Rouge Valley Health System and The Scarborough Hospital Facilitated Integration Process

Due Diligence Workbook:

Back Office – Hotel Services (DRAFT)

A Facilitated Process of the Central East LHIN

Authors:	Back Office – Hotel Services Working Group	**Version Number:**	3
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1. Current State Assessment & Leading Practice Review

1.1. Overview of Services/Programs

Location of Service/Program *Where are the services/ programs delivered? At both hospitals? At specific sites?*	**RVHS** • Support Services is delivered through four areas of service, namely, Food and Nutrition, Facility Services, the Resource Centre (call centre) and Hospitality Services, which includes a multi-skilled representative responsible for room cleaning, patient transport, patient meal delivery and nursing assistance. The current support services organizational structure includes management from RVHS as well as third party. **TSH** • Hotel Services are composed of; Facilities (Maintenance & Plant Operations), Capital Planning and Development, Nutrition and Food Services (In-patient and Retail), Patient Transport and Logistics, as well as Environmental Services. All programs have hospital staff led by hospital administrators.
Volume of Activity *What is the current volume of activity? (e.g. service levels, patient volume) Are there important trends? (e.g. growth, decline)*	**RVHS** **Facilities (Maintenance)** • Annual Corrective Work Orders: 7,505 • Annual Preventive Maintenance Work Orders Complete: 1,866 **Environmental Services** • Annual Discharge Cleaning Requests: 62,946 • Annual Isolation Clean Request: 10,352 • Over the past several years, increased focus on control of nosocomial infections has resulted in an increase in isolation cleaning resulting in additional cleaning time required. This trend is likely to continue. • Increased attention on patient flow, and reducing conservable days, has placed additional burden in regards to discharge room cleaning and patient transport. **Patient Transport & Logistics** • Annual Patient Transport Requests: 86,523

	• Annual Non Patient Transport Requests: 69,857 **Nutrition & Food Services** ○ Annual Meal Days: 135,399 **TSH** **Facilities (Maintenance)** • Annual Corrective Work Orders: 15,700 • Annual Preventive Maintenance Work Orders Complete: 6,453 **Environmental Services** • Annual Discharge Cleaning Requests: 58,011 • Annual Isolation Clean Request: 5,604 **Patient Transport & Logistics** • Annual Patient Transport Requests: 49,681 • Annual Non Patient Transport Requests: 33,337 **Nutrition & Food Services** • Annual Meal Days: 182,758
Mode of Delivery *How are the services/programs delivered? (e.g. inpatient, ambulatory)*	**RVHS** **Call Centre** • The Integrated Resource Centre receives, prioritizes, and dispatches Patient and Non-Patient Transport, Discharge Cleans, Isolation Cleans, Environmental Service Requests, Priority Facilities Requests, and issues necessary escalations. Requests are made from all units, clinics and test/procedure areas through a dedicated phone extension (Call 2000) where they are handled by a Customer Service Representative. Operating from 6:00 a.m. to 11:00 p.m., the call centre receives and dispatches calls, for both campuses, using proprietary software. The switchboard provides coverage for the call centre between 11:00 p.m. to 6:00 a.m.

Patient Support

- This function is supported by a multi-skilled Patient Support Representative providing room cleaning (including discharge cleaning), Patient Transport, Meal Delivery, and Nursing Assistance. The multi-skilled role facilitates greater connection with patients and understanding of individual patient needs, as well as providing greater flexibility to changing demands (as staffing is cross trained and resources can flex to meet variable demands for different task types).

Environmental Cleaning

- This group is responsible for the cleaning of all public spaces, waste removal, moving of furniture, and set up for meetings.

Non Patient Transport

- A small pool of staff is responsible for the transporting of specimens, charts, equipment, linen, etc. throughout the facility; also transport of "soiled material" to CPD for processing.

Food & Nutrition

Patient Food Services

- This group consists of Clinical Dietitians and patient food production staff. Patient food trays for both sites are assembled at RVC with an in-house beltline. Food is cold plated and re-heated using the Burlodge System at both sites. Patient food orders are managed using the CBORD system. Food is delivered to inpatient units to be distributed to the patient by the Patient Support Staff. The model of patient food retherming varies between sites. At RVC, the retherming process is completed on the in-patient units while at RVAP food is centrally rethermed.

Retail Food Services

- Retail services at RVAP include a food vendor and a pharmacy (fall 2013). Both retail outlets are structured on a landlord-tenant relationship. At RVC, in addition to a hospital-run cafeteria, RVC leases space to five retail food tenants in the Medical Mall (August 2013). Also structured on a landlord-tenant relationship, most tenants pay base rent and a % of operating costs. Some tenants pay a % of sales rate. The Medical Mall is managed by a third party, PAR-Med Property Services.

Facilities

- The Facility Services Department is responsible for plant operations and maintenance, and engineering services in order to ensure that a pleasant, safe and comfortable physical environment is maintained. Facilities operations are managed using a proprietary software system; during 2013/14 this system will be operating based on CAN CSAZ8002 standards that are expected to become industry standard. Given the age of the building infrastructure, a robust system has been developed to determine capital spending requirements based on a comprehensive risk analysis. As such, over the past four years, the most critical, high risk components have been under a process of replacement: this includes boilers, backup generating systems, roofing, etc. To complete the risk analysis, and resulting capital allocations, RVHS has had both an initial and reassessment survey (FCAP) conducted by the Ministry of Health and Long-Term Care through VFA Canada. RVHS's Ajax campus has a building square footage of roughly 328,000 square feet and sits on approximately 26 acres. At RVC, the buildings occupy roughly 717,000 square feet on 24 acres, including a Medical Mall.

Capital Redevelopment

- The Capital Redevelopment portfolio is integrated with the Support Services portfolio under the Vice President, Planning, Capital Redevelopment, Facilities and Support Services. Capital Redevelopment is responsible for planning and project implementation of all RVHS major capital projects and aligning facility changes with hospital strategic and operational needs. It includes managing and preparing submissions to the Ministry of Health and Long-Term Care and Central East LHIN for approvals in accordance with the Ministry's capital planning requirements. The portfolio is also responsible for providing administrative support to the relevant Board committee, responsible for monitoring progress toward planning submissions, completion of the projects within established parameters, including project budget, construction schedule and various project agreements, as applicable.

- Functions of space management move planning, property management and minor capital projects are integrated under the Support Services portfolio.

- The Capital Redevelopment portfolio is resourced by the Vice President, Planning, Capital Redevelopment, Facilities and Support Services; Manager, Capital Projects; and Executive Assistant, Planning & Capital Redevelopment (shared with VP Corporate & Post-Acute Services, and CFO).

TSH

Nutrition & Food Services

Patient Food

- Nutrition & Food Services (NFS) is a singular program reaching across both campuses and is operated and managed under hospital leadership. The model of food production varies between campuses The Birchmount Campus relies on a cold plating assembly and retherm system. The Birchmount Campus Diet Office is not computerized. The General Campus utilizes conventional food production methods (scratch cooking techniques using local ingredients with minimal outsourced food) and a Lean "pod" tray assembly system. The General Campus diet office is computerized and is transitioning from MedDietary software to Vision (VST). Both campuses are identical with respect to a Nutrition and Food Services staff providing the preparation of patient meals and nourishments as well as bedside delivery. Upon admission, the patient or their care providers, are consulted in the development of a meal plan to assure they are properly nourished during their stay. This engagement takes into account all dietary restrictions. The Birchmount Campus uses a traditional paper menu for patient meal selection. The General Campus is transitioning from a "system select menu" to "choice at bedside" for patients which are dependent on the successful implementation of the Vision software. The program at The Scarborough Hospital continues to evolve through the use of Green Belt grants that have provided the ability to modernize production, systems, and efficiencies. This evolution is ongoing with the goal of a significant increase in patient satisfaction scores.

Retail Food

- Retail food operations at TSH includes: a retail food service contract with Marek Hospitality for both campuses. It entails the management of two cafeterias and two Tim Horton's kiosks. Currently, the Marek contract provides $0 revenue for the hospital. In addition, the General Campus has a coffee vendor in a tenant/landlord arrangement and provides rental income for the organization. This vendor is located in the Medical Mall operated by PAR-Med Property Services.

Environmental Services

- Environmental Services is an all-encompassing program responsible for the safe and sterile upkeep of all public and patient related areas. This is a centralized program deploying custodians, who are hired and managed under hospital leadership. Environmental Services has established work routines that function 24 hours a day to efficiently and effectively maintain the cleanliness of both campuses. These routines are developed in close collaboration with Infection Control while also allowing the organization the ability to react nearly instantly to outbreaks and other adverse events. The Environmental Services

program also takes on the role of managing all solid, biomedical, sharp, recyclable, and organic wastes. Waste diversion has been recently deployed with measurable success.

Patient Portering & Logistics

- The Scarborough Hospital's patient transport department is situated within the portfolio of the Executive Vice President, Clinical Operations. Two supervisors, dedicated to each campus, report to the Director, Innovation and Performance Improvement, Clinical Operations Support. The Director holds responsibility for TSH's Lean and Quality improvement agenda as well as Patient Transport, Infection Control and Patient Flow (Clinical Operations Support). TSH Patient transport provides full, enterprise-wide centralized support for all patient, and medical equipment/item transport needs. Through use of the most recent, upgraded XT Platform version of the Transport Tracking System, TSH Porters are monitored, balanced and optimized through automated, intelligent dispatching to improve the flow of patients.

