Presentation Overview

• Background
• Magnitude of Change
• Operational Readiness Risk
• Operational Readiness & Transition Planning Framework (ORTPF)
• Governance Model
• Project Management Office (PMO)
• Tools and Templates
Background
HHS Capital Projects

• Georgetown Hospital

• Milton District Hospital

• Oakville-Trafalgar Memorial Hospital
New Oakville Hospital

• 15\textsuperscript{th} largest Canadian infrastructure Project
• One of largest in Ontario
• $2.7$ billion nominal DBFM
• Hospital Infrastructure Partners
• State-of-the art facility
• 50-acre site
• December 2015 opening
• McMaster Clinical Education Center
New Oakville Hospital
Our Partners

HIP
Hospital Infrastructure Partners Inc

EllisDon
We build on great relationships™

Carillion

Fengate Capital Management Ltd.

Scotia Capital
Development Team

Hospital Infrastructure Partners Inc

EllisDon
We build on great relationships™

Carillion

Fengate Capital Management Ltd.

PARKIN ARCHITECTS LIMITED

Stephenson Engineering Ltd.
Consulting Structural Engineers

Grossey Engineering Ltd.

Mulvey & Banani 50 years

Honeywell

Adamson Associates Architects
A Partnership of Cooperatives

Read Jones Christoffersen Consulting Engineers

RJA

JRA

City of Hamilton 2014

Halton Healthcare
Magnitude of Change
Impact at-a-Glance

Service Impact
- 52 Departments/Programs
- 17,000 Admissions
- 56,000 Emergency visits
- 190,000 Ambulatory visits
- 23,000 Surgeries
- 2,300 Births

Human Resource Impact
- 1,489 Full Time Equivalents (FTEs)
- 1,968 Headcount
- 455 Physicians
- 770 Volunteers
Change Challenge Snapshot

- 310 Beds
- 475,000 sq. ft.
- 20% single patient rooms
- Centralized Food/Nursing Stations/Registration

- 607 Bed Capacity
- 1.6 million sq. ft.
- 80% single patient rooms
- Decentralized Food/Nursing/Registration
Change Challenge Snapshot

- Separate Ambulatory Care Clinics
- Combined Ambulatory Care Clinics
- 38 Emergency Stretchers
- 66 stretchers/ Clinical Decision Unit/Rapid Assessment and Treatment Zone
- 10 Child and Adolescent Beds
- 16 Beds and Intensive Care Unit
- Traditional Medication Management
- Automated Dispensing Units, Unit Dose, Robotics
Clinical Service Change
Challenge Snapshot

Traditional Nurse Call System
- Integrated bed alarms, mobile phone integration & telemetry monitoring

New Services
- Cancer Clinic, Radiation Clinic
- Ambulatory Procedures Unit, Child & Adolescent Day Program

1489 FTEs (FT/RPT)/1968 Headcount
- 2400 FTEs (FT/RPT)/2900 Headcount

770 Volunteers
- 1140 Volunteers

455 Physicians
- 475 Physicians
NOH Equipment & Technology Snapshot

• 3 MRIs & 2 CTs
• Decentralized Telemetry
• Fetal Monitoring System
• Pneumatic Tube
• Identity/Access Management/Wayfinding
• Decentralized registration kiosks
• Medication Management System
• Nurse call system/Patient Entertainment
• Patient flow systems (Bed/ED/OR)
CAUTION
Failure Risks

Clinical
- Unsafe workflows
- Inadequate infection control processes
- Lack of human resources
- Unfamiliarity with equipment
- Unsafe response to emergencies
- Impact on clinical outcomes

Financial
- Increase financial demand
- Deficit operations/system costs
- Impact on Local Share

Reputational
- Decreased access
- Loss of confidence HHS/MOHLTC/LHIN
- Donor commitment
Operational Readiness & Transition Planning Framework (ORTPF)
ORTPF Foundation

Change Management

Project Flow Map

Project Management Principles
ORTPF Foundation

Shared Understanding

Speed

Critical Mass

Start

Opening Day View

Budget

PMO

Implement

Evaluate

Close

Project Charter

Initiating

Planning

Executing

Monitoring

Closing

ORTPF Foundation

Budget

Close

Start

PMO

Implement

Evaluate

Close

Project Charter

Initiating

Planning

Executing

Monitoring

Closing
Planning/Executing
ORTPF Attributes

• Based on **change management** model
• Integrates **project management** discipline
• **Scalable** to project size
• **Modular** components
• **Adaptable** to project complexity
• **Risk mitigation**
• **Comprehensive**
• **Innovative**
Operational Readiness
Governance
Project Management Office
Operational Readiness Organization

