

Two Year Strategic Plan

October 2016



**Hamilton
Health
Sciences**

DEPARTMENT OF ANESTHESIA

Strategic Plan Introduction

This two year strategic plan was created in the fall of 2016. The HHS Anesthesia Department members contributed to the development of this plan. Our aim is to achieve the goals and objectives outlined here in the next two years.

I would like to acknowledge the assistance of the Sandra Ramelli and Lisa Webster from the HHS Department of Organizational Development and Lucy Caruso, Anesthesia Department Administrative Assistant.

I also wish to thank all the members of the HHS Department of Anesthesia for their participation in the creation in this plan and their commitment to the growth and advancement of this department.

Sincerely,

Dr. Susan O'Leary
Chief, Department of Anesthesia

This HHS Department of Anesthesiology has identified four strategic goals.

1. Build cohesive, equitable partnerships that foster respect and trust
2. Implement a successful Acute Pain Service (APS) that improves the quality of care we provide patients
3. Create an environment that enables Work Life Balance
4. Improve Communication and Collaboration

This document outlines the strategic planning process and describes the strategic goals, actions and outcome measures.

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1.0 About the HHS Department of Anesthesiology

The Department of Anesthesiology provides anesthetic and related clinical service across Hamilton General Hospital, Juravinski Hospital and Cancer Centre, McMaster University Medical Centre and West Lincoln Memorial Hospital. The Department interfaces primarily with Perioperative Services, which is responsible for the administration of the operating rooms, preoperative clinics, same day surgery and outpatient procedure rooms. Departmental activity extends beyond the Operating Room supporting Diagnostic Imaging, Obstetrics, Pediatrics, Cardiac and Cardiac Surgery Services, Adult and Pediatric Pain Clinics and others.

The Clinical Department of Anesthesiology works closely with the Academic Anesthesia Department and McMaster Faculty of Health Sciences. Clinical teaching and assessment of medical students and residents is a daily occurrence. More formal didactic and small group teaching is scheduled activity. Pain, Pediatric and other specialty Fellows are also part of the department. In addition, research is carried out by various department members and in collaboration with PHRI and other medical and surgical specialties.

As a part of HHS, members of the department work with other physician, nursing and paramedical groups in multidisciplinary teams, committees and informal groups. The Department of Anesthesiology is represented at various levels of the hospital. As well, members of the department integrate into the hospital organization with the aim to make a valuable contribution in delivery of expert patient care and in many other aspects of health care.

2.0 Planning Context and Current Environment

The 60 plus members of the department fulfill various roles from anesthesiologist in the Operating Room to medical student teacher to multidisciplinary researcher and many in between. The department is organized by site specific duties, by academic responsibilities and by those duties and responsibilities shared across sites. It is the will of the department to demonstrate the value of anesthesiology beyond physicians working in the OR. The Department of Anesthesiology is a key stakeholder in the delivery of clinical services and participant in academic teaching, research and administration and other aspects of health care at HHS.

The members of the department have expressed a desire for change in many aspects of the current departmental environment from clinical practice to communication and culture. They also wish to be a valued part of the HHS organization. That desire for change led to the development of a departmental strategic plan. The Department Chief and the Executive Committee looked for direction from the members of the department with regards to the most important issues and ideas to address in the next two years. Some department members undertook a similar exercise about two years ago. The plan does not ignore that work and intends to be inclusive of the concepts previously put forward. This plan focuses action on the goals and objectives of the department.

3.0 Overview of the Strategic Planning Process

The creation of a two year Department of Anesthesiology Strategic Plan was initiated in the spring of 2016 with the aim to have a plan in place by October 2016. Lisa Webster and Sandra Ramelli of HHS Department of Organizational Development were recruited by Dr. O’Leary to help design and facilitate the process and create the final document. Lucy Caruso acted as administrative support.

The strategic planning process is outlined in the following diagram. The internal survey and the external survey are attached as appendix 1 and appendix 2 respectively. All survey responses were confidential and anonymous. For both surveys, the response rate was greater than 50%. That is considered a very good response rate on a survey. As a result, we consider this data valid and representative of the department.

1

Pre-meeting with department members to identify department issues

2

Internal Scan

The internal environment scan was comprised of conversations and a survey (appendix 1) that was sent to the members of the department. Anesthesiologists were encouraged to feedback ideas to the chief.

