



Strategic Plan 2011-14

Progress Update

2011 Quarter 2 - September 30, 2011

Reported to the Board on December 7, 2011

GOAL 1: HEALTH OF THE INDIVIDUAL

OBJECTIVE:

1.1 Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations

Key Action 1.1	Measures:	Targets:	Progress:
<p>Continue to implement strategies that empower employees to put actions to our values to meet service delivery expectations.</p>	<ul style="list-style-type: none"> ▪ % of patients who rate service as excellent or exceptional. 	<ul style="list-style-type: none"> ▪ Provincial target of 37.1% by Mar 31, 2012. 	<ul style="list-style-type: none"> ▪ Q1 (Apr-June 2011) - Sunrise 27.49 compared with 29.36 for Saskatchewan overall. ▪ Achieving Connection Through Excellence (ACE) Training is as reported through quarterly Balanced Scorecard. Of note is that we currently provide our percentage trained in the Balanced Scorecard based on total employees. As further breakdown, 336 employees have not received ACE training. Of these, 99 are active and available for training and 237 are "unavailable" for the training due to "inactive" status. This equates to 97% of active staff trained.
<p>To develop and begin implementation of a plan to adopt patient and family centered care over the next 10 years.</p>	<ul style="list-style-type: none"> ▪ % of patients reporting that nurses "always communicate well with them". ▪ % of patients reporting that doctors "always communicate well with them". 	<ul style="list-style-type: none"> ▪ Baseline established by Mar 31, 2012. ▪ Baseline established by Mar 31, 2012. 	<ul style="list-style-type: none"> ▪ Q1 (Apr-June 2011) - Results received this quarter: 64.81% of Sunrise patients reported that nurses "always communicate well" with them compared with 68.43 for Saskatchewan overall. ▪ Q1 (Apr- June 2011) - Results received this quarter: 72.52% of Sunrise patients reporting that doctors "always communicate well with them" compared with 72.72 % for Saskatchewan overall. ▪ A short-term Action Plan has been developed to support the establishment of a Regional Steering Committee and creation of a multi-year Client and Family Centred Care (CFCC) plan. ▪ Active recruitment for CFCC expressions of interest from clients/families/ staff/physicians commenced Nov 8, 2011 (once publicity restrictions related to the Provincial Election ceased). (News release, brochure/poster circulation, CTV news interview). ▪ Information sessions will be held (Dec 7 & 9, 2011) for those interested in learning more about CFCC and how they might become involved. Steering Committee to be established with the target of a 1st meeting in Jan 2012. The Steering Committee will be tasked with developing the multi-year plan by Mar 31, 2012. ▪ A provincial PFCC Forum has been established with 2 SHR reps participating. ▪ CFCC Presentation to SQURM on Sept 28, 2011. Presentation scheduled for Managers Information Session in Jan 2012.

GOAL 1: HEALTH OF THE INDIVIDUAL

Key Action 1.1	Measures:	Targets:	Progress:
To implement the plan to standardize provincial processes and maintain ongoing review and assessment of the quality of care provided by physicians in the area of radiology.	<ul style="list-style-type: none"> Pilot the new process in Sunrise Health Region. 	<ul style="list-style-type: none"> Pilot completed in 2011-12 fourth quarter. 	<ul style="list-style-type: none"> Met with the Ministry on Oct 7, 2011. Project outline reviewed and finalized. Agreement that Medical Imaging Quality Assurance program will proceed with Advisory Committee on Medical Imaging. Target to have a report on the review completed by end of Nov 2011 and consultations following this report are planned for Dec 2011. Report will then be presented to the Advisory Committee on Medical Imaging, Sunrise Health Region, and the Ministry of Health.
To collaborate with the Ministry to implement the priorities recommended by the Addictions Advisory Committee.	<ul style="list-style-type: none"> Development of a work plan based on priorities. Status of implementation of priorities. 	<ul style="list-style-type: none"> Work plan developed by June 30, 2011. 2011-12 priorities implemented by Mar 31, 2012. 	<ul style="list-style-type: none"> Sept 2011 - Have started interdisciplinary clinical reviews (rounds) on the Inpatient Unit. Working towards implementing an integrated and centralized intake system for Mental Health and Addiction Services Outpatient Services.
To begin implementing initiatives resulting from discussions from the MOU on First Nations Health and Well-Being.	<ul style="list-style-type: none"> Developmental meetings initiated. Status of implementation of partnership initiatives. 	<ul style="list-style-type: none"> Initiate discussions with First Nations communities by Nov 30, 2011. Begin partnership initiatives by Mar 31, 2012. 	<ul style="list-style-type: none"> Sept 2011 - Plans are to schedule a meeting with First Nation Communities, Yorkton Tribal Council and First Nations and Inuit Health – Health Canada in early 2012. Sunrise is participating on the provincial Representative Workforce Network, which includes a liaison from the Ministry of Health. The Network will be reviewing the Memorandum of Understanding (MOU) and potentially establishing some initiatives within its parameters. Further reporting is provided under Key Action 3.3.