**Executive VP**
- Executive oversight and sponsorship

**Operational Readiness Steering Committee**
- Set strategic direction
- Prioritize activities
- Issue escalation and resolution

**Ops Readiness Project Council**
- Discussion forum
- Issue discussion and recommendations
- Progress monitoring

**Core Teams/ Planning Groups**
- Develop & execute work plans
- Risk and issue identification

**Working Groups**
- SME input and recommendations
- Issue and challenges identification

Halton Healthcare
Roles & Responsibilities

- Reports to EVP
- Focus: Operational Readiness

<table>
<thead>
<tr>
<th>Who</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMO</td>
<td>General PMO</td>
</tr>
</tbody>
</table>
| Jackie Charko, Mark Salt, Selma Phillips, Alice Geertsen | • Development of tools and templates  
• Develop tracking and monitoring process  
• General support and education on PM methodology and best practices |
## Roles & Responsibilities

<table>
<thead>
<tr>
<th>Who</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMO</td>
<td>Facilitate safe and effective transition environment by assisting areas to progress through the Framework</td>
</tr>
<tr>
<td></td>
<td>• Planning Group management (e.g. Core Clinical Workflow, Orientation, Transportation, etc)</td>
</tr>
<tr>
<td></td>
<td>• Project Council and project process design</td>
</tr>
<tr>
<td></td>
<td>• Identification and management of risks and issues</td>
</tr>
<tr>
<td></td>
<td>• Tracking and Monitoring</td>
</tr>
<tr>
<td></td>
<td>• Identification of interdependencies</td>
</tr>
<tr>
<td></td>
<td>• Support to Functional Program/Dept Leads</td>
</tr>
<tr>
<td></td>
<td>• Some Required to Open tasks/initiatives</td>
</tr>
<tr>
<td></td>
<td>• SMC direction(s)</td>
</tr>
</tbody>
</table>
**ORTPF Tools & Templates**

- **Initiating**
  - Enterprise-wide Charter
  - Opening Day Views
  - Gap Analysis
  - Change Heat Map

- **Planning**
  - Functional Program
  - Charter
  - Work Plans
  - Risk Registry
  - Budget
  - Change Management
  - Toolkit
  - Workforce Planning

- **Executing**
  - Project Council
  - Planning Groups
  - SharePoint Information
  - Needs List
  - Master Schedule

- **Monitoring**
  - Functional Program Status
  - Reports
  - Executive Summary Status
  - Report
  - Budget/Resource Tracking

- **Closing**
  - Lessons Learned Evaluations
  - Indicators/Metrics
  - POE Report
  - Presentations & Journals
Framework Tools & Templates

- Enterprise-wide Charter
- Opening day view
- Program gap analysis
- Change Heat Map
# Change Heat Map Legend

<table>
<thead>
<tr>
<th>Impact/Volume of Change (what does it affect)</th>
<th>Severity of Change/Complexity (how does it affect)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High (affects enterprise-wide)</td>
<td>Low (minimal changes/complexity)</td>
</tr>
<tr>
<td></td>
<td>Medium (some changes/complexity)</td>
</tr>
<tr>
<td></td>
<td>High (major changes/complexity)</td>
</tr>
<tr>
<td>Medium (affects multiple departments)</td>
<td>Low (minimal changes/complexity)</td>
</tr>
<tr>
<td></td>
<td>Medium (some changes/complexity)</td>
</tr>
<tr>
<td></td>
<td>High (major changes/complexity)</td>
</tr>
<tr>
<td>Low (within a specific area or department)</td>
<td>Low (minimal changes/complexity)</td>
</tr>
<tr>
<td></td>
<td>Medium (some changes/complexity)</td>
</tr>
<tr>
<td></td>
<td>High (major changes/complexity)</td>
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</tbody>
</table>
## Change Heat Map – Program Example