Facilities

- The Facilities Program at The Scarborough Hospital is currently managed, operated and staffed under hospital leadership. The program takes the responsibility of ensuring the safe, healthy and sustainable upkeep of the built environment. In concert with the maintenance of the physical asset, the Facilities Program is responsible for ensuring the appropriate comfort levels of the buildings and its occupants while deploying leading practices in efficiency. The staffing model within this program is comprised of highly skilled labour trained to take on multiple roles within the maintenance of the facility and its core building systems. Users in the facility have the ability to contact a dispatch operator and speak live to maintenance professional; this service is provided for follow ups, work status, and urgent requirements. Non-urgent corrective maintenance requests are submitted through a web portal, then dispatched via Black Berry to the maintenance team member. The Facilities program closely collaborates with the Capital Planning program through the construction, development, and integration of infrastructure. Square footage of TSH Birchmount Campus is 441,160 and the General Campus has a total square footage of 581,250 excluding the Medical Mall.

Capital Planning & Development

- The Capital Planning Team is a highly skilled, multi-disciplinary project and space management group. Leading edge project management practices and techniques are applied to all projects of any value; these practices assure scope retention while delivering measurable financial results. The Capital Planning program holds the responsibility of managing all capital construction and renovations regardless of the funding source – be that internal or external grants or approved MOHLTC approved projects. A core responsibility of this program is the development of all relevant information to seek funding from the

	MOHLTC and to work closely with them to secure approvals. To date, a strong relationship has been forged at this level. The capital planning program also has additional services which it provides corporately to the organization. These services include; space management and acquisition, space design, move planning and execution, wayfinding management, as well as the management of all seven leased properties. Leased property management includes the maintenance (both corrective and preventative) beyond that provided by the property owner.
Innovations Planned and/or Underway *What changes are planned or in-progress to improve the service/ program?(e.g. new model of care, investment in new technology)*	**RVHS** **Call Centre** • Tablets are being introduced to allow supervisors direct access to relevant portions of the software system. This will allow supervisors to view task status, enter auditing information, enter maintenance calls, etc. while they are visiting patient care and other service areas. • Plans are being developed to change the method of dispatch to a predictive proactive method – to ensure potential issues are identified before they become a problem. **Patient Support** • Currently this group is undergoing extensive testing of a modified model, using Lean **c**oncepts, which will further improve efficiency and support corporate flow initiatives. This group is also acting as a "model cell" for RVHS performance management system. • A pilot project has been tested and will be implemented to load level demand, for patient transport to Diagnostic Imaging (this represents the largest number of transports). The pilots have been successfully conducted and the next phase is being rolled out. **Environmental Cleaning** • As part of our Lean framework, new routines will be developed where environmental staff works in teams to a Takt. This will allow easier identification of actual vs. planned and early identification of barriers to timely completion of work. **Non Patient Transport** • This group is currently undergoing a Lean review to further improve efficiency, which will include working to a Takt and load levelling. **Food & Nutrition** ***Patient Food Services*** • Food satisfaction is expected to further improve (tested with in-house

surveys) with the complete roll out of a spoken menu. Work will continue improving efficiency and quality in food production. Effort will continue to be moved away from no value added tasks to those tasks which are deemed value added to the patient – further improving patient satisfaction.

Retail Food Services

- Not applicable.

Facilities

- Functionality within the management software will be expanded to help further improve the management of the facilities.

Capital Redevelopment

- Not applicable.

TSH

Nutrition & Food Services

Patient Food

GENERAL CAMPUS

Theme A - To improve patient satisfaction:

1) Refreshing our menu is an ongoing process to continually improve what we serve to patients. We look for the least favourite item on the menu and rework or replace it.

2) Patient diversity is a major driver of change in our department. We are currently seeking HMA (Halal monitoring association) certification (or the equivalent) for our Halal offerings. We are working with the local mosque and our Foundation directors on this initiative.

3) "Vision" (VST) software has been purchased to replace the no longer supported MedDietary software that has been in use since 1996 at the General Campus. Currently, the menu data is being built in preparation for 4 and 5 below.

4) Customer service and computer/diet training materials are being designed and the program developed for the NFS staff, to prepare them to use laptops and to ask patients for their meal selections according to their diet orders.

5) Bedside menu ordering will begin later this year to allow our

patients to select their meals closer to time of service. Computers on wheels will be taken into patient rooms by Nutrition and Food Services staff. Menu data will be entered into the system by the NFS staff and will link with the diet office. Meal tickets will print in the Diet Office, which will be used by the tray assembly teams.

Theme B - To improve staff satisfaction:

1) Enriched employee engagement activities re: work related education and training (computer use, customer service, safety, infection control, knife and cooking skills, fitness training and wellness opportunities) see also 4 above. These are all underway and at various stages of implementation.

2) We are contemplating the incorporation of stretch breaks into our work schedules as well.

Theme C - To enhance our food production activities:

1) Work with our second "Greenbelt Grant" to experiment with the preserving of fresh and local produce. Our chefs are preserving tomatoes for use in our vegetarian recipes, fruit (peaches and possibly plums) for homemade jam, berries (blueberries and raspberries to be individually quick frozen) for use in muffin and dessert recipes. The equipment has been purchased and the first batch of peach jam will be produced on Tuesday, August 20th.

2) We have a cold cellar in place which allows us to buy large quantities of root vegetables for use on our patient menus. We are helping to sustain our local producers and at the same time eliminate Meta bisulphites (used for whitening pre-peeled potatoes).

3) We are contemplating production of items for the Birchmount campus that they currently outsource (so we will call this insourcing). The items include: hot cereals, soups, desserts and sandwiches.

4) We are developing our new "from scratch" recipes to comply with the new Health Canada guidelines for reduced sodium levels for all Canadians. While the guidelines are not expected to take effect until 2016, we want to be leaders in this area.

Theme D - To enhance community engagement:

1) We are contemplating working with a local food production facility to produce specialty foods for use in hospital and for sale to patients after discharge. These foods would include pureed entrees to start with. These items are difficult to produce in a hospital conventional kitchen and are risky due

to the nature of the food consistency.

2) We are contemplating an organic waste removal system to minimize solid waste volume going down our drains.

3) At present, the NFS program has engaged Burlodge to provide a comprehensive operational review at our Birchmount Campus. This review will reach into the methodology of preparation and options for further efficiencies such as a centralized food production modality.

Retail Food

- A retail strategy is under development to increase revenues while providing more comprehensive options.

Environmental Services

- The recent innovation of the ECOLab DAZO product has significantly improved the ability to provide accurate quality assurance audits while automatically generating data for leadership to respond to trends.

Patient Portering & Logistics

- In addition to ongoing Lean A3 improvement initiatives, the Patient Transport Team is partnering with the University of Toronto's Centre for Healthcare Engineering (Industrial Engineering) program in an initiative to optimize service delivery.

Facilities

- Through the use of our corrective work order system, users are provided a satisfaction survey automatically at the time of completion. This system has recently been deployed.

- Through the engagement of Energy Services Company, Ameresco; implementation of sophisticated energy savings measures are underway while renewing critical infrastructure. This program is limited to the General Campus.

- The Birchmount Campus is currently within the payback term of an ESCo. agreement with firm, Ecosystem. This project implemented unique, modern infrastructure while decreasing utility reliance.

Capital Planning & Development

- Not applicable.

Key Metrics
Identify and describe the key metrics that capture the quality and performance of the services/programs.

RVHS

Call Centre

- Tasks are dispatched to the appropriate Support Services staff, via pager, and task status is monitored. Extensive information is gathered within the software regarding completion of Support Services tasks allowing for monitoring of performance and trending observations. The call centre immediately escalates areas in need of attention to Supervisors. Key metrics include time to dispatch each task.

Patient Support

- Key metrics (previous year performance/YTD performance) include Picker Inpatient Cleanliness, Picker Emergency Room Cleanliness, Patient Transport Performance, and Discharge Clean Performance.

- Other measures include CDIFF rates and results of CQI/Glow Germ/ATP audits.

Environmental Cleaning

- Key metrics include: 1. Observational Audits, 2. CQI Visual Audits, ATP Audits, Environmental Marker Audits (glow germ).

Non Patient Transport

- Key metrics include non-patient transport performance.

Food & Nutrition

Patient Food Services

- Metrics monitored include Picker Food Satisfaction. Other metrics monitored include patient meal cost, and internal survey results.

Retail Food Services

- Not applicable.

Facilities

- Metrics monitored include Facilities Work Order Performance and monthly PM Completion rate , 3rd party QPQ score (standards audit).

Capital Redevelopment

- In addition to the metrics listed above, all services measure staff engagement scores, sick %, and budget variance.

TSH

Nutrition & Food Services

Patient Food

- Standardized NRC Picker results are closely monitored to assure appropriate service and quality delivery.

- A comprehensive annual Internal Patient Meal Service Questionnaire is used to capture key themes such as; food temperature, appearance, taste, timely delivery and overall acceptability. A significant emphasis is placed on the quality of the tray delivery and collection service.

Retail Food

- Performance measurement within the retail food services program is through the monitoring and supervision of revenues.

Environmental Services

- The Environmental Services program gathers data through the use of the TeletrackingXT platform. This system allows users to request service for either discharge or bed cleans. Statistics are provided to measure response, turnaround, and volumes. As part of an innovative tracking tool, the Environmental Services program has successfully deployed the ECOLab DAZO quality assurance program. This system uses an invisible dye illuminated with a UV light to verify if strategic locations in patient care areas are being cleaned to standard. Data is gathered using a handheld device which autonomously pushes reports to those within leadership.

Patient Portering & Logistics

- The Patient Transport program produces a performance scorecard that is posted internally on the corporate Share Point site. It includes key measures such as:
    1. Productivity.
    2. OT/Sick Time.
    3. SAFE incident reports.
    4. Patient Transport Service times.
    5. Hand Hygiene.
    6. % calls with “On unit” delays.
    7. Customer Satisfaction (inpatient units).

Facilities

- The Facilities Department deploys the Angus Systems, Angus Anywhere corrective and preventative work order tracking system. This system is capable of delivering metrics such as completion rates, turnaround times, as well as productivity.