3

External Scan

The external environmental scan was a survey (appendix 2) sent to the, perioperative nurses and surgeons. All survey responses were confidential and anonymous.

4

Departmental Meetings and Committee Discussion

5

Collation and Theming of all inputs

The information was collated by the strategic planning team and presented to the anesthesiologists as a themed summary (appendix 3) of four strategic directions.

6

Department Strategic Planning Session

A 3 hour strategic planning session presented the collated data and was the basis for the strategic goal discussion.

7

Refinement of Goals, Metrics and Actions

The feedback from this meeting combined with the survey data led to the development of the Strategic Goals, Actions and Outcome Measures

4.0 Strategic Goals, Actions and Outcome Measures

The following table outlines the four strategic goals with objectives actions and measures. These four goals will be the underlying focus of the direction of the department for the next two years.

GOALS	OBJECTIVES
Build cohesive, equitable partnerships that foster respect and trust.	Enhance the relationship with the perioperative team
	Build a relationship with the HHS Executive Team Members
	Enhance relationships and partnerships with other departments with which we share clinical duties and responsibilities including: a. Department of Surgery b. Out of the OR sites e.g. DI, EP, HIU, sedations services
Implement a successful APS that improves the quality of care we provide patients	Secure resources
	Redefine our model

ACTIONS	MEASURES
<p>Participate in regular meetings with nursing at all sites to have discussions around issues of shared interest.</p> <p>Work with the anesthesia department and perioperative team to optimize use of new block schedule</p>	<p>Meeting minutes, issues and action items are documented and communicated to the entire department</p> <p>Demonstrated follow-up to show outcome of actions such as end of day block finish times</p>
<p>Identify the committees and groups where we are currently represented and define our role and contribution to each.</p> <p>By fall 2017 have Anesthesia representation on additional committees where we can have influence.</p>	<p>List committees with anesthesia representation</p> <p>Committee members report back to the department membership.</p>
<p>Work with the Department of Surgery to identify issues of clinical and non-clinical importance to both surgeons and anesthesiologists.</p> <p>Collaboratively work with out-of OR services toward improvement of issues that impact on delivery of patient care</p> <p>Communicate the specific issues with all Anesthesia Staff</p> <p>Joint rounds with surgery and/or other departments on topics of shared interest biannually.</p>	<p>Demonstrate follow-up re: shared initiatives with surgeons</p> <p>Seek feedback from Anesthesia staff with regards to communication and with interdisciplinary team members with regard to delivery of service outside the OR</p> <p>Joint rounds with evaluation of measures of educational value</p>
<p>Have nursing support at HGH and JH site. Continue with nursing at MUMC.</p>	<p>Secure a Nurse for APS</p>
<p>Rejuvenate Acute Pain Committee</p> <p>Complete a current state evaluation of APS</p> <p>Determine an achievable model for delivery of APS within HHS Anesthesia scope and environment of Practice</p>	<p>Document and share model with department of Anesthesia</p> <p>Have Core Anesthesia APS group in place early 2017</p> <p>Delivery of reliable Acute Pain care to post-operative patients as defined by APS outcome measures</p>

GOALS	OBJECTIVES
Create an environment to enable Work Life Balance	Optimize the block schedule
	Enable fairness, equity and transparency of work distribution and assignment
Improve Communication and Collaboration	Improve internal communication within the department
	Improve communication with other physician groups and departments

ACTIONS	MEASURES
<p>Work with the perioperative team towards on-time block end times.</p> <ol style="list-style-type: none"> Consider other factors such as change over and OR start times OR Anesthesia Coordinators to contribute to solutions <p>Resurvey in 2018</p>	<p>Block finish times within acceptable times</p> <p>Satisfaction of Anesthesia Staff with schedule</p>
<p>Share the current method of work distribution. Show a 6 month distribution of Anesthesia services by anesthesiologist and subspecialty i.e. cardiac, obstetric and pediatric</p> <p>If necessary, find and implement a method of list distribution and assignment that demonstrates a fair division of work</p>	<p>A defined fair and transparent method for work allocation</p> <p>Consider a group practice model</p>
<p>Business Meetings and rounds teleconference.</p> <p>Reorganize departmental structure so that there is reporting of anesthesia activity within the department</p> <p>Ensure opportunity for involvement of all staff in departmental activity</p> <p>Best use of electronic communication for sharing of information</p> <p>Consider qualitative measurement via the Academic department</p>	<p>Communication measures:</p> <ul style="list-style-type: none"> Survey the department in 2018 Chief to seek informal feedback Objective measure (if possible via qualitative research) <p>Organization chart and structure including committee representation and method of reporting June 2017</p>
<p>Establish processes for consultations physician to physician</p> <p>Plan joint rounds or meetings with the department of surgery and/or critical care</p> <p>Place anesthesiologists on committees and groups within HHS where we can have input and influence</p> <p>Acknowledge and have a reporting mechanism for the anesthesiologists who work on external committees.</p> <p>Meet with perioperative nursing colleagues for sharing of and action on common issues</p>	<p>Physician to physician consults process</p> <p>Interdisciplinary committees and teams with reporting back to the department</p> <p>Resurvey external stakeholders in 2018</p>