<table>
<thead>
<tr>
<th>Program</th>
<th>Financial Impacts</th>
<th>People</th>
<th>Process</th>
<th>Technology &amp; Equipment</th>
<th>Facility</th>
<th>Operational Communications</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Child Program (incl Inpatient Paediatrics)</td>
<td>2</td>
<td>2</td>
<td>6</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>6</td>
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<tr>
<td>Scope of Service consistent with current</td>
<td></td>
<td></td>
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<tr>
<td>New Model of Care/Service</td>
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<tr>
<td>Potential increase in volumes due to new building, however population growth in MDH greater than in Oakville</td>
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<tr>
<td>New LBRP, Midwifery, Paed short stay in ED, Physician on call planning</td>
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<tr>
<td>Change in job descriptions due to LDR model</td>
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<tr>
<td>Retrain all staff on new model</td>
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<tr>
<td>Redesign new processes based on new model and accommodation of location of office spaces</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>New fetal monitoring system</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No new equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New geographic layout</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication internally primarily and to offices</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uncertainty of potential volumes</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
## Change Heat Map – Enterprise View

| FP | Department / Program | Scope of Service | System-Wide Changes (impacts other sites or LHIN) | New Model of Care / Service | New PICU, new day hospital, expanded mental health hours in ED | Integration with ED, PAUD and LHIN initiatives | New PICU, new day hospital, expanded mental health hours in ED | 7 additional beds in Child and Adult Mental Health. Also new PICU | New budgets for new programs | MH Unit in ED, new day hospital and PICU. Investigate use of PALS | New training | Confirm criteria and hand off process in between ED and crisis MH | May have new security system | New equipment list | Adult unit now has 2 units. Structural plan for deployment of patients and staff required | Communication with external partners and PR | New and potentially expanded programs |
|----|---------------------|-----------------|-----------------------------------------------|----------------------------|---------------------------------------------------------------|---------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------|
| 1,2,3,9 | Adult and Child/Adolescent Mental Health Program - Inpatient/Outpatient Services | New PICU, new day hospital, expanded mental health hours in ED | Integration with ED, PAUD and LHIN initiatives | New PICU, new day hospital, expanded mental health hours in ED | 7 additional beds in Child and Adult Mental Health. Also new PICU | New budgets for new programs | MH Unit in ED, new day hospital and PICU. Investigate use of PALS | New training | Confirm criteria and hand off process in between ED and crisis MH | May have new security system | New equipment list | Adult unit now has 2 units. Structural plan for deployment of patients and staff required | Communication with external partners and PR | New and potentially expanded programs |
| 3,6 | Chronic Disease Management – Nephrology, Diabetes, Health Promotion and Disease Prevention | Expanded dialysis volumes and confirm scope of service of mobile diabetes team | Coordination with Dorval site and potential changes to dialysis service delivery from ORN, Diabetes service consolidation | Potential changes to dialysis service delivery from ORN, Diabetes service consolidation | Increased dialysis stations from 24 to 33 requires phasing approach | Potential change to ORN funding model. Assuming status quo volumes for others | Integration of Dorval staff, staffing model to match ORN funding | Require training and orientation of currently off-site staff who will be integrated at NOH | Plan improvements on registration and scheduling processes | Confirm ORN reporting requirements | New dialysis machines requiring training | Dorval sites will join main NOH campus | Communicate inter clinic hours of operation. Develop patient communication plan re: move | Expanded dialysis model and integration with Chronic Disease Management through LHIN initiatives |
| 4 | Medical Day Care and Cancer Clinic | Cancer Clinic new space and Medical Day will undergo multiple changes | Impact to support services (Ps, Lab, DI, ED, inp. etc) | New model of care for HHS | All net new volumes for Cancer Care | Medical Day needs to align volumes | New budget required, however supported through GCO | New staff and alignment of existing | New training | New Processes / Process Re-engineering/Process Improvement (Lean) | New software, reporting requirements (GCO, etc) | New equipment | New space | Develop new communications and protocols | Net new program for Cancer Clinic and consolidations |
| 5 | Medical/Surgical Clinics and Procedures | New clinics - neurosurgery and wound | Confirm service delivery to specialists and family MDs with special privileges | New clinics and consider current demographics to project volumes. Assuming current volumes upon opening | Budgets for new clinics | Identify skill set requirement for each clinic, however generally easy to recruit to positions | Staff integration plan for adjacent clinics | Centralized process for registration and use of kiosks. Confirm observation process | EMR, Registration, OR Manager | New equipment | New space and OR block scheduling | Communicate inter clinic hours of operation. Develop patient communication plan re: move. Physician block scheduling | New clinics (Neurosurgery and Wound) |
| 7 | Outpatient Rehabilitation Services | Confirm scope of service for Hands Clinic, pool program, outreach services | Potential changes from the LHIN regarding Central Intake Process | New services such as pool program | Patient potential increase in volumes for hands, Geriatrics, Physiatry and Step Up | New budgets required | Staffing plan for new programs and recruitment to begin early enough for training | Training for new programs. Registration clerks to be cross-trained | Internal process review to identify potential opportunities for improvements (e.g. referral process to day treatment) | EMR | New therapy pool | Dorval Staff to move, therapy room planning | Communication with internal and external stakeholders | Potentially expanded programs |
| 10, 14 | Complex Continuing Care and Inpatient Rehab | Additional palliative beds, and potential higher acuity of patients (i.e. Cancer and ventilated patients) | Possible regionalization of the CCC program | Potentially impacted by new space design and larger scope of service | 8 additional palliative care beds transferred from GIM | Budget for additional CCC beds and confirm TRU budget | Additional staffing and patterns for palliative beds | Higher acuity patients mean appropriate training of staff skill mix required | Opportunity to improve a referral process. ADU implementation, Dining Room usage, shared team space | E-referral, Wanderguard | New equipment list | New geographic layout | Impacted by new shared space currently teams are separated | Expanded program and integration of teams |
## Change Heat Map – Program Ranking