OBJECTIVE:

1.2 Achieve timely access to evidence-based and quality health services and supports

Key Action 1.2	Measures:	Targets:	Progress:
Develop and implement the Saskatchewan Surgical Initiative (SkSI), a multi-year, system wide initiative to transform the patient surgical experience and reduce surgical wait times to three months in four years.	<ul style="list-style-type: none"> Implement Lean initiative focused on surgical continuum. 	<ul style="list-style-type: none"> Full implementation of future state surgical value stream by Oct 2011. 	<ul style="list-style-type: none"> Estimation is that the implementation plan is 80% complete. Team did initial planning for review and improvement of Preadmission clinic process and layout. The Building Services and IT plan that was developed out of a couple of line items from the implementation plan is approximately 90% complete.

GOAL 1: HEALTH OF THE INDIVIDUAL

Key Action 1.2	Measures:	Targets:	Progress:
	<ul style="list-style-type: none"> ▪ Surgical volumes compared to target. ▪ # and % of patients waiting 12+ months for surgery. ▪ % of cancer surgeries performed within 3 weeks. ▪ CT scan - # and % of exams and elective patients services within 90 days compared to targets. ▪ # of patients classified as awaiting long-term care placement in an acute care bed. 	<ul style="list-style-type: none"> ▪ 100% of 3,985 expected surgical cases completed. ▪ 0% of patients wait 12+ months for surgery by Mar 31, 2012. ▪ 95% of cancer surgeries performed within 3 weeks. ▪ 100% of expected 3,750 patient exams for CT. ▪ # of patients classified as awaiting long-term care placement in an acute care bed is less than 3.5% of total # of acute care beds by Mar 31, 2012. 	<ul style="list-style-type: none"> • 16% of our annual surgical volumes were completed in the second quarter. • YTD would be 36% expected surgical cases completed, by the end of Q2, we would expect about 48.4% of surgeries to be performed (based on historical data). We are short 491 cases from the target. • 99% of priority Level IV (12 months) patient had surgery completed within this timeframe. • 87% of invasive cancer surgeries were completed within 3 weeks. YTD would be 91.4% cancer surgeries performed within 3 weeks. • As reported on Balanced Scorecard. • As reported on Balanced Scorecard.
<p>Develop a Rural Health Strategy based on provincial framework.</p>	<ul style="list-style-type: none"> ▪ Status of plan development. 	<ul style="list-style-type: none"> ▪ Board approved plan by Feb 29, 2012. 	<ul style="list-style-type: none"> • Sept 2011 - The Provincial Framework has been received from the Ministry and will be presented to the Board at the Jan 2012 Board Meeting. The Primary Health Care Redesign Plan has been submitted to the Ministry that outlines a SWOC (Strengths, Weaknesses, Opportunities and Challenges) analysis and potential prototypes for the region. The Rural Health Strategy will expand upon the Primary Health Care Redesign Plan. • The Regional Telehealth Committee is currently preparing an implementation strategy/plan for further site roll-out in the region. Discussion will be underway with the Kamsack and Esterhazy managers as these sites now have the appropriate wiring to support installation of Telehealth equipment.