	• Overall technical performance is closely monitored through metering utility consumptions. This is closely monitored to validate performance, provide insight to efficiencies, and identify any unknown conditions relating to a system that may have failed. **<u>Capital Planning & Development</u>** • Within the Capital Planning & Development program, a robust project management methodology is deployed to measure and manage scope, budget, and schedules.
Other Information *Provide additional service/program information (if required)*	Not applicable.

1.2. Patient Profile

Use the following table to document the high-level patient profile related to the services/programs.

Patient Value Statement *Identify the purpose of the service/program area and the value-added benefit that it offers from the perspective of the patient.*	**<u>RVHS</u>** • The purpose of the Support Services Department is best described in the value statement included in the 2011-2014 Strategic Plan, developed with front-line staff. The purpose of the Strategic Plan is to align departmental strategies with overall Corporate Strategy. The value statement is: "Your Support Services Team is dedicated to providing a professional, efficient, caring and respectful experience to you and your family by ensuring a safe and healthy environment. We will achieve this through continuous improvement and collaboration within RVHS and our communities." **<u>TSH</u>** • In standing with our corporate Mission, Vision, and Values; the support services program is committed to providing patients, visitors, families, and staff an environment that is conducive to care delivery and healing. Our committed work is evident through the safe, comfortable, intuitive, and sustainable environment we maintain and operate every day of the year.
Patient Characteristics *Describe the key patient characteristics; consider factors such as demographics, geography, complexity, etc.*	• Through collaborative discussions between The Scarborough Hospital and Rouge Valley Health System, it has been determined that the two organizations are closely aligned with their values and application as it relates to patient experience and the Hotel Services Working Group. Both organizations service one of the most culturally diverse populations in the country. This is evident in the

cultural beliefs and values and corresponding dietary restrictions that a patient may present.

- The built environment and overall state of the facility have obvious impact on the patient's experience. Both organizations endeavour to assure the best possible environment in which care is delivered. Both organizations deploy and utilize industry standard benchmarking and metrics. These are monitored and utilized to adjust service delivery models to meet the needs of the patient.

- All levels of staff in our organizations interact with patients in different capacities. Although these encounters may be limited in some areas within the Hotel Services Working Group, strong customer service initiatives have been deployed at all levels to assure the experience is truly exemplary.

RVHS

- By nature, the Support Services department serves all in-patients, out-patients, and visitors throughout the facility.

- The integrated Patient Services Representative model is designed with the patient experience in mind. This role provides a single point of contact, to the patient, for room cleaning, transporting, meal delivery, and helping with other patient concerns (assisting nurses). In addition, the other areas within the Support Services Department (maintenance, patient food, environmental cleaning) report under the same umbrella and operate as a cohesive team. This structure ensures that patients concerns, identified through the Patient Support Representative, can be handled efficiently and effectively by the entire team.

- Patient Satisfaction is rigorously monitored using both internal satisfaction surveys and external surveys (NRC Picker). A robust internal patient survey system ensures that patients are asked for their feedback on a daily basis for all services (different patients on different days). A rapid response system ensures that a supervisor, from any of the Support Services programs, will visit a patient who is not completely satisfied within 24 hours of the receipt of their survey. The supervisor will address any concerns the patient has with any of the Support Services areas and will also notify other programs of concerns raised. This system ensures that patient concerns are addressed immediately, and also provides a large amount of data on what is important to our patients, which is used for long term program improvement. This system ensures that Support Services functions are aligned directly with improving the patient experience.

- The following is data provided through NRC Picker for the most recent quarterly reporting period from January to March 2013;

Inpatient Condition of the Room:
Peer Median (82.1%) RVHS (86.2%)

Emergency Room Cleanliness:
Peer Median (62.0%) RVHS (66.1%)

Overall Quality of Food:
Peer Median (60.5%) RVHS (64.8%)

TSH

- Strong customer service combined with continuous monitoring of satisfaction give the support service programs the ability to concentrate efforts in the areas where it is needed the most. Significant efforts are made to monitor all feedback from our client, be that data surveyed from NRC Picker, direct patient interaction or through our Patient Relations program. Information provided through any of these venues is acted on, be it a good experience or not. Those truly exemplary experiences provide us the ability to reward those excellent service providers through an Employee Recognition Program. Those services that are not up to the standard of the patient are immediately addressed by management and, ultimately, the service provider. Given the diverse population we serve, some of these requests are unique. We are committed to adapt our services to assure we meet these needs.

- Our commitment to the patient experience is ongoing and continually evolving. By conducting research and focus groups as well as trials for patient food, we provide a menu that is as unique as the patients we serve. Recently, our patient transport team have presented options for patient gowns. These are just a few examples of the impact a support service team can have on the patient and their family.

- TSH is committed to the ongoing monitoring of performance metrics to assist in the way we deliver services. The following is data provided through NRC Picker for the most recent quarterly reporting period from January to March 2013;

  Inpatient Condition of the Room:
  Peer Median (82.1%) TSH (79.85%)

  Emergency Room Cleanliness:
  Peer Median (62.0%) TSH (61.24%)

  Overall Quality of Food:
  Peer Median (60.5%) TSH (60.32%)

Population Need *Describe the key factors driving population need; consider factors such as social determinants of health, incidence/ prevalence rates, demand (e.g. wait lists, people travelling outside CE LHIN for service/program), etc.*	Section not applicable.

1.3. SWOT Analysis

	RVHS	TSH
Strengths		
• Call Centre allows for central dispatch and monitoring of task status. A rapid response system ensures that a supervisor, from any of the Support Services programs, will address issues or complaints immediately. Call Centre database of KPI's allows for data driven decision making.	✓	
• Extensive information is gathered within the software regarding completion of Support Services tasks and monitoring of performance and trending observations allowing for data driven decision-making. The Call Centre escalates areas in need of attention to supervisors.	✓	
• Extensive Performance Information for Support Services functions (via ISISPRO Software) is available by the minute, for historical performance review, for trending, etc.	✓	
• Efficient delivery of non-core hospital business functions.	✓	
• 5+ years of progressive Lean implementation and learning.	✓	
• Extensive front line involvement in development and implementation of Support Services Strategic Plan.	✓	
• The integrated Patient Services Representative model is designed with the patient experience in mind. This role provides a single point of contact, to the patient, for room cleaning, transporting, meal delivery, and helping with other patient concerns (assisting nurses) leading to improved patient satisfaction.	✓	
• All PSR's (over 200 staff) trained in patient transport allows for flexibility in mobilizing trained staff to meet the demand during peak times.	✓	
• All Support Service staff report to Support Service dedicated management to ensure industry best practice is employed.	✓	
• A robust Capital Planning System using an organizational wide risk analysis to identify Corporate Capital priorities. Two separate processes "Capital Plan" and "Major Capital Plan" separate smaller capital expenditures from larger scale requirement (+$500k). Risks are identified and weighed against criteria, then scored based on pre-determined corporate priorities such as legal compliance, risk mitigation, etc.	✓	
• A comprehensive environmental auditing system encompassing four types of audit including visual inspection (CQI), observational reviews, environmental	✓	

	RVHS	TSH
marking (Glow Germ), and ATP testing. Supervisors audit based on a quota per Supervisor Standard Work, and compliance is reviewed weekly through a reporting catch ball process. Information is displayed instantly at the unit level, and reported on monthly via a reporting system (currently being transitioned to a tablet based tool where audits are entered directly via a wireless tablet).		
• NFS General Campus utilizing conventional cooking methods with fresh, local ingredients with production on an expandable pod modality.		✓
• A highly skilled project management team capable of delivering on budget and in scope projects. This multidisciplinary team effectively deploys leading edge project management techniques.		✓
• Full time CAD operator under hospital leadership.		✓
• Centralized Environmental Services program deploying custodians afford the ability to have a "cleaning professional" assigned to only those duties.		✓
• Deployment of the TeletrackingXT platform assists with rapid patient throughput while providing detailed metrics. This platform is fully deployed across both Environmental Services and Patient Transport affording significant integration of services.		✓
• Having the Patient Transport group organizational structured under clinical operations has affirmed the commitment to excellence in care at all levels.		✓
• Both Patient Transport and NFS operate within the twenty-fifth percentile of operating efficiency as identified by the Hay Group.		✓
• A hybrid classification (Journeyman Tradesman Plant Operator) within the Facilities Department permits the use of a highly skilled maintenance team member cross trained in a skilled trade and plant operations.		✓
• A strong collaborative relationship has been formed with the Capital Planning Department and programs that will provide services to the spaces which are developed. For example, the Facilities Team is widely engaged in work underway, in design or imminent. This relationship permits smooth handover for maintenance operations as well as identifying significant infrastructure weakness early on to mitigate cost over runs.	✓	✓
• Significant capital investment into infrastructure over last three years.	✓	
• Within Facilities, the management composite have significant strength in plant operations and the electrical field of design, this decreases dependencies on consultant in these fields.		✓
Weaknesses		
• Minimal facilities staffing to support aging infrastructure.	✓	✓
• High sick time within frontline staff.	✓	✓
• The current state of infrastructure has far exceeded its operating life and requires capital investment for renewal of vital systems and the built environment.	✓	✓
• Capital asset renewal process relies primarily on HIRF grants.		✓