<table>
<thead>
<tr>
<th>Functional Program</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Day Care and Cancer Clinic</td>
<td>96</td>
</tr>
<tr>
<td>ICT Applications</td>
<td>79</td>
</tr>
<tr>
<td>Pathology and Laboratory</td>
<td>74</td>
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<tr>
<td>Pharmacy</td>
<td>72</td>
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<tr>
<td>Business Development</td>
<td>66</td>
</tr>
<tr>
<td>Diagnostic Services - Cardio respiratory, DI, Neurophysiology, Specimen Collection Services</td>
<td>66</td>
</tr>
<tr>
<td>Medical/Surgical Clinics and Procedures</td>
<td>66</td>
</tr>
<tr>
<td>Surgical Services - Surgical Day Care, Surgical Suite (OR, PACU), Ambulatory Proc Unit</td>
<td>66</td>
</tr>
<tr>
<td>Adult and Child/ Adolescent Mental Health Program - Inpatient/Outpatient Services</td>
<td>65</td>
</tr>
<tr>
<td>Emergency (including Observation Unit)</td>
<td>64</td>
</tr>
<tr>
<td>Chronic Disease Management - Nephrology, Diabetes, Health Promotion and Disease Prevention</td>
<td>59</td>
</tr>
<tr>
<td>Facility Maintenance</td>
<td>59</td>
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<tr>
<td>Complex Continuing Care and Inpatient Rehab</td>
<td>57</td>
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<tr>
<td>Food Services</td>
<td>56</td>
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<tr>
<td>Critical Care Unit</td>
<td>55</td>
</tr>
<tr>
<td>Human Resources</td>
<td>55</td>
</tr>
<tr>
<td>Medical/Surgical Units</td>
<td>55</td>
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<tr>
<td>Admin - Professional Staff (Physicians)</td>
<td>54</td>
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<tr>
<td>Outpatient Rehabilitation Services</td>
<td>54</td>
</tr>
<tr>
<td>Parking, Grounds and Security</td>
<td>53</td>
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<tr>
<td>Housekeeping and Linen Services</td>
<td>50</td>
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<tr>
<td>Volunteer Services</td>
<td>50</td>
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<tr>
<td>Maternal Child Program (incl Inpatient Paediatrics)</td>
<td>49</td>
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<tr>
<td>Biomedical Engineering</td>
<td>48</td>
</tr>
<tr>
<td>Organizational Learning &amp; Professional Practice Development</td>
<td>47</td>
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<tr>
<td>Patient Registration (ER and Admitting) and Clinical Information Services</td>
<td>40</td>
</tr>
<tr>
<td>Public Areas - Public Relations</td>
<td>39</td>
</tr>
<tr>
<td>Finance, Decision Support</td>
<td>35</td>
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<tr>
<td>Infection Prevention and Control</td>
<td>35</td>
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<tr>
<td>Materials Management</td>
<td>35</td>
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<tr>
<td>Medical Devices Processing (Central Sterile Processing)</td>
<td>35</td>
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<tr>
<td>Admin - Redevelopment Administration</td>
<td>34</td>
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<tr>
<td>Environmental Services - Administrative Centre</td>
<td>33</td>
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<tr>
<td>Admin - Program Administration</td>
<td>31</td>
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<tr>
<td>Spiritual Care</td>
<td>31</td>
</tr>
<tr>
<td>Public Areas - Library</td>
<td>29</td>
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<tr>
<td>Admin - Quality, Risk and Patient Relations</td>
<td>25</td>
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<tr>
<td>Diagnostic Services - Cardio respiratory</td>
<td>25</td>
</tr>
<tr>
<td>Public Areas - General</td>
<td>24</td>
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<tr>
<td>Public Areas - Patient Discharge Centre</td>
<td>24</td>
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<tr>
<td>Admin - Corporate Administration</td>
<td>22</td>
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<tr>
<td>Foundation</td>
<td>17</td>
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</tbody>
</table>
Planning