GOAL 1: HEALTH OF THE INDIVIDUAL

Key Action 1.2	Measures:	Targets:	Progress:
Develop and submit a plan to ensure targeted funds are allocated to home care and rehabilitation therapies; and implement additional home care and rehabilitation therapies to support the surgical experience.	<ul style="list-style-type: none"> Status of plan development. Status of program implementation. 	<ul style="list-style-type: none"> Plan developed by June 30, 2011. Programs implemented by Oct 1, 2011. 	<ul style="list-style-type: none"> Sept 2011 - Home Care is presently working with Ministry consultants on their progress regarding utilization of this year's surgical funding & projecting funding needs to support the surgical initiative in 2012/13. Home Care hopes to get approval of their plan by the end of Dec 2011.

OBJECTIVE:

1.3 Continuously improve health care safety in partnership with patients and families.

Key Action 1.3	Measures:	Targets:	Progress:
To develop and implement a Board approved plan for ensuring the region is in compliance with Accreditation standards for infection control.	<ul style="list-style-type: none"> Compliance with Accreditation Canada required organizational practices for infection control, including hand washing and equipment sterilization. 	<ul style="list-style-type: none"> 100% compliance by Mar 31, 2011. 	<ul style="list-style-type: none"> Update Nov 19, 2011 - St. Anthony's, Norquay, Canora, Langenburg, Preeceville and Invermay Sterile Processing Department have been centralized to Yorkton and Melville. Kamsack will be converted by Dec 15, 2011, thereby completing the conversion.
Track and analyze all critical incidents in region.	<ul style="list-style-type: none"> Critical incident review completed. 	<ul style="list-style-type: none"> Mid-year and end of year report to the Board. 	<ul style="list-style-type: none"> A summary of client safety incidents, including critical incidents for the first 6 months of the 2011/12 year will be presented to the Board at the Dec 2011 meeting. We had 2 Critical Incidents in second quarter. Both have had team reviews and recommendations sent to Ministry.
Implement a formal Medication Reconciliation program in compliance with Accreditation Canada and consistent with Canada's <i>Safer Healthcare Now! (SHN!)</i> campaign to prevent medication errors at patient transition points.	<ul style="list-style-type: none"> Implementation of plan. 	<ul style="list-style-type: none"> 100% compliance with Medication Reconciliation Required Organization Practice by 2012. 	<ul style="list-style-type: none"> Med rec has been formally implemented in 6/6 acute care sites. Continue to have one acute care site, St Peter's Hospital in Melville perform med rec at admission and discharge. LTC Med rec implementation has been completed in all units within the YDNH, pilot site, as well as the Foam Lake Jubilee Home and Lakeside Manor Care Home. Med rec is presently in the early implementation phase to Theodore Health Centre & the Langenburg Health Care Complex in accordance with the spread plan. Med rec has also been initiated in Melville at St. Paul's Lutheran Home and a review of the process is scheduled for Dec 2011.

GOAL 1: HEALTH OF THE INDIVIDUAL

Key Action 1.3	Measures:	Targets:	Progress:
			<ul style="list-style-type: none"> All acute care units and LTC sites with med rec formally implemented are routinely performing monthly chart audits on a sample of admissions to evaluate the quality of the documentation. Results being shared with staff to evaluate the med rec process and discuss interventions for improvements. Pilot site for Home Care, Melville, have implemented med rec process and will test the spread of the process with Ituna Home Care. Med Rec spread plan currently being updated.
Implement a 3-part Surgical Safety Checklist.	<ul style="list-style-type: none"> Perform an audit to establish baseline. % implementation of a 3-part Surgical Safety Checklist. 	<ul style="list-style-type: none"> Audit performed and submitted by Aug 2, 2011. 95% implementation by Mar 31, 2012. 	<ul style="list-style-type: none"> Given Ministry refinements to audit tool... i.e. to ensure ALL members of the surgery team are present in all 3 phases of the checklist our audit process and form needed to be revised. Both acute care sites will be ready to implement the revised version of the checklist in Nov 2011. (The revisions will assist in our providing the Sunrise team and the Ministry with the needed audit results). Many members of the Sunrise team have been involved in education/discussion around importance of use of checklist and strategies to assist care providers in ensuring its use over the last few weeks. Anecdotal feedback suggests increased compliance by all team members and surgical team anxious to see audit results for Nov 2011.
Implement all components of the Surgical Site Infections (SSI) Bundle from <i>SHN!</i>	<ul style="list-style-type: none"> % implementation of all components of the SSI Bundle from <i>SHN!</i> 	<ul style="list-style-type: none"> 95% implementation of all components by Mar 31, 2012. 	<ul style="list-style-type: none"> Challenges with timely completion of audits but strategies continue to be worked on (i.e. reducing health records coding backlog, initiation of audit form at time of admission and creation of a tracking form for colorectal surgeries on the unit that allows easy cross-reference to chart at time of discharge). Positive results in ensuring prophylactic antibiotics within 60 minutes of incision time. Maintaining Normal Body Temperature and Normal Glucose levels during a surgical procedure are areas that we continue to have challenges with. We have done some changes to the collection of this data and hope to start seeing results from those changes soon.