	RVHS	TSH
• The lack of a centralized call centre for users to access 24 hours a day.		✓
• A lack of consistency between the role of a Team Attendant (program specific) and both the Environmental Services and Patient Transport service delivery models.		✓
• A lack of front-line oversight within Patient Transport due to limited management resources and the inability to provide supervision in hours outside of a conventional working day.		✓
• Lack of dedicated resources in project management and CAD operations.	✓	
• A lack of fully integrated practices and SOPs consistently across all Campuses, this is evident within all programs under the Hotel Services Working Group.	✓	✓
Opportunities		
• Call Centre functionality can be expanded.	✓	
• Statistical analysis and progression of Lean knowledge is leading to process redesign (in progress) separating static from variable tasks and will lead to redeployment of resources to more value added activities – increasing patient satisfaction and care.	✓	
• Asset Management in ISISPRO currently consists of an inventory of all assets that require maintenance work. ISISPRO has the capability to track all assets. Tracking includes life expectancy, cost, depreciation and replacement cost. If the item requires preventative maintenance a PM schedule can also be set up and PM's can be automatically generated. All information can be exported to MS Excel.		
• Progress with patient food will continue to build on current foundation. Internal surveys and tests have shown that patient food satisfaction will further increase.	✓	✓
• NFS, General Campus has the ability to expand its production to decrease the reliance on outsourced food products.		✓
• NFS, General has the ability to leverage local food producers and development "Fresh and Local" partnerships.		✓
• NFS, General Campus continues to leverage the Greenbelt Fund to develop new and innovative food production practices.		✓
• Utilization of the ConexALL systems monitoring platform afford the ability of centralized alarm and building status monitoring.		✓
• TSH General Campus is in the process of engaging into infrastructure renewal funded via an Energy Service Company (ESCo.). The intent is a significant decrease in fossil fuel reliance while onboarding sophisticated building systems.		✓
• By utilizing the expertise of the Capital Planning Team, integration projects can be executed inhouse with the design expertise being valuable to all partners.		✓
• Further development and deployment of automated environmental services auditing technology (ECO Lab DAZO).		✓

	RVHS	TSH
• More effective and wider deployment of performance reviews and mentoring of front line staff.		✓
• Building on relationships with other programs which Hotel Services provides its services to.		✓
• Utilizing investment into automated systems for core building infrastructure may permit autonomous operation of the plant at the Birchmount Campus.		✓
• Scalable designs in the central utilities plant afford the flexibility to provide resources for future program expansion while integrating redundancy in our most vital services.		✓
Threats		
• Available capital resources do not meet infrastructure capital requirements.	✓	✓
• Organizational fatigue.	✓	✓
• Fiscal challenges.	✓	✓
• The loss of experienced team members and reduced productivity due to integration discussions.	✓	✓
• Changes within the provincial funding model threaten all support service programs currently funded under the global umbrella.	✓	✓
• An aging workforce in high demand laborious jobs resulting in accommodated or modified work. This additionally translates into elevated injuries and WSIB claims.	✓	✓
• Increasing service request volumes with a lowered staff compliment can impact services levels and ultimately patient safety.	✓	✓
• Lack of working capital.	✓	✓

1.4. Environmental Scan

Political *Factors that include provincial strategies and/or programs, LHIN priorities/directions and other government trends*	• Continuous compliance with Provincial Infectious Disease Advisory Committee (PIDAC) recommendations for "Best Practices for Environmental Cleaning for Prevention and Control of Infections". • Changes of MOHLTC, provincial, or federal leadership have impact on the overall funding of operations and capital investment. • The provincial funding model requires strong political relationships. Strong advocacy for much needed capital infrastructure dollars is required at both the Central East LHIN and MOHLTC.

Economical *Factors that include fiscal realities, funding models and other economic trends*	• HIRF funding is tied directly to the Facility Condition Index (FCI) as calculated by VFA. • Changes within the new provincial funding model for a strictly service driven group threatens the services and quality of services provided. Both organizations will need to assign a static budget for these services to ensure consistent delivery of our service delivery model. It is not feasible that Hotel Services be funded in an environment based on performance and outcomes. • The current economic environment created by the new funding model (HBAM) and provincial government Action Plan has made obtaining funding for capital projects very difficult. Allocation of hospital operating budget is restrictive and funding through the MOHLTC capital branch is very competitive, time consuming, and limited dollars are available.
Social *Factors that include demographics, socio-cultural trends, social determinants of health and other social/community trends*	• The patients are ethnically diverse and that has a direct impact on the menu variety required to ensure patient satisfaction with food. • Recent public focus on hospital cleanliness (i.e. CBC Marketplace). • The social climate and demographics of the community have significant impact on the redevelopment and the vision of redevelopment across all organizations. • Seniors Friendly Initiative Requirements.
Technological *Factors that include information management and information technology trends, globalization, innovations in patient care and other technical trends*	• Newer technological trends may be cost prohibitive to implement due to the cost of replacing older infrastructure. • UV light systems are increasingly being used for improved disinfection. • The need to modernize information technology systems utilized under the Hotel Services Working Group to assure sustainability and compliance with new technologies. • Leveraging new wireless technologies such as Radio Frequency Identification (RFID) deployment and Near Field communications to continually advance efficiencies and the care or service provided. • Technology in new infrastructure projects will be essential to delivering more efficient and effective health care. In our current environment of E-Health, both organizations will require significant technology investment in future projects.

Environmental *Factors that include attitudes towards "green" or ecological products/resources, corporate social responsibility trends and other environmental trends*	• Consistently leverage provincial and municipal grants to advance infrastructure while reducing greenhouse gas emissions and utility reliance. • Continue to develop relationships with Energy Service Companies to assist in the renewal of infrastructure while gaining sophisticated "green" technologies. • Maintain the organizations commitment to waste diversion, decrease utility reliance, and an active "Green Committee". • Increasing staff and patient sensitivity to cleaning chemicals.
Legal *Factors that include relevant legislation and other legal trends*	• There is an external awareness and requirement for Hospitals to conserve energy as evidenced by the newly introduced OREG 397 – 11 requiring Energy Consumption reporting and reduction plans. • Ministry of Environment requires recycling reporting, audits, and plans to be in place and updated on a yearly basis. • Consideration to the legal requirements of any contracted services in which either organization may be engaged in. • The Central Utilities plant(s) are not registered with the Technical Standards and Safety Authority (TSSA) as they are equipped with low water volume, coiled tube boilers. • Accessibility for Ontarians with Disabilities Act (AODA).

1.5. Leading Practices

Back Office Functions – Hotel

Generally, hotel services that are not outsourced are managed and processed centrally and distribution is provided to all sites. For example, all hospital sites would send linens to a central processing facility, and then deliver clean supplies back to all sites. The linen service would operate under one management structure, vs. separate management for each site.

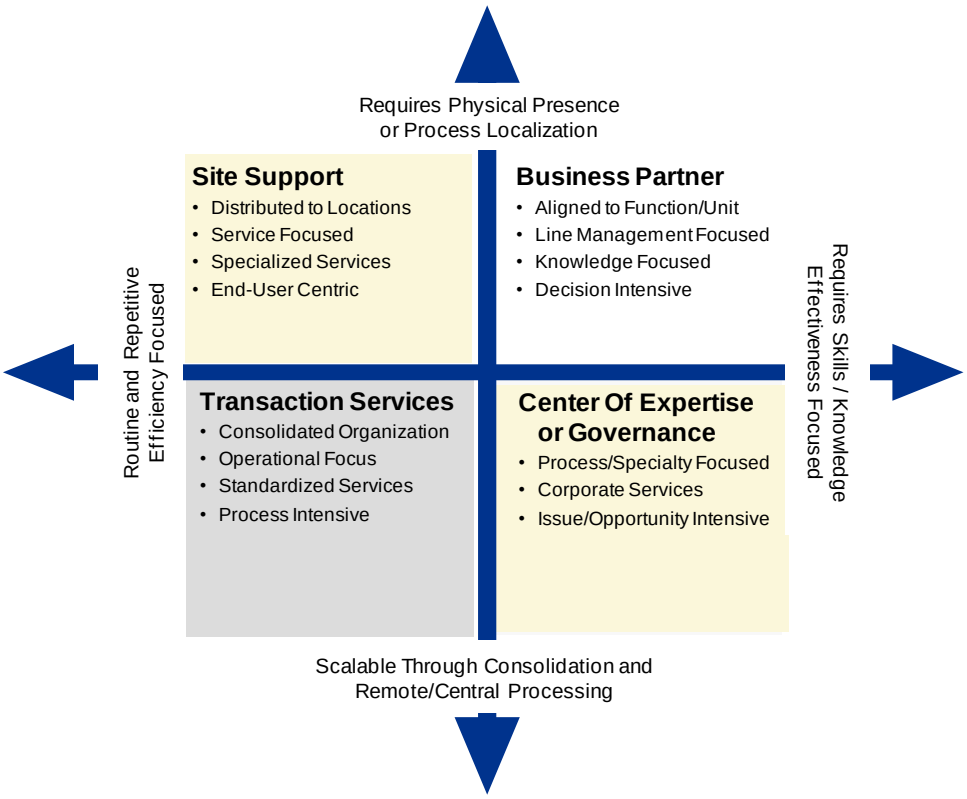
Globally, many healthcare organizations have transferred some or all of their hoteling services to shared services or outsourced them. Key benefits that can be realized include:

- Allows the healthcare provider to focus on the core business of care
- Reduces costs and improves effectiveness

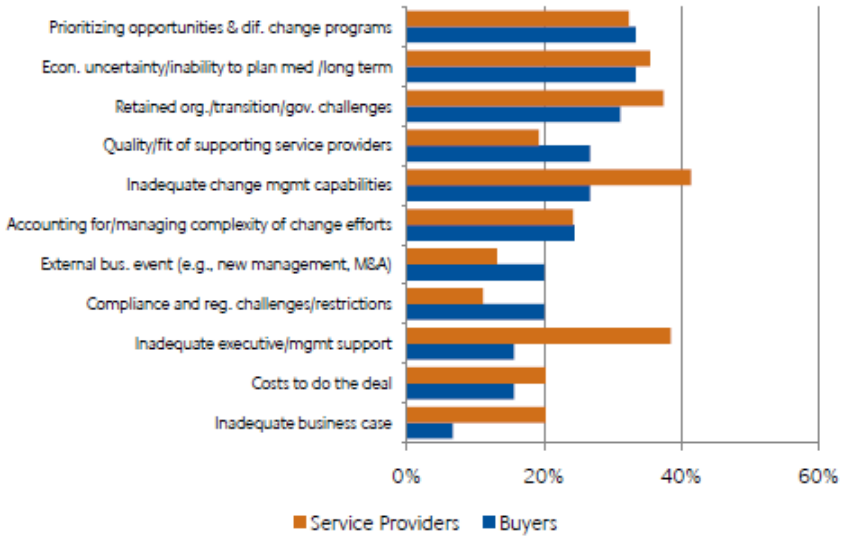
Leading Practice Themes	
Shared Services	As an example, 3sHealth was created with the specific mandate of providing provincial

