve Trevena, Perth and Smiths Falls District Hospital

The Facilities Steering Committee has met bi-weekly since last fall for a total of 11 meetings. Separate facilities working groups have met to consider options for the various hospital support service areas. In addition to those mentioned above, Senior Leadership from the hospitals have also met to confirm the focus for the group and to discuss the 3rd Party proposal.

An overall engagement plan for Phase 2 of the Health Care Tomorrow – Hospital Services project created opportunities for the Working Group to gather meaningful input from all stakeholders between October 2015 and May 2016. This engagement included two surveys for staff from across the region and face-to-face meetings with front-line staff. The input compiled from these engagement activities is shared at Working Group meetings in order to inform the on-going development of the business case.

Analysis Undertaken

Initial benchmarking was undertaken to establish the potential magnitude of savings in the facilities-related areas. The plant operations and maintenance work group reached out to other regional services in New Brunswick, Alberta and BC for feedback on their implementation and experiences. Research on best practices was also undertaken to support options for service delivery. A third party was consulted to provide a model of regional service delivery in the food service housekeeping and portering areas and to estimate potential cost savings.

Proposed future state

The proposed future state for the facility-related areas, although not finalized at this point in time, will include a management structure for all seven Hospitals delivered through a Shared Service Organization (SSO) for areas like Plant Operations and Maintenance and Capital Planning. A 3rd party delivery model is under review for the management of Food Services, Housekeeping and Portering areas. This delivery model would also be linked to the SSO. A Lead Agency model is being examined for areas such as Biomedical Engineering, Protection Services, Emergency Management and Life Safety.

All services will still be delivered on site and managed by on-site personnel. Management, in some cases, will be shared through the SSO, similar to the current 3SO model. Although standardization is key, hospital culture needs to be maintained. This model will improve

service delivery by standardizing processes and implementing best practices in facility-related areas within the seven hospitals.

Key benefits of proposed future state

As with any integration and collaborative approaches to service provision, there are a number of benefits expected and some risks considered over time for all seven Hospitals in the new service delivery model.

Benefits of proposed future state:

- Standardization of processes and procedures, along with implementation of best practices
- Unifying processes will allow patients to have the same expectations and experiences regardless of the facility they are in across the LHIN
- Reduction in duplication of efforts
- Improved support for quality patient care
- Creation of shared regional expertise for staff training
- Equalized support for smaller institutions
- Continued/additional savings due to group purchasing and product standardization
- Reduced overall/aggregate costs
- Cross functional efficiencies
- Streamlined management

Key Risks of proposed future state:

- Potential decreased support services to patients
- Potential lower quality of support services

- Increased turnaround times
- Reduced Patient Satisfaction
- Lost jobs
- Less direct management
- Increased workload leading to increased burnout
- Cost of future state for some organizations could increase
- Loss of/perceived loss of autonomy and identity

Anticipated Phasing

TBD

Approach to Human Resources in the Business Case

Through SECHEP, each hospital has endorsed a set of guiding human resources principles that will influence the development of the business case. These principles include, but are not limited to:

- Treat all impacted people across the region in a fair and respectful manner with transparent processes.
- Manage any potential transitions to ensure the least amount of disruption to patient/client service.
- Promote the retention of key skills and competencies.