GOAL 2: HEALTH OF THE POPULATION

OBJECTIVE:

2.1 Improve population health through health promotion, protection and disease prevention

Key Action 2.1	Measures:	Targets:	Progress:
<p>To improve immunization rates for the community, long-term care and health workforce.</p>	<ul style="list-style-type: none"> ▪ % of children with up-to-date immunization: <ul style="list-style-type: none"> - 2 year olds - Grade 6 – HPV ▪ % of long-term care residents who receive flu vaccine. ▪ % of health workforce who receive flu vaccine. 	<ul style="list-style-type: none"> ▪ 82% of 2 year old up-to-date on immunization. ▪ 63% of Grade 6 females HPV immunized. ▪ 65% of long-term care residents receive flu vaccine. ▪ 60% of health workforce receives flu vaccine. 	<ul style="list-style-type: none"> • Sept 2011 - Letters have recently been sent out to parents of pre-school children who are delayed in their immunization. Public Health Nurses telephone each parent who did not check off the consent for HPV and provide information and discussion on the vaccine, to encourage them to give permission to have their child obtain the HPV vaccine. • As reported annually through Balanced Scorecard. • As of Nov 19, 2011, the staff immunization rate was 40.6%. This is not an improvement over last year despite the intensive efforts of a best-practice campaign and being able to utilize the Ottawa Decision Tool. • The campaign was very intensive this year and based on “I’m protecting my family” with promotional efforts that included TV and radio ads, a series of posters, social media options and emails to business and other community contacts/partners.
<p>To develop and implement a regional Tobacco Reduction Strategy based on provincial framework.</p>	<ul style="list-style-type: none"> ▪ Status of development of action plan. 	<ul style="list-style-type: none"> ▪ Action plan developed by Sept 30, 2011. 	<ul style="list-style-type: none"> • Sept 2011 - The Tobacco Reduction Plan was presented at the Oct 2011 Board meeting by Dr. Nsungu and Jim Wallace. The plan will be reviewed further at the next Board meeting.
<p>To develop and implement a colorectal screening program.</p>	<ul style="list-style-type: none"> ▪ Status of program implementation. 	<ul style="list-style-type: none"> ▪ Implement program by 2012-13. 	<ul style="list-style-type: none"> • This program is currently being piloted in the province and will be rolled out by Saskatchewan Cancer Agency in partnership with Sunrise by target date.
<p>Reduce the number of falls and injuries from falls for residents in LTC by implementing the <i>Safer Healthcare Now!</i> Falls Prevention Bundle.</p>	<ul style="list-style-type: none"> ▪ Status of implementing <i>SHN!</i> Falls Prevention Bundle. 	<ul style="list-style-type: none"> ▪ 100% implementation of Falls Prevention Bundle in all LTC sites by Mar 31, 2012. 	<ul style="list-style-type: none"> • Q 2 falls data for Sunrise LTC indicates a resident fall rate of 16% compared with 27% provincially. • RHA’s and the Ministry are looking at strategies to better measure the falls prevention improvement initiative. • Pilot site continues testing a more systematic approach to falls prevention by implementation of SHN Falls prevention bundle.

GOAL 2: HEALTH OF THE POPULATION

Key Action 2.1	Measures:	Targets:	Progress:
			<ul style="list-style-type: none"> • Regional reps will participate in the falls prevention collaborative learning session in Saskatoon. At this session they will share and adapt ideas for improvement in falls prevention, identify strategies for overcoming barriers and continue to build their capacity for improvement work. • Spread plan for falls prevention being developed.