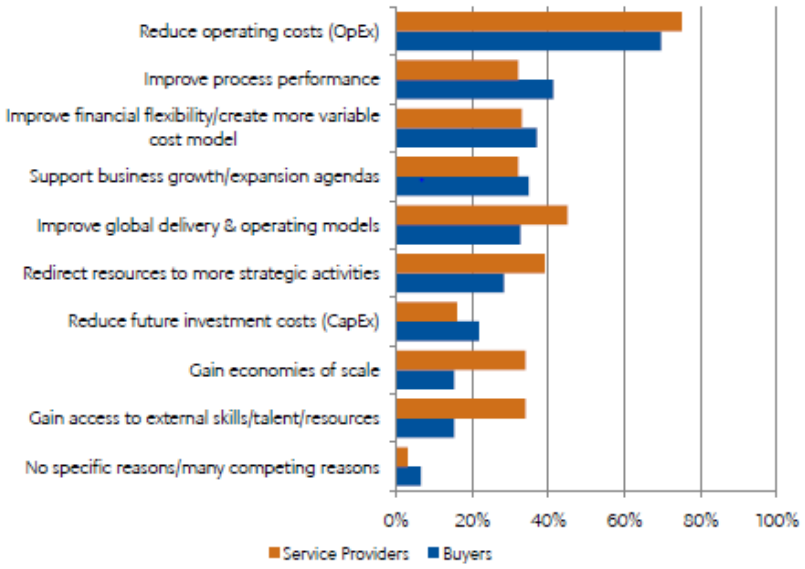
Leading Practice Themes	
and Outsourcing for Laundry **Standards and practices can be aligned across multiple sites**	services on behalf of all Regional Health Authorities (RHAs) in Saskatchewan. It has a governance structure that allows each RHA to have **a voice in the way that linen services are delivered**. By transferring the governance and employees to 3sHealth, the Province is **better positioned to drive standards in linen usage**. This will facilitate greater joint purchasing, and in turn **reduced prices**. It will also ensure that the delivery of linen is optimized across all RHAs and that all RHAs receive comparable levels of service. The other benefit of a centrally managed laundry system is the **direct line of sight to compare the performance of each plant**. 3sHealth would measure a set of Key Performance Indicators (KPIs) in each of the laundry plants and set aggressive targets for each plant. The preliminary set of KPIs include: • Cost per pound (financial) • Fill rates and customer satisfaction (customer) • Employee lost time incidents (safety) • Pounds per Operator Hour (internal process) • Number of instances where a laundry deviates from Infection Control Standards (quality) It should also be noted that **housekeeping is one of the most noticeable indicators of the quality** of hospital services, and strongly contributes to public perception.
Capital Planning/ Development will benefit from centralized controls	Better practice suggests that the following key controls be in place centrally to enable consistency, accuracy and completeness across all functional areas: • **Capital and asset planning** (including the asset renewal program) **should be integrated into the annual strategic and operational planning process** and annual budgeting process. The Capital and asset plan should form the basis of an 'initial' approval, to initiate the procurement process and enable the centralized Procurement Department to ensure there are adequate resources and communication • Business cases developed by functional areas of the hospital during the capital and asset planning process should be based on a specified template, which incorporates the following: o Linkage to strategic objectives of the organization and business drivers o Resource information to support the procurement process and ongoing asset management o Risks associated with the asset and related mitigating actions o Financial metrics and forecast benefit, such as efficiency gains and associated revenue o Relevant stakeholders. • **All assets should be recorded on a centralized Asset Register**, which

Leading Practice Themes	
	captures the written-down value, accumulated depreciation value and key contacts. The Asset Register should be reconciled to the general ledger on a periodic basis • **Accountability for monitoring 'work in progress' should be clearly articulated** (i.e. role of the functional areas), including the provision of information to Finance • To reduce the risk of asset recognition inaccuracies, and improve consistency and understanding, there should be **a central, organizational-wide procedure document**. This procedure could include guidance around: ○ Information required by Finance to complete asset unitisation and disposals ○ Emphasis on year-end procedures to promote complete recognition and de-recognition of assets ○ Communication protocols and responsibilities pertaining to asset unitisation and disposal between Finance and business units ○ Disposals and write-downs, including reporting accidents or damage to assets and physical checks by the authorizing business unit, and ○ Links to existing guidance documents and templates.
How to determine what gets outsourced	

Leading Practice Themes	
	• Pure transactional and first level customer service and issue resolution processes that can be leveraged across the organization offer the greatest opportunity for outsourcing  • Processes that involve higher level design, issue resolution and escalation are "fringe" candidates for outsourcing and often depend on the degree of standardization • Governance, policy setting, and high end strategy and planning processes rarely are fully outsourced • Within a process, there may be a further delineation of retained vs. outsourced activities including a growing trend to support analytical process elements
Lessons Learned: Implementing a Comprehensive Support Service Solution[1]	Many hospital executives and Boards are looking for innovative ways, through collaboration and partnerships, to address funding and service challenges and maintain a focus on core programs and services related to quality patient care. Outsourcing of non-core, non-clinical support service functions has been examined and implemented by many hospitals over the past few years. Most often, however, this has occurred for one support service with one service provider at a time and not as a fully integrated support services solution.

[1] [1]*"Implementing a Comprehensive Support Service Solution (CSS) at a Major Community Hospital in Ontario, Canada: Lessons Learned"* Jo-Anne Marr, Richard Tam, Stephen Simms and Feria Bacchus; Longwoods Whitepaper

Leading Practice Themes	
	In 2008, York Central Hospital (YCH) implemented Sodexo's integrated Comprehensive Support Service Solution (CSS) model for all its support service functions. In doing so, YCH achieved significant improvements in patient and staff satisfaction rates, increased retail food revenues and substantial cost savings through improved operational efficiency from process improvement and leveraging investments in technology. Outsourcing is often a challenging exercise in relationship dynamics and performance management. However, it is clear that maintaining healthy relationships, clear lines of communication and disciplined performance management processes are the key factors that influence the success of outsourcing partnerships.
Real Estate & Facilities Management (REFM) Outsourcing	The primary focus areas for REFM outsourcing among buyers are workplace services, facilities services, and transaction and brokerage services. The most commonly outsourced process area is workplace services (e.g., janitorial, cafeteria and amenities services). The second most commonly outsourced process area is facilities (e.g., HVAC, electrical, mechanical, building repair). While reducing operating costs is clearly the top driver, results highlight the broad mix of goals that organizations have for their REFM outsourcing efforts. Top challenges are prioritizing opportunities and different change programs with economic uncertainty and inability to plan medium/long term. Top REFM Outsourcing Challenges 

Leading Practice Themes	
	Top REFM Outsourcing Drivers 

2. Opportunity Assessment

2.1. Overview of Opportunities

Reference	Opportunity
1	Shared Capital Planning & Capital Project Management
2	Shared Unified Central Call Centre
3	Consolidated Diet Office
4	Centralized Meal Tray Assembly & Logistics

2.2. Opportunity Assessment

Opportunity 1: Shared Capital Planning & Capital Project Management

Overview:

Description	• The current state of Capital Planning and Capital Project Management at The Scarborough Hospital is a fully insourced solution. Capital Planning and Capital Project Management functions are delivered through a hybrid model at RVHS. Capital Planning is managed internally while project management is delivered through a combination of RVHS' Capital Projects Manager and the Facilities Department and/or or third-party providers. Space planning, design, conceptual layouts and drawing updates are services that are provided on an as needed basis by external consultancy. • The possible integration of both TSH and RVHS presents an opportunity to have a shared Capital Planning Team that will provide management of planning, design, procurement, construction and commissioning for major capital projects. In addition, this Capital Planning Team will have the ability to: ○ Better assess capital needs and space requirements consistently. ○ Provide in-house project management expertise for all capital, renovation and infrastructure projects. ○ Update, maintain, develop, and catalog vital base building drawings, crucial in project planning, project execution and the maintenance and operation of all facilities.
Anticipated Alignment to Guiding Principles *Shade the relevant guiding principle(s)*	○ **Collaboration** ○ Accessibility ○ Sustainability ○ **Excellence**

Potential Benefits and Risks:

Potential Benefits *Identify the most significant potential benefits. Where relevant, consider the following perspectives when identifying benefits: Patient, Community, Organization, Clinicians & Staff.*	
Patient	• The benefit to the patient will be realized through the consistent development of space organization wide. This consistent development will capture the efficient use of space that will benefit patients through easier flow of resources. • The accurate retention of drawings allows the Facilities Management Team the ability to more efficiently and effectively operate the facility, resulting in consistent comfort levels. This document retention will also be vital in the quick repair of base building systems and prevent service interruptions or outages that will impact the patient.

Community	• More readily develop and advance current requirements and future infrastructure needs resulting in the timely redevelopment of any site within the community.
Organization	• Project begins with a clear objective and concise master facilities plan with a better understanding of the organization's project drivers, planning assumptions and space standards. • Ensure the appropriate intersection of the technology plan with the facility/ construction plan. • Assist the organization in appropriately allocating funding with respect to facility related capital, other capital, and operating funds. • More readily identify potential barriers, limitations and/or challenges to program or service expansion and/or growth; more efficient delivery of projects will minimize downtime within programs and service interruptions and faster delivery of projects.
Clinicians & Staff	• Capitalize on opportunities to improve efficiencies. • Through the deployment of consistent practice in space development both clinicians and staff can expect that the space they work within will be planned to consistent standards. • The Capital Planning Team actively manages space and internal moves across the organization. With a consistent vision of space utilization, these moves will be less complicated for clinicians and staff and executed faster. • Having an AutoCAD operator readily available affords the organization the ability to provide end users with more readily available scenarios and options; reducing the reliance on external architectural support to produce drawings or space renderings.