Framework Tools & Templates

- Functional Program Charter
- Functional Program work plans
- Risk registry
- Budget Template
- Change Management Toolkit
- Workforce planning tools
Workplan – Maternal Childcare Example

HHS - New Oakville Hospital  
Project Schedule

<table>
<thead>
<tr>
<th>ID</th>
<th>Task Name</th>
<th>Task Lead</th>
<th>Duration</th>
<th>Start</th>
<th>Finish</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>1435</td>
<td>6 Inpatient Units</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>1994</td>
<td>6.4 Maternal Child Program</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>1995</td>
<td>6.4.1 LABOUR, DELIVERY, RECOVERY</td>
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<tr>
<td></td>
<td>POST PARTUM + Special Care</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Nursery + Inpatient Paediatrics</td>
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<td></td>
</tr>
</tbody>
</table>

| 1996| 6.4.1.1 PROGRAM                  |                 |          |            |              |                                                                         |
| 1997| 6.4.1.1.1 SCOPE OF SERVICE       |                 |          |            |              |                                                                         |
| 1999| 6.4.1.1.1.1 Confirm location    |                 |          |            |              |                                                                         |
|     | hours of service for PEPC (card) |                 |          |            |              |                                                                         |
| 2000| 6.4.1.1.1.2 Confirm scope of    |                 |          |            |              |                                                                         |
|     | service for PEPC clinic (consider |                 |          |            |              |                                                                         |
|     | all subspecialties and weekend   |                 |          |            |              |                                                                         |
|     | operations)                      |                 |          |            |              |                                                                         |
| 2001| 6.4.1.1.1.3 Confirm scope of    |                 |          |            |              |                                                                         |
|     | service for additional pools     |                 |          |            |              |                                                                         |
|     | partner care                     |                 |          |            |              |                                                                         |
| 2002| 6.4.1.1.1.4 Confirm scope of    |                 |          |            |              |                                                                         |
|     | service for consultation         |                 |          |            |              |                                                                         |
|     | clinic (consider)                |                 |          |            |              |                                                                         |
| 2003| 6.4.1.1.1.5 Confirm utilization |                 |          |            |              |                                                                         |
|     | of hospital rooms in Special    |                 |          |            |              |                                                                         |
|     | Care Nursery                     |                 |          |            |              |                                                                         |
| 2004| 6.4.1.1.1.6 SERVICE CARE        |                 |          |            |              |                                                                         |
|     | DELIVERY MODEL                  |                 |          |            |              |                                                                         |
| 2005| 6.4.1.1.1.1 Determine patient   |                 |          |            |              |                                                                         |
|     | criteria for NEW LPF (hybrid)    |                 |          |            |              |                                                                         |
| 2006| 6.4.1.1.1.2 Confirm and review  |                 |          |            |              |                                                                         |
|     | real time practices, and adoption|                 |          |            |              |                                                                         |
|     | to hybrid model                  |                 |          |            |              |                                                                         |
| 2007| 6.4.1.1.1.3 Confirm impact to    |                 |          |            |              |                                                                         |
|     | service delivery considering     |                 |          |            |              |                                                                         |
|     | obstetric care model             |                 |          |            |              |                                                                         |
| 2008| 6.4.1.1.1.4 PHYSICIAN COVERAGE  |                 |          |            |              |                                                                         |
|     | ON-CALL                          |                 |          |            |              |                                                                         |
|     | Review on-call and coverage      |                 |          |            |              |                                                                         |
|     | model for physicians             |                 |          |            |              |                                                                         |
|     | (including pedestrian)           |                 |          |            |              |                                                                         |
| 2010| 6.4.1.1.1.5 Confirm coverage     |                 |          |            |              |                                                                         |
|     | with anaesthesia                 |                 |          |            |              |                                                                         |
| 2011| 6.4.1.1.1.6 PATIENT EXPERIENCE  |                 |          |            |              |                                                                         |
|     | Confirm philosophy of maternal   |                 |          |            |              |                                                                         |
|     | care experience                  |                 |          |            |              |                                                                         |
|     | Ensure it is aligned with        |                 |          |            |              |                                                                         |
|     | Opening Day                      |                 |          |            |              |                                                                         |
| 2012| 6.4.1.1.1.7 VOLUMETRICS         |                 |          |            |              |                                                                         |
| 2013| 6.4.1.1.1.8 NURSING              |                 |          |            |              |                                                                         |
|     | RAMP DOWN RAMP UP PLAN           |                 |          |            |              |                                                                         |
|     | INTEGRATION OF CORPORATE        |                 |          |            |              |                                                                         |
|     | PRIORITY INTO CLINICAL WORK PLAN|                 |          |            |              |                                                                         |