OBJECTIVE:

2.2 Collaborate with communities, other ministries and different levels of government to close the gap in health disparities

Key Action 2.2	Measures:	Target:	Progress:
Implement key components of provincial HIV Strategy.	<ul style="list-style-type: none"> ▪ Outreach position established. ▪ Participation in provincial initiatives. 	<ul style="list-style-type: none"> ▪ Establish Outreach position by Aug 2011. 	<ul style="list-style-type: none"> • Sept 2011 - In partnership with Aids Saskatoon, a social worker is now available to provide social support/outreach services in conjunction with the HIV Coordinator to clients with HIV/Aids and/or with Hepatitis C in our region.

GOAL 3: PROVIDERS

OBJECTIVE:

3.1 Work together to build a workplace that supports the adoption of both patient- and family-centered care and collaborative practices.

Key Action 3.1	Measures:	Targets:	Progress:
Increase worklife culture.	<ul style="list-style-type: none"> ▪ Worklife Pulse Survey Tool redeployment by Dec 2011. 	<ul style="list-style-type: none"> ▪ Increase worklife satisfaction from baseline by 20% by Dec 2011. 	<ul style="list-style-type: none"> • Drilldown reports have been received on the Employee Engagement Survey and presentation made to the Board. Presentation to be made to all managers on Dec 15, 2011. Additional presentations to be made to unions and staff in Jan/Feb 2012. Worklife Pulse Survey tool will be redeployed in Dec 2011.

OBJECTIVE:

3.2 Work together to create safe, supportive and quality workplaces.

Key Action 3.2	Measures:	Target:	Progress:
Improve scheduling process, attendance support and workplace safety to reduce wage driven premium and injury costs.	<ul style="list-style-type: none"> ▪ # of sick time hours per FTE. 	<ul style="list-style-type: none"> ▪ 82.44 sick time hours per FTE (6.9 % reduction). 	<ul style="list-style-type: none"> • As reported through quarterly Balanced Scorecard and as comprehensively reported through distribution of the quarterly overview and statistical reports. • For Quarter 2 of this fiscal year, the Health Region experienced 20.16 paid sick hours per total paid FTE. <ul style="list-style-type: none"> ○ This is an improvement over Quarter 1 of 2011/2012 (24.86 paid sick hours per total paid FTE), and in fact, is the LOWEST combined SICK TIME in over 14 quarters. With the combined 2 quarters, it still puts the region at risk of exceeding the Provincial Target of reducing the paid sick time to 82.44 per total paid FTE. However, if we can continue to trend downward at the rate we have seen, the region will achieve our target. ○ CUPE continues to be the employee group with the highest utilization although we saw a 21.6% reduction between quarter 1 and 2. ○ SUN experienced a further reduction of 13.7%. ○ HSAS experienced a reduction of 11.9% but is the highest percentage over the provincial average. ○ Out-Of-Scope experienced a small increase of .98 hours but with a small contingent of staff, one longer term illness has the ability to affect the statistics. • The region continues with aggressive strategies for the reduction of sick time. The region implemented a new sick call-in procedure which appears to be

GOAL 3: PROVIDERS

Key Action 3.2	Measures:	Target:	Progress:
			<p>having a positive impact.</p> <ul style="list-style-type: none"> • As reported through quarterly Balanced Scorecard and as comprehensively reported through the quarterly statistical and overview distribution. • For Quarter 2 of this fiscal year, the region experienced 15.76 wage drive premium hours per FTE. <ul style="list-style-type: none"> ○ This is an improvement from the previous quarter of .04 hours per FTE but continues to be over the provincial average. However, while Sunrise experienced a small reduction, the province experienced an increase of 10.3%. ○ SUN continues to be the employee group with the highest utilization; however, we also experienced a further reduction in this classification by 3.8%. ○ CUPE experienced the second highest utilization but saw a decrease of 8%. ○ HSAS experienced a decrease of 2.4%. ○ Out-Of-Scope experienced a very small increase; however, we continue to be under the provincial average by 73%. • The utilization of wage driven premiums for our SUN staff continues to be attributable to a lack of available relief staff and the internal churn/movement of staff between facilities/positions. • Due to summer vacation and lack of relief staff, we anticipated that we would not realize a reduction in Quarter 2 statistics; however, service reductions in some areas meant that replacement staff was not required. • Based on the Quarter 1 and Quarter 2 experience, we do not anticipate meeting the targets for this fiscal year; however, we do anticipate being able to achieve better performance than the 2010-2011 fiscal year. • The region is aggressively pursuing strategies to reduce wage driven premiums, with the largest being the recruitment of replacement nursing staff. We are also working with managers to determine the reasons for wage driven premiums, other than vacations, etc., and are researching reasons why and determining if practices can be changed to alleviate the wage driven premiums. • As reported through quarterly Balanced Scorecard and as reported comprehensively through the quarterly statistical and overview. • The number of lost time WCB Claims per 100 FTE's increased in Quarter 2 to 2.08 from Quarter 1 of 1.76. The Quarter 1 and 2 averaged rate remains below the region's 2010/2011 average, but by ever so slight.