Potential Risks
Identify the key risks that must be considered (e.g. high impact and high probability). For each risk identified, provide a proposed risk mitigation strategy.

Risk	Mitigation Strategy
• The team at TSH has the ability to manage projects of significant magnitude. However, a significant increase in project activity or complexity may result in compromised service delivery.	• A hybrid service delivery model could be utilized by contracting services, where in-house resources may be inappropriate, on a speciality specific basis. • Contract insourced resources can assist in project management and

	development. • Costs of the above mentioned services will be built into the capital project budget.

Benefit Realization:

Estimated Timeline *Shade the estimated timeline (choose only one)*	• Short-term (up to 1 year) • **Medium-term (1-2 years)** • Long-term (3-5 years)

Key Metrics to Measure Benefits	• Project delivery time. • Project budget performance. • Reduced project budgets through the use of consistent specifications and space development practices. • Funds allocated to consultant services.

Financial Impact:

Key Metrics to Estimate High-Level Financial Impact	• Option 1: Consolidated Capital Planning team, with no outsourcing
	  ○ Elimination of cost incurred by RVHS for consultant services.
	• Option 2: Outsource Capital Planning
	  ○ Reduction of in-house operational costs.

Required Investments – Operating and Capital (if applicable) *Identify the key financial investments (e.g. one-time costs) required to realize the benefits.*	• To further reduce the reliance and dependency on external services, the procurement of a drawing plotter is required. This one-time capital acquisition cost of approximately $15,000 will eliminate ongoing operating expenses for external production of these drawings. • To increase the ability of the team at TSH to provide increased services, a single investment will be required for a dedicated AutoCAD computer and database with the inclusion of additional licensing for this program. It is expected the cost will be approximately $10,000.

Analysis	• Option 1: Consolidated Capital Planning Team, with no outsourcing
	  ○ RVHS spend on feasibility studies, concept drawings, drawing updates; costing etc. was approximately $75,000 over the last 20 months or an average annual cost of $45,000. In-house compensation including benefits is approximately $125,000. However, the incumbent is retiring and there are no plans to maintain the internal position (budget has been removed).
	• Option 2: Outsource Capital Planning
	  ○ Maintain selective in-house expertise and supplement in-house expertise with outside consultants, whereby third-party expertise is provided in areas where internal resources are not appropriate. Outside consultants must be able to provide:
	  ▪ Knowledge of industry trends and extensive experience gained from projects of varying size and complexity.
	  ▪ An understanding of the entire design and construction process.
	  ▪ Assurance of sufficient resources to address time-critical project issues without sacrificing project schedule, budget, etc.
	  ○ This approach is based on the following assumptions:
	  ▪ Large scope facilities infrastructure projects are procured and implemented on a turn-key basis where design solutions are built into the scope of work of the vendor.
	  ▪ A set of guiding design principles and planning assumptions are prepared in advance to assess specific types of solutions being considered.
	  ▪ Continuity of the team design development through to project execution.
	  ▪ Project management and other soft planning costs are built into the total capital budget.
	  ▪ Moves to be done by internal facilities resources. Those out of the scope of their abilities will be at the cost of the user group to deploy a third party service provider.
	  ▪ A threshold of value will need to be established to distinguish a capital project requiring comprehensive project management techniques from the Capital Planning Team, those under this threshold will be managed by the stakeholder.

Anticipated Financial Impact	• Option 1: Consolidated Capital Planning team, with no Outsourcing

Indicate the order or magnitude financial impact (stated in the $100,000). *Is this opportunity a financial investment or savings?*	○ $45,000-$170,000 savings assuming TSH has the capacity to accommodate RVHS requirements. ○ One time capital investment of $15,000-$25,000 • Option 2: Outsource Capital Planning ○ assuming selective in-house expertise and outsourcing requirements is maintained. ○ $45,000-$300,000 savings. ○ One-time capital investment of $15,000-$25,000

Opportunity 2: Shared Unified Central Call Centre

Overview:

Description	• Rouge Valley uses a dedicated call centre to log and distribute all types of support service requests including, portering, logistics, environmental services and maintenance. The call centre provides an ideal customer experience through a single point of access, ongoing monitoring and oversight of requests and instant escalation with direct interaction with a call representative. It is staffed from 6 am to 11 pm by 6.5 FTE. • The Scarborough Hospital utilizes an automated, bed management and Transport Tracking System (TTS) to serve a similar function for EVS and Portering. Work requisitions for facilities requests are received through the Angus Anywhere Tenant Request system. The system provides no personal interaction with the end user and limited ability to redirect requests "in real time" without intervention from a supervisor. Both systems rely on end user direct input of requests into a web-based system. Potential improvements to end user customer satisfaction and reduced service response time at TSH by sharing the RVHS call centre exists.
Anticipated Alignment to Guiding Principles *Shade the relevant guiding principle(s)*	• **Collaboration** • Accessibility • **Sustainability** • **Excellence**

Potential Benefits and Risks:

Potential Benefits *Identify the most significant potential benefits. Where relevant, consider the following perspectives when identifying benefits: Patient, Community, Organization, Clinicians & Staff.*	
Patient	• The patient benefits by experiencing more efficient delivery of hotel services that directly impact patient care.
Community	• Improved service delivery directly impacts the appearance of the built environment and provides a safer and cleaner environment for receiving care.
Organization	• Better state of repair, cleanliness and efficient logistics conveys an image of professionalism and competence. • Improved service delivery impacts patient satisfaction and patient flow.
Clinicians & Staff	• TSH staff and clinicians will have operators to assist with service delivery more accessible at all hours.

	• The consistency of contacting a singular operator to request support services provides better accessibility to these services, regardless of the site the individual may be at. A unified call centre eliminates the need for users to have to learn different contacts for varying services while moving between these sites.

Potential Risks *Identify the key risks that must be considered (e.g. high impact and high probability). For each risk identified, provide a proposed risk mitigation strategy.*	
Risk	**Mitigation Strategy**
• Introducing a second organization to the Call Centre may present initial difficulty for the operators in distinguishing the two.	• Initially, two parallel databases may be required prior to full integration.
• RVHS operators have no knowledge of the physical layout, practices, or operating procedures at The Scarborough Hospital; potentially impacting response times and efficiencies until such knowledge is gained	• Develop standardized procedures and practices across both organizations. • Undertake frequent and comprehensive site tours to familiarize operators to the physical environment and operating procedures.
• Varying staffing models and skill sets across organizations may initially result in decreased response times and accurate dispatching of work.	• Program supervisors will be required to be actively engaged with the call centre operators to ensure appropriate work distribution. • Supervisor and manager access to the database are required to review dispatch operations.

Benefit Realization:

Estimated Timeline *Shade the estimated timeline (choose only one)*	• Short-term (up to 1 year) • **Medium-term (1-2 years)** • Long-term (3-5 years)

Key Metrics to Measure Benefits	• Discharge Clean response times. • Isolation Clean response times. • Patient Transport response times. • Non-Patient Transport response times. • Maintenance demand request response times. • Internal client satisfaction results measured through internal survey tools.

Financial Impact:

Key Metrics to Estimate High-Level Financial Impact	• Cost per patient transport. • Overall operating expense.

Required Investments – Operating and Capital (if applicable) *Identify the key financial investments (e.g. one-time costs) required to realize the benefits.*	• Costs to severe TSH's contractual obligations to Angus Systems and Teletracking. • Teletracking – Terminates naturally September 2015 at a monthly cost of $9,675 USD. Within the terms of the agreement, the customer is responsible for the value of the contract less a mandatory 60 day notification period. • Angus Systems - Monthly cost of $1,896; services may be terminated at any time with 30 days' notice with no penalties incurred. Cost to expand ISISPRO – A cost of $100 per month has been estimated by Aramark to provide licensing per PC for TSH. It is estimated that five licenses will be required; therefore an ongoing operating expense of $500 per month will be incurred by TSH. • An ongoing operating expense of additional staffing for the centralized call centre will be required to manage the additional volume of activity. • A capital equipment investment will be required for additional hardware to facilitate these operations at RVHS. • Extensive Customer Service Representative training will be required.

Analysis	• The current funding allocation to the call centre at RVHS is 6.3FTEs. • Analysis indicates a potential 40% increase in call volumes requiring additional staffing.

Anticipated Financial Impact *Indicate the order or magnitude financial impact (stated in the $100,000).* *Is this opportunity a financial*	• The Call Centre opportunity represents a range of 50K savings to a 160K cost depending on the level of service determined.

investment or savings?	

Opportunity 3: Consolidated Diet Office

Overview:

Description	• Through integration, a possible opportunity has been identified to consolidate independent site specific diet offices at one location and a common software platform. The host site for this has not been considered and may reside at any of the sites. This opportunity may standalone and is not interdependent of opportunity number four.
Anticipated	• **Collaboration**

Alignment to Guiding Principles *Shade the relevant guiding principle(s)*	• Accessibility • **Sustainability** • **Excellence**

Potential Benefits and Risks:

Potential Benefits *Identify the most significant potential benefits. Where relevant, consider the following perspectives when identifying benefits: Patient, Community, Organization, and Clinicians & Staff.*	
Patient	• A centralized shared diet office provides the ability to operate for longer hours and better accommodate changes to meals closer to the time they are delivered. The patient benefits by receiving more nutritious meals. • Patient menus will "follow the patient" regardless of site location.
Community	• Not applicable.
Organization	• Potential cost efficiencies may be realized through this initiative in the use of a more efficient staffing model. • Having shared and consolidated services affords the ability to have a "shared vision" around patient nourishment that is consistent organization wide.
Clinicians & Staff	• Nourishment options will be consistent across the organization; this common "diet language" is important for clinicians and staff moving between locations – they can expect the same standards and selection wherever they reside.