Project: New Oakville Hospital  
Project Date: Oct 15 '12  
Startec Consulting Limited  
Page 1  
WORK IN PROGRESS
Framework Tools & Templates

- Project Council – Terms of Reference
- Planning Groups – Terms of Reference
- SharePoint; communications & documents
- Information Needs List template
- Master Schedule template
- Training and education plan
- Orientation Checklist
- Purge/Move Plans
- Lessons Learned
Project Council – Terms of Reference

New Oakville Hospital
Operational Readiness Project Council
Terms of Reference

A. Established by / Reporting Structure:
The Operational Readiness Project Council was established by the Executive Vice President and reports through the Chair to the Operational Readiness Steering Committee.

B. Purpose of the Council:
The Operational Readiness Project Council (OPC) has been established to advise, recommend, and monitor the Program/Department Operational Readiness Core Project Plan.

C. Objectives of the Council:
1. To advise the Executive on the Project Team and Planning Group changes and priorities.
2. To ensure Operational Readiness project support and advance the achievement of the complete Operational Readiness Work Plan goals and objectives.
3. To address operational issues and obtain support, discussion and consensus from the Executive and the Project Team.
4. To present updated status reports to the OPC.
5. To implement substantive changes, addresses, and initiative to the Board and Planning Group.
6. To facilitate the discussion and investigation of the Operational Readiness impacts to current and planned projects and make recommendations to the Operational Readiness Steering Committee as appropriate.
7. To assist with the coordination of initiatives to maximize efficient use of resources to minimize redundancy, conflict, and inappropriate use of resources.
8. To promote detailed, and support standardization of technical elements as outlined in the Operational Readiness Framework, programs, financial elements, devices, human resources, processes, policies, technology, facility, and operational communications.
9. To ensure operational communications are coordinated and consistent with the appropriate Operational Readiness project and operational planning objectives.
10. To provide the advice and guidance to the Project Team and the Operational Readiness Steering Committee.
11. To provide support, information, and commitment to the effective value policies and procedures while ensuring project success.
12. To identify risks and mitigation strategies where appropriate and report as required.
13. To ensure appropriate maintenance and ensure ownership and sustainability of project deliverables based on agreed metrics.

D. Committee Chair:
The Chair will be appointed by the Halton Healthcare Services Executive VP and will function for the duration of the development projects plus a minimum of one year and, as directed by the senior management of Halton Healthcare Services.