GOAL 3: PROVIDERS

Key Action 3.2	Measures:	Target:	Progress:
	<ul style="list-style-type: none"> ▪ # of wage-driven premium hours per FTE. ▪ # of lost-time WCB days per 100 FTEs. 	<ul style="list-style-type: none"> ▪ 43.48 wage-driven premium hours per FTE (28.3 % reduction). ▪ 525.28 of lost-time WCB days per 100 FTEs (16.8 % reduction). 	<ul style="list-style-type: none"> • Unfortunately, the duration/length of our WCB claims continue to higher than the provincial average and the region; however, we did see a decrease from Quarter 1 to 2. • Based on Quarter 1 and 2, we are projecting a reduction in WCB claims over last year. • Based on Quarter 1 and 2, we are projecting a reduction in WCB accumulative compensation days over last year. • The largest number of claims continues to be within the CUPE affiliation and in our Home Health Aide/Special Care Aide classification.

OBJECTIVE:

3.3 Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers

Key Action 3.3	Measures:	Target:	Progress:
<p>Continue to establish and maintain partnerships with First Nations and Métis communities and organizations to effectively attract, recruit, retain and promote First Nation and Métis employment and participation in Sunrise Health Region.</p>	<ul style="list-style-type: none"> ▪ Progress status of implementing Board approved Representative Workforce Plan. 	<ul style="list-style-type: none"> ▪ Meet the Board approved targets set for 2011-12 by Mar 31, 2012. 	<ul style="list-style-type: none"> • The broad action plan is in the progress of being refreshed to reflect an updated version for 2011-12. • Representative Workforce Brochure developed and ready for distribution. • Two (2) employees have volunteered for the photo journal project. • Aboriginal focused bursaries are pending approval. • Aboriginal employment rates as at Sept 30, 2011 are 4.3% (56/1293) data is as per SAHO website; Sunrise Self ID report was not accessible for this period. • As at Sept 30, 2011 - Apr to Sept percentage of Aboriginal Completed Applications received is 12.09% (26/215). • Work Placement partnerships are also occurring with another local diversity organization; Partners in Employment. Apr to Sept 30, 7 placements were coordinated.

GOAL 3: PROVIDERS

Key Action 3.3	Measures:	Target:	Progress:
			<ul style="list-style-type: none"> • As of Sept 30, 2011 - Apr to Sept coordinated 83 placements - 9 Aboriginals; 10.8% Aboriginal participation rate. • As of Sept 30, 2011, 178 year-to-date participants, 11 sessions. There are approximately 400 employees remaining to attend the training. • Policy updates are being completed to address the discontinuation of the Ministry's Aboriginal Employment Development Program. A revised Provincial Representative Workforce Coordinator Network Committee has been established with liaison from the Ministry. The committee is a subcommittee of the provincial Joint Workforce Planning Committee. • Sunrise Health Region participated in the local Aboriginal Day event in June. • Sunrise Health Region participates on the local Labour Force Strategy Committee. Currently exploring to create a recruitment KIOSK with a focus on recruitment of youth. • Participated in a federally funded Aboriginal Statistical Training Program. This event provided training on how to access data on population, education and demographic details, as well as resources for updating Aboriginal Awareness Training data. Provided an opportunity to support a local event and network with Yorkton Tribal Council, Saskatchewan Indian Training Assessment Group, The Key First Nation and U of S Aboriginal Nursing Advisor.