Potential Risks *Identify the key risks that must be considered (e.g. high impact and high probability). For each risk identified, provide a proposed risk mitigation strategy.*	
Risk	**Mitigation Strategy**
• Currently RVHS and TSH use three different methods for gathering diets (manual, CBORD, VISION), which in an integrated model provides potential inefficiencies and confusion. Standardizing the software platform may come with costly terminations of licensing agreements and unfamiliarity with the operation and performance of the platform selected.	• Through consultation with all relevant stakeholders select one of the two computerized methodologies currently used. • Seek restructuring funding for licensing and/or contract termination costs. • Vendor in-services and staff training will be required for those who are not familiar

	with the selected system.
• Currently both organizations have organized labour staffing their diet offices from two different unions. TSH staff is OPSEU Clerical while RVHS staff are CUPE. Changes or consolidation may present complexities around labour management during the transition. It would be ideal to have the staff working under the same bargaining unit. Having different unions may slow down implementation.	• A strategy will be developed with labour relations to work collaboratively with the employer and both unions.

Benefit Realization:

Estimated Timeline *Shade the estimated timeline (choose only one)*	• Short-term (up to 1 year) • **Medium-term (1-2 years)** • Long-term (3-5 years)

Key Metrics to Measure Benefits	• Budgeted full time equivalents assigned to the diet office function. • Universally gathered information regarding patient food quality through NRC Picker scoring.

Financial Impact:

Key Metrics to Estimate High-Level Financial Impact	• Total cost of a patient meal day. • Total labour and operating costs post integration and implementation.

Required Investments – Operating and Capital (if applicable) *Identify the key financial investments (e.g. one-time costs) required to realize the benefits.*	• A one-time capital expenditure will be required to migrate either RVHS or TSH onto the software platform that has been selected. The cost to do so will be $450-$500k if CBORD is selected as the software of choice, and $300-400K should Vision be selected. This amount also includes minor contingency ($100,000) for unforeseen equipment-related expense. • Following the selection of the site in which the shared diet office will reside, it is likely that one-time capital renovation expenditure will be required. As this location has not yet been chosen, it is not possible to appropriately identify this cost. • The costs to terminate an agreement and licensing with the vendor not selected to provide the software solution for the shared diet office. o CBORD – There is no cost to terminate the current arrangement with CBORD as the software is used based on an annual fee. The fee for

	the current year would remain at $31,000 regardless of which point in the year the contract is terminated. o Vision – Terminates naturally in January 2016 at a monthly cost of approximately $650 per month. This may be terminated early at the hospitals discretion with a 180-day notification period. The resultant penalty will be the forfeiture of the training costs and initial infrastructure outlay, totalling approximately $195,000.

Analysis	• Current labour costs for Diet Office function for all sites are $414,000. Labour cost with one Diet Office are expected to be between $174,000 - $258,000; for a savings of $156,000 should the maximum labour amount be required. • Currently we are using three different methods for gathering diets (manual, CBORD, VISION). • The following assumptions have been made: o The selected space will be able to accommodate the required additional employees (0-1.5 FTE). o If the Diet Office is completed as a stand-alone initiative (separate from meal tray assembly) the existing menus would be retained (i.e. different menus at each site). The impact of this has been estimated in the “high” end of the range provided. • If the Diet Office is completed together with meal assembly, all three sites would adopt a common menu. o If the Diet Office is completed together with meal assembly, the Diet Office should be located in the same location as meal assembly (to improve communication, efficiency, etc.) o The software selected will have the same functionality as the software being retired. For example, RVHS relies on the purchasing function of CBORD to generated purchase quantities. If the functionality does not exist with VISION, allowance will need to be made for a suitable replacement. o Estimates are based on 400 meals for RVHS, 225 meals for Birchmount, and 325 meals for Scarborough. o Labour rates are inclusive of benefits, and are based on $60k / FTE. o Numbers only include staff directly related to Diet Office. The following staff and /or functions have been excluded from this analysis, and will be retained by each site: meal delivery: dietitians, diet techs, bedside menu entry, etc. • Labour estimates assume that each site will continue with initiatives to implement spoken menu/bedside entry with electronic capture of diet selection at the patient bedside.

Anticipated Financial Impact
Indicate the order or magnitude financial impact (stated in the $100,000).
Is this opportunity a financial investment or savings?
	• Current Diet Office operational spending for all sites combined: $461k
	  ○ <u>Option 1 : Both organizations utilize CBORD software</u>
	  ▪ Proposed operational savings using CBORD: $ will range between 83k-178k
	  ▪ One time capital costs of 450-500K
	  ○ <u>Option 2 : Both organizations utilize Vision software</u>
	  ▪ Proposed operational savings using Vision will range between 150k-250k
	  ▪ One-time capital spend 300k-400k
	• The main financial benefit to consolidating Diet Office is realized if centralized food production process is implemented. If patient food production is not centralized, there is less benefit to this initiative by itself.

Opportunity 4: Centralized Meal Tray Assembly & Logistics

Overview: Single site patient meal tray production with multi-site delivery

Description	• At RVHS, all patient meals are produced at the RVC site and sent by refrigerated transport to RVA on a daily basis. RVHS uses the cold plate assembly and rethermalization process to produce an average of 400 trays per meal. • At TSH, the model of patient meal production varies between its sites. The Birchmount site employs the same model as RVHS (cold plate and retherm) while the General uses hot plating, incorporating scratch cooking techniques. The Birchmount produces 225 trays per meal, while the General produces an average of 325 trays per meal. • The Birchmount, RVC and RVAP sites all utilize the same Burlodge retherm equipment. • The feasibility of single site production with multi-site delivery was considered through two options: ***Option 1: Consolidate Birchmount food production with RVHS*** Given its current capacity and experience in supporting the RVAP location, the recommended host site for production would be RVC. RVHS has already established this model and could increase capacity to accommodate the additional 225 tray per meal for Birchmount. Since Birchmount uses the same Burlodge equipment the transition would not require significant changes to service model at either site. This would be a transition similar to that experienced by RVHS in 2004 with the RVA consolidation. ***Option 2: Consolidate the General food production with RVHS*** Expand the production at RVC and add the General site resulting in centralized food production for all four sites at RVC. This option requires extensive capital investment for both the receiving and sending sites. The General would be required to change from a hot plate production to cold plating and eliminate scratch cooking. The Birchmount site currently uses the same equipment as Rouge Valley. Therefore, a significant investment in capital equipment in Option 1 is not necessary. In option 2 – the addition of TSH Scarborough – rethermalization equipment for all 3 sites would need to be purchased or replaced. This is necessary to ensure equipment is standard across all three receiving sites and supports the use of a common food production system at RVC. *Please note: this opportunity can only be pursued if the initiative for Centralized Diet Office takes place (opportunity 3).*

Anticipated Alignment to Guiding Principles *Shade the relevant guiding principle(s)*	• **Collaboration** • Accessibility • **Sustainability** • **Excellence**

Potential Benefits and Risks:

Potential Benefits *Identify the most significant potential benefits. Where relevant, consider the following perspectives when identifying benefits: Patient, Community, Organization, Clinicians & Staff.*	
Patient	• The patient benefits from the delivery of consistent nourishment, regardless of the site they are receiving care. Similar to the consolidation of the Diet Office the menu will follow the patient should they move through the integrated organization. • Improved patient satisfaction for TSH patients
Community	• Not applicable.
Organization	• Operational efficiencies will be realized in nutrition and food services. • Through the elimination of meal production at the receiving site(s), additional space could be made available to assist in facilitating new capital redevelopment and space development for clinical use, retail programs etc. • Reduced maintenance and operation costs for those receiving sites since there would no longer be a requirement to operate a comprehensive food production operation.
Clinicians & Staff	• Standardization in meal production minimizes variation in menu choices available to patients and provides for consistency in nourishment providing clinicians to better predict what is being provided to the patient.

Potential Risks *Identify the key risks that must be considered (e.g. high impact and high probability). For each risk identified, provide a proposed risk mitigation strategy.*	
Risk	**Mitigation Strategy**
• Decreased moral and staff satisfaction at the receiving sites following the consolidation.	• A collaborative approach to labour relations leading up to this change

	is vital. • Active staff engagement to educate those staff of the benefits of the consolidation for the patient.
• Significant renovation and infrastructure upgrades to provide rethermalization capability at TSH General Campus. Asbestos and mold remediation will be required.	• Develop a robust business case to determine the feasibility and return on investment of standardizing meal production model.
• Perception of "throw-away" funds from the publically funded grant that was used to finance the hot plating system at the TSH Scarborough site.	• Determine what TSH's commitment was to the terms and conditions for accepting and using the grant.

Benefit Realization:

Estimated Timeline *Shade the estimated timeline (choose only one)*	• Short-term (up • Medium-term (1-2 years) – Option 1 • Long-term (3-5 years) – Option 2

Key Metrics to Measure Benefits	• Patient meal day cost (total departmental expenses/patient meal days). • NRC Picker patient food satisfaction results.

Financial Impact:

Key Metrics to Estimate High-Level Financial Impact	• Pre/post integration operating costs at host and receiving sites analysis.