E. Membership:
- COO, CMO
- Director, FPM
- Director, Operations Technology
- Director, Project Operations Integration
- Operations Project Team members
- Other, as required

F. Attendance Expectations:
Team members or their designated delegates are expected to maintain regular attendance at the OPC.

G. Frequency of Meetings:
Meetings will be held monthly or as required by the Chair.

H. Distribution of Minutes:
Minutes will be distributed to the Committee members, the Executive Sponsor, Operational Readiness Steering Committee, and posted on the Operational Readiness Project Council Breakout site.

Developed: April 2010
Revised: April 2010
Approved by: Operational Readiness Steering Committee
Date: May 2010
Revision approved.
Planning Groups - Terms of Reference

Operational Readiness [Enter Group Name] Planning Group Terms of Reference

Operational Readiness will result in the right people, with the right planning and training, in the right numbers, at the right place, with the right equipment and technology, and, with the right attitude, generating an exceptional patient experience throughout the construction/erection periods and beyond.

A. Established by / Reporting Structure:
The Operational Readiness [Enter Group Name] Planning Group was established by the Project Management Office and reports through the Chair to the Director PMO or EVP.

B. Purpose of the [Enter Group Name] Planning Group:
The Operational Readiness [Enter Group Name] Planning Group has been established to investigate, discuss, recommend and identify interdependencies, policies and processes / procedures with respect to its area of scope.

C. Objectives of the [Enter Group Name] Planning Group:
1. To select and advise on Core [Enter Group Name] Planning Group and members.
2. To determine and confirm mandate and objectives of specific planning activity.
3. To encourage an integrated approach and to facilitate discussions on the Operational Readiness impact to current and planned operations for the specific scope.
4. To liaise with cross-functional areas to encourage maximum participation.
5. To identify interdependencies early on in the process to avoid conflicts.
6. To make recommendations to the Operational Readiness Steering Committee as required.
7. To address organizational-wide issues and obtain support, discussion and consensus for items raised with respect to Operational Readiness for Oakville Trafalgar / Hospital redevelopment initiatives.
8. To identify opportunities, challenges and/or risks to achievement of the Project Plan (outcomes and timelines).
9. To ensure the programs to execute plans in a consistent and standardized manner.
10. To identify risks and mitigation strategies where appropriate and report as required.
11. To determine operational processes and policies.
12. To determine if any groups or structures to continue any operational objectives of the planning group

D. Group Chair:
The Chair will be selected by the Halton Healthcare Services Executive VP and shall function until all policies and procedures are outlined for the specific planning group scope or until otherwise advised by Senior Management of Halton Healthcare Services.

E. Membership:
Membership shall be divided into Core Members, who will be invited to all meetings, and invitees, who will be invited Ad Hoc, depending on agenda topics. These groups will include, but are not limited to:
- Director, PMO
- COO and/or Program Director
- PMO Lead
- Program Leads (as required by scope of group)
- Ad Hoc cross organizational team members, e.g., ICT, IPCS, Food Services, Pharmacy, Biomed, etc. as required
- Physician representatives, where appropriate
- External stakeholders as appropriate (including patient family representatives or other service recipients/providers)

F. Attendance Expectations:
Core Members of their designates / alternates are expected to maintain regular attendance at the [Enter Group Name] Planning Group. Invitees or their designated alternates are expected to attend when requested.

G. Frequency of Meetings:
Meetings will be routinely scheduled monthly and/or at the call of the Chair.

H. Distribution of Minutes:
Minutes will be circulated to the Committee members, the Executive Sponsor, Operational Readiness Steering Committee and posted on the Operational Readiness Planning Group SharePoint site.

Developed: March 2013
Revised: April 2013
Approved by: [Signature]
Date: [Date]
Revision approved:
Planning groups - Active

- Communications
- HR Workforce Planning
- Transportation (Portering, pneumatic tube, etc)
- BMWV (Volumes/service mapping, Model of Care, Budget & Workforce Design)
- Emergency Preparedness and Response
- Chart Management
- Core Clinical Workflow Design
- Parking Services
- Cancer Clinic
- Access & Control
- Orientation & Training
- Wayfinding & Signage
- ICT projects (various)
SharePoint for Document Management

Halton Healthcare connections

Ambulatory Care and Inpatient Units
- Adult, Child & Adolescent Mental Health Services
- Complex Continuing Care & Rehabilitation Program
- Critical Care Unit
- Diabetes Centre
- Maternal Child Program
- Medical Day Care & Cancer Clinic
- Medical and Surgical Units
- Medical, Surgical Clinics & Procedures
- Nephrology Services
- Outpatient Rehabilitation Services

Maternal Child Program

Welcome to the Maternal Child Program project management page. For any questions about operational readiness and/or project management tools, templates and resources, feel free to contact Selma Phillips, Senior Project Manager at ext. 6185 or SPHILLIPS@haltonhealthcare.on.ca.