GOAL 4: SUSTAINABILITY

OBJECTIVE:

4.1 Achieve best value for money while improving the patient experience and population health.

Key Action 4.1	Measures:	Target:	Progress:
Implement shared services and procurement initiatives.	<ul style="list-style-type: none"> ▪ Financial savings achieved. 	<ul style="list-style-type: none"> ▪ Shared Services and procurement savings of \$227,000. 	<ul style="list-style-type: none"> • Savings for 2011-12 as of Oct 1, 2011 from Shared Services is \$200,674.00. • The provincial contract for Employment and Family Assistance Services (EFAP) was implemented in the province on Oct 1, 2011 for all regions and the Saskatchewan Cancer Agency. Due to our contract termination requirements, the service was implemented Nov 1, 2011 in Sunrise. In compliance with the Collective Bargaining Agreements, we will be establishing a Regional EFAP Committee with representation from the employer and each union. • It is anticipated that a provincial proposal for Ethics services and training will be presented to the Council of CEO's in Jan 2012. This will not replace the regional services we have, but will offer enhanced access to resources. Suzette Szumutku has been representing Sunrise Health Region on the provincial sub-committee. • Additional work is underway, with regional representation on the Human Resource Management Services (HRMS) workflow project, as well as reviewing other Human Resource issues as they would relate to future shared services projects.
Reduce the total compensation paid during premium hours.	<ul style="list-style-type: none"> ▪ Financial savings achieved. 	<ul style="list-style-type: none"> ▪ Attendance Management savings of \$775,000. 	<ul style="list-style-type: none"> • Quarter 2 statistics continue to offer the region financial savings versus increased or status-quo expenditure. • July 2011 did see increased premiums; however, this was lower than the current fiscal high that was experienced in Apr 2011. Decreases continue in Aug, Sept and Oct. • As of Nov 1, 2011, 77 contracts have been converted to HealthPRO, (this does not include pharmacy). We currently have 3 contracts in place under the "Trade West", these include Oncology with Alberta and Manitoba, Endo Mechanical and sutures with Alberta and B.C. and Parateniel Dialysis with Alberta, B.C., and Manitoba.
Implement group purchasing in collaboration with Alberta and British Columbia as identified in the New West Partnership.	<ul style="list-style-type: none"> ▪ % of purchases made jointly with AB and BC. 	<ul style="list-style-type: none"> ▪ 20% of purchases are made jointly with AB and BC. 	<ul style="list-style-type: none"> • 38 contracts have been converted to HealthPRO and 4 are in progress as of June 30, 2011.

GOAL 4: SUSTAINABILITY

Key Action 4.1	Measures:	Target:	Progress:
			<ul style="list-style-type: none"> • Operational Support Services continues to work collaboratively with the provincial shared services office and our internal materials management for product contracts. We currently have 3 expired contracts for environmental products and laundry chemicals that are being worked on. • Operational Support Services completed a review of the HealthPRO food contract. A Summary of our findings includes: <ul style="list-style-type: none"> ▪ The majority of the goods we procure are housed in the HealthPRO contract. ▪ Fresh fruits and vegetables, raw meat products and some basic grocery/ baking items are not available. ▪ Some concerns are to obtain smaller quantities. ▪ Some of our contracts include equipment, i.e. chemical contract, coffee contract, Pepsi contract. This needs to be considered in relation to the HealthPRO contract as the capital value of the equipment provided is significant. <p>Next Steps include:</p> <ul style="list-style-type: none"> • Review the following three options: <ul style="list-style-type: none"> ▪ Option 1: Implement HealthPRO ▪ Option 2: Request for Proposal ▪ Option 3: Implement Group Purchasing • We await further provincial direction. • Our contract with Complete Purchasing Services expires Dec 31, 2011.

OBJECTIVE:

GOAL 4: SUSTAINABILITY

4.2 Improve transparency and accountability through measurement and reporting.

Key Action 4.2	Measures:	Target:	Progress:
Publicly report on region performance.	<ul style="list-style-type: none"> ▪ Balanced Scorecard on website. ▪ Update website. 	<ul style="list-style-type: none"> ▪ Oct 1, 2011. ▪ Dec 31, 2011. 	<ul style="list-style-type: none"> • Balance scorecard and Strategic Planning Progress Report are on the Sunrise website and are regularly updated.