Required Investments – Operating and Capital (if applicable) *Identify the key financial investments (e.g. one-time costs) required to realize the benefits.*	***Option 1: Addition of Birchmount*** One-time capital costs of $360,000- $600,000 ***Option 2: Addition of the General*** One-time capital costs of $3,000,000- $4,000,000

Analysis	• Based on the 2012/13 benchmarking data available to TSH and RVHS, overall food department cost per day is close to the top 25th percentile of peers. • In comparing food cost per patient day to peers of similar size to the combined TSH and RVHS, there were no opportunities to reduce the food cost per patient day at either hospital as both have a lower food cost per patient meal day than the 25th percentile of peers ($11). TSH ($5.95) and RVHS ($7.42). The lower food costs at TSH are consistent with a scratch cooking model. • The OCDM total department expenses per patient meal day are consistent with the current expenses reported by both organizations. (RVHS $29.2 compared to TSH $30.9) • An analysis of current and future states was completed to develop a high level estimate of potential opportunities. The following assumptions have been made: o The initiative to centralize Diet Office must be completed prior to, or at the same time as tray production consolidation. Diet Office costs are not included in this analysis and are instead captured in the analysis of combined Diet Office. o All three sites would be required to adopt a common, cold plated, menu. o Estimates are based on 400 meals for RVHS, 225 meals for Birchmount, and 325 meals for Scarborough. o Assumes tray service for all patients. Further analysis is required to determine actual tray requirement (i.e. locations with dining rooms). o Labour estimates are based on the addition of a second beltline being added to RVC at Option 1. o Labour estimates are based on the addition of a second beltline being added to RVC at Option 2.

	○ Meal selection times may be lengthened (time from order to receipt of meal) depending on logistics. ○ Unit producing labour rate used is $60k/FTE including benefits. ○ Labour for meal production and tray assembly include all "back of house" functions no longer required if meal production is removed (e.g., cleaning, purchasing, receiving, etc.). ○ Food cost includes meal cost, outpatient meal cost, enterals, ward stock and nourishments. ○ Does not include inflation on food cost. ○ Assumes receiving facilities at Scarborough and Birchmount are adequate and provide appropriate accessibility. ○ Assumes space, and ability to expand into vacant areas at RVHS is adequate. ○ This estimate is to provide an order of magnitude. Further, in depth, review is required to provide more accurate direction. The cost of this review is not factored into this analysis.

Anticipated Financial Impact *Indicate the order or magnitude financial impact (stated in the $100,000).* *Is this opportunity a financial investment or savings?*	• Current food production spending for all sites combined: $9,500,000 ○ Option1: Consolidate RVHS Food production with Birchmount site ▪ Proposed operational savings range of $50,000-$200,000 ○ Option 2: Consolidate RVHS Food production with Birchmount and General sites ▪ Proposed operational savings of $100,000-$500,000

Stakeholder Engagement Information

*This section should summarize the input considered from stakeholder engagement activities. Content in this section should be drawn from the Working Group's **Stakeholder Engagement Summary.** (Refer to the Guiding Framework for expectations).*

Note: This section will be completed before final submission of the Workbook. Working Groups are to use the Stakeholder Engagement Summary as a tool to document and consider stakeholder input/feedback collected during the due diligence process.

3. Recommended Integration Opportunities

3.1. Alignment to Guiding Principles

Recommendation 1: Shared Capital Planning & Capital Project Management

Description:

- The possible integration of both TSH and RVHS presents an opportunity to have a shared Capital Planning Team that will provide management of planning, design, procurement, construction and commissioning for major capital projects and project management of all capital, renovation and infrastructure projects as well as space and office planning. Two options are presented – an in-house solution and, hybrid model combining in-house resources with third-party expertise.

Alignment to Guiding Principles:

	COLLABORATION ***We believe that collaboration will lead us to better solutions.***	ACCESSIBILITY ***We believe in providing accessible patient care to our community.***	SUSTAINABILITY ***We believe that we must find new solutions to sustain our health care system.***	EXCELLENCE ***We believe that we must never waver from our responsibilities to provide quality patient care and to be accountable to our stakeholders.***
Rationale	▪ Process expertise, capital planning expertise and experience, and an integrated approach will add value, bring practicality and provide greater flexibility and cost-effectiveness for the project owner.	▪ Strategic improvements to the built environment can impact clinical outcomes, and has demonstrated a connection of the built environment with quality, patient and staff satisfaction, recruitment and retention.	▪ A skilled Capital Planning Team, either with in-house capabilities or combining in-house strengths with third-party expertise implementing leading practices in delivery of capital projects is fundamental to ensuring value for money. ▪ Demonstrate public funds are being spent efficiently and effectively in the delivery of capital planning services.	▪ Implementing leading practices and selecting an appropriate strategy for capital construction projects can yield both cost and time savings. ▪ Relying on subject matter experts while stating actively involved in the project is but one critical success factor.

Measures/ Indicators	▪ Possible savings in project timetable and budget.	▪ Physician, staff and patient satisfaction.	▪ Possibly $45 - $300K savings depending on the option.	▪ Possible savings in project timetable and budget.

Recommendation 2: Shared Unified Call Centre

Description:

- Sharing a unified Hotel Services Call Centre presents a significant opportunity to increase the effectiveness of services provided. The services themselves become more accessible through any individual user contacting a single operator that is equipped to assess and triage their requests. RVHS currently utilizes this system and is expanding its coverage to broaden services. TSH currently utilizes an automated bed tracking system and a manned Call Centre for maintenance specifically. The unification of these services is captured within this opportunity. RVHS would stand to benefit from the expertise within maintenance specifically while TSH would share in the benefits gained by the call centre itself and single point of contact for support services.

Alignment to Guiding Principles:

	COLLABORATION ***We believe that collaboration will lead us to better solutions.***	**ACCESSIBILITY** ***We believe in providing accessible patient care to our community.***	**SUSTAINABILITY** ***We believe that we must find new solutions to sustain our health care system.***	**EXCELLENCE** ***We believe that we must never waver from our responsibilities to provide quality patient care and to be accountable to our stakeholders.***
Rationale	▪ An opportunity to potentially improve end user customer satisfaction and reduce service response time exists for The Scarborough Hospital by integrating with the current RVHS Call Centre.	▪ The patient stands to benefit through this opportunity by experiencing faster more efficient transport and reduced response times to requests. ▪ The overall experience will be increased based on the overall operating efficiency and turn around and response times. ▪ A unified Call Centre is accessible in a way that a user can contact a “live” operator at any time for any request.	▪ TSH staff and clinicians will have operators to assist with service delivery available at all hours. ▪ The consistency of contacting a “live” operator to request support services provides better accessibility to these services regardless of the site the individual may reside. A unified Call Centre eliminates the need for users to have to learn different contacts for varying services currently and among sites.	▪ Improved service delivery will increase the overall appearance of the hospital and provide the community with a safer and cleaner environment for receiving care. ▪ Improved service delivery contributes to patient flow.

Measures/ Indicators	▪ Discharge Clean response times. ▪ Isolation Clean response times. ▪ Patient Transport response times. ▪ Non-Patient Transport response times. ▪ Maintenance demand request response times.	▪ Internal client satisfaction results measured through internal survey tools. ▪ NRC Picker Satisfaction scores.	▪ Discharge Clean response times. ▪ Isolation Clean response times. ▪ Patient Transport response times. ▪ Non-Patient Transport response times. ▪ Maintenance demand request response times.	▪ Internal client satisfaction results measured through internal survey tools and provincial benchmarking and surveys.

Recommendation 3: Consolidated Diet Office

Description:

- Through integration a possible opportunity has been identified to consolidate independent site specific diet offices into one location and software platform.

Alignment to Guiding Principles:

	COLLABORATION ***We believe that collaboration will lead us to better solutions.***	**ACCESSIBILITY** ***We believe in providing accessible patient care to our community.***	**SUSTAINABILITY** ***We believe that we must find new solutions to sustain our health care system.***	**EXCELLENCE** ***We believe that we must never waver from our responsibilities to provide quality patient care and to be accountable to our stakeholders.***
Rationale	▪ Having shared and consolidated services affords the ability to have a "shared vision" around patient nourishment that is consistent organization wide and fosters service efficiencies.	▪ Nourishment options will be consistent across the organization; this common "diet language" means patients can expect the same standards and selection wherever they reside in a seamless fashion.	▪ Results in overall cost savings	▪ Combined Diet Office would result in sharing of best practices and knowledge as menus at each site are reviewed and streamlined. ▪ Sharing of best practice and knowledge should have positive impact on patient satisfaction
Measures/ Indicators	▪ **N/A**	▪ NRC Picker Patient Satisfaction with overall food quality	▪ Meal cost per patient day	▪ NRC Picker Patient Satisfaction with overall food quality

Recommendation 4: Centralized Meal Tray Assembly & Logistics

Description:

- The centralization of patient tray assembly (cold plating technology) at the RVC site with logistics and infrastructure to support delivery to the receiving locations, the TSH Birchmount Campus in *Option 1*, and possibly the General Campus in *Option 2*. This initiative could be completed in 2 phases; initially, moving tray assembly for the TSH Birchmount site to Rouge Valley Centenary (RVC) since both sites use the same production technology. The second phase would involve the addition of TSH General Site tray assembly to RVC.

Alignment to Guiding Principles:

	COLLABORATION ***We believe that collaboration will lead us to better solutions.***	**ACCESSIBILITY** ***We believe in providing accessible patient care to our community.***	**SUSTAINABILITY** ***We believe that we must find new solutions to sustain our health care system.***	**EXCELLENCE** ***We believe that we must never waver from our responsibilities to provide quality patient care and to be accountable to our stakeholders.***
Rationale	▪ Delivery of consistent nourishment and standard menus and meals across sites will increase efficiencies and minimize variations.	▪ N/A	▪ Cost effective approach to food services. ▪ Eliminates duplication of services.	▪ Minimizing variation and providing standardization in meal production contributes to effectiveness, efficiency and high standards. ▪ High quality meals served at all sites.
Measures/ Indicators	▪ Meal cost per patient day.	▪ N/A	▪ Total labour and operation costs ▪ Meal cost per patient day.	▪ NRC Picker Patient Satisfaction with overall food quality

4. Workbook Sign-Off

Identify the individuals that were involved in the completion of the Workbook.

Organization - Program	Team Member:
	Signature Print Name Date
	Signature Print Name Date
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Organization - Program	Team Member:
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