Maternal Child Program: Project Documents
- Maternal Child Program ODV Mar 2013
  - 8/9/2013 2:53 PM
- NOH MatChild Ops Readiness WorkPlan - June 2013
  - 6/20/2013 11:27 AM

Maternal Child Program: Status Reports
- Type
- Name
- Modified
- Modified By
Planning groups – To be initiated

- Celebrations & Closing Ceremony
- Forms
- Move Planning & Coverage
- Purge & Preserve
- Tobacco Free Campus
- Public Spaces
- Supply Flow
Framework Tools & Templates

- Status Reports
- Master Schedule template
- Information Needs List template
Tracking & Monitoring

Capital Planning Steering Committee
- Executive Summary – high-level update on each program

Operational Readiness Steering Committee
- Review and discussion of Executive Report

Stantec/PMO
- Compile Programs status reports

Programs/Departments
- Work Plans progress status documented; issues and challenges logged (quarterly – monthly)
Executive Dashboard

Program/Dept Status Reports

Status Reporting Process

<table>
<thead>
<tr>
<th>Task Name</th>
<th>Task Lead</th>
<th>Start Date (MM/DD/YYYY)</th>
<th>End Date (MM/DD/YYYY)</th>
<th>Major activities completed this period</th>
</tr>
</thead>
<tbody>
<tr>
<td>24_1</td>
<td>Sharon Norris</td>
<td>Jan - 14</td>
<td>Jan - 14</td>
<td>Initiated with Workforce Planning Group in April 2013; meets weekly. Developed high level work plan. Revised monthly. Workforce Planning Specialist.</td>
</tr>
<tr>
<td>24_2</td>
<td>Demetrios Kalantzis/Carole Daniels</td>
<td>Nov - 12</td>
<td>Dec - 12</td>
<td>Assessment of available tools completed in 2012. P sprinkle pilots conducted in Georgetown, Renal Dialysis and Rehab Services. In July 2013, HR and Volunteer Services collaborated to conduct a pilot project for Waste Management with Diagnostic Imaging at Ottawa to determine analysis of barriers, workloads and risks. Each pilot results in important knowledge and information to inform HR strategy and action plans.</td>
</tr>
<tr>
<td>24_3</td>
<td>Demetrios Kalantzis/Carole Daniels</td>
<td>Jan - 13</td>
<td>Jan - 13</td>
<td>Model of service discussions underway. Volumes and model of care discussions underway August to October 2013.</td>
</tr>
</tbody>
</table>

FP# 24, 39 HUMAN RESOURCES, ENTERPRISE LEARNING & CHANGE MANAGEMENT

Meetings held; decisions made; investigations and site visits conducted, etc.

Interdependencies, barriers, assumptions, etc.

Red - Critical issues may impact achieving operational vision; Yellow - task at risk; Green - task on track.
Framework Tools & Templates

- Lessons Learned
- Evaluations
- Program/Department Outcome Indicators/Metrics
- Post Occupancy Report
Closing - Lessons Learned

- Monthly Georgetown reports to ORSC
- Quarterly PMO reports to ORSC
- Survey Monkey evaluations
Halton’s Success to Date

- Georgetown Hospital Pilot was successful
- Oakville Hospital in progress
  - All programs consistently working towards Opening Day View
  - Transitions budget & review
  - Gap analysis & work plans
  - Reporting & monitoring tools
  - Interdependencies identified and some resolved
  - Full Board support and awareness (Quality reporting)
- Milton Hospital planning already underway
Final Thoughts

• Success is not just about the building
• If you build it, they will come, but how will you ensure safe quality patient care?
• Building in Operational Readiness through the use of a framework and PMO is easy and will prevent challenges later on
Questions
Halton Healthcare

Caring Today. Growing for Tomorrow.