OBJECTIVE:

4.3 Strategically invest in facilities, equipment and information infrastructure to effectively support operations.

Key Action 4.3	Measures:	Target:	Progress:
Deploy regional Master Capital Plan.	<ul style="list-style-type: none"> ▪ Status of top 3 priorities. 	<ul style="list-style-type: none"> ▪ Progress on top 3 capital priorities. 	<ul style="list-style-type: none"> • First draft of the Conceptual plan being presented to Project Steering committee on Dec 5, 2011. • Final presentation to Project Steering committee by Jan 20, 2012 with presentation to Board on Jan 25, 2012.

GOAL 5: SUPPORTIVE PROCESSES

OBJECTIVE:

5.1 Strategically Benchmark and model world-class high-performing health systems.

Key Action 5.1	Measures:	Target:	Progress:
Cellular care site visits.	<ul style="list-style-type: none"> Visits completed. 	<ul style="list-style-type: none"> Complete visits by June 30, 2012. 	<ul style="list-style-type: none"> Representatives from the steering committee attended Health Care Design Conference in Nov 2011 to learn more about evidence based design and had visits to state of the art facilities including cellular care.

5.2 Achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies.

Key Action 5.2	Measures:	Target:	Progress:
Develop a regional multi-year Lean strategy focused on patient journey to spread Lean across the care continuum.	<ul style="list-style-type: none"> Status of plan development. Status of plan implementation. 	<ul style="list-style-type: none"> Plan developed by Mar 31, 2012. Progress on initiatives meeting targets. 	<ul style="list-style-type: none"> Deferred as per direction from Ministry/CEO. Tray line at the Yorkton Regional Health Centre engaged in value stream mapping in June 2011. Improvements are underway based on the results of the future state mapping. New “proofer” (warming cabinet) required to realize reorganization of production area. Equipment has been sourced and funded secured from the YRHC Minor Capital Budget; wiring upgrade completed to expedite installation when unit arrives. 5s’ing continues with vegetable freezer and chemicals completed. Linen delivery schedule revised based on demand – this will be evaluated for effectiveness. We are currently implementing a process whereby managers and directors can electronically access all outstanding postings which will assist with the hiring process. It is anticipated that we can add additional functionality that will automate required dialogue/communication between Managers and Employment Coordination.
Increase Releasing Time to Care to medical and surgical wards in regional site.	<ul style="list-style-type: none"> # of wards participating in RTC. 	<ul style="list-style-type: none"> Medicine and Surgery to be participating in RTC by Dec 31, 2011. 	<ul style="list-style-type: none"> Medicine Units are in progress with bulk of work completed on 3 foundational modules and initial progress on 2 process modules on one unit. Health Quality Council videotape pyramid visit and ward review meeting at YRHC for development of provincial educational videos. Medicine/pediatrics and Surgery participated in module implementation training and began work on the Knowing How We’re Doing module.

GOAL 5: SUPPORTIVE PROCESSES

Key Action 5.2	Measures:	Target:	Progress:
Increase Releasing Time to Care to Mental Health.	<ul style="list-style-type: none"> Mental Health participating in RTC. 	<ul style="list-style-type: none"> Mental Health participation in RTC by Mar 2012. 	<ul style="list-style-type: none"> Mental Health scheduled to participate in cycle 5 of provincial rollout of RTC. Sept 2011 – The Mental Health Inpatient Unit is ready to participate in Releasing Time to Care starting Mar 2012.
Implement Lean for discharge planning.	<ul style="list-style-type: none"> Participate in a working group to develop 10 Kaizen events for discharge planning. 	<ul style="list-style-type: none"> Prioritized work plan in place and completion of 2 Kaizen's by Mar 2012. 	<ul style="list-style-type: none"> Draft discharge planning tool is being trialed on one medicine unit.

5.3 Leverage technology to achieve improvements in patient care and system performance.

Key Action 5.3	Measures:	Target:	Progress:
Continue to expand Surgical Information System.	<ul style="list-style-type: none"> Implement SIS (including bookings and waitlist management, charting, patient tracking, surgical supply management and interfaces to SSCN and regional Admission and Discharge systems). 	<ul style="list-style-type: none"> TBD 	<ul style="list-style-type: none"> Sunrise to start SIS process Apr 1, 2012 with Go-live June 2013.