5.0 Monitoring, Evaluation and Evergreening Plan

Dr. O’Leary and the Site Leaders will actively monitor the progress and ensure the strategic goals identified remain relevant. The executive committee will regularly discuss issues related to the strategic plan. Update to the entire department will be via electronic communication and at the department business meeting on a bimonthly basis or as needed. The plan will be modified when necessary to respond to internal and external changes. In this way, detailed actions are planned, implemented, monitored and evaluated keeping the HHS Department of Anesthesiology’s Strategic Plan a living, dynamic tool and creating long-term value for anesthesiologists and the department as a whole.

6.0 Appendices

Appendix 1 – Internal Survey

Appendix 2 – External Survey

Appendix 3 – Internal Survey Review & Feedback

Appendix 1

Department of Anesthesia
Internal Strategic Plan Survey
July 2016

Welcome to the survey. In order to get us where we want to be, your insights and perspectives are needed and appreciated.

Thank you for taking the time to complete:

1. a) What are you most proud of?
1. b) How does this highlight our greatest strengths as a department?
2. What would the ideal future for this department look like for you?
3. What is not working well in our department today?
4. What are the top three areas in our department on which we should focus our efforts over the next year? What do we need to do to make real change for each area?
5. Is there anything else you would like to add?

Appendix 2

Department of Anesthesia
External Strategic Plan Survey
July 2016

Welcome to the survey. In order to get us where we want to be, your insights and perspectives are needed and appreciated.

Thank you for taking the time to complete:

1. What do you see as the one or two strength(s) of the HHS Anesthesia Department?

2. What do you see as the one or two area(s) for improvement within the Department of Anesthesia?
3. How might the HHS Anesthesia Department better engage (work) with you or your department or group?
4. How might you or your department or group better engage with the Anesthesia Department?
5. Is there anything you would like to add?

Appendix 3

Anesthesia Internal Survey Review and Feedback/Themes July 2016

**Surveys were reviewed with feedback groups by question(s), response themes and key messages for review*

Question 1 & 2	Themed Responses	Key Messages
What are you most proud of? Greatest Strengths?	Diverse Clinical Expertise and Knowledge	Diverse skillsets within department Subspecialty Experts Strong work ethic
	Quality Care for Patients	Patient and community focused
	Adaptable-Strong Team with Focus	Continuing to move with less
	Collegial to Peers	Respect for one another
	Academic Activity	Teaching Research

Question 3 & 4	Themed Responses	Key Messages
<p>What would the ideal future look like?</p> <p>What is not working well?</p>	Respect with One Another and Organization Wide Equitable Treatment Among Members Recognition Trust	Communication Transparency Decision making participation Transformative Leadership Transparency of daily assignments
	Acute Pain Service Model	Initiate/Sustain/Secure resources
	Work Life Balance	Block schedule Wellness Practice plan/Business Model
	Quality Improvement Focus	Quality initiatives with tracking of outcomes
	Recruitment/Leadership Development	Improve process with built in leadership learning for new recruits Review funding of fellows Additional APS Nurses and AA

Question 5	Themed Responses	Key Messages
<p>What are the top three areas we should focus our efforts?</p>	Work Hours/Scheduling	Support work life balance and build greater flexibility in schedules
	Pain Services (Acute/Post Op and Regional Anesthesia)	We need to come together and make this a priority program for patients
	Decision making Process	Clearly articulated and accountable/measurable goals within the department
	Expand Knowledge/ Professional Development	Bring in experts from outside to speak to meaningful subject matter for our department Get out in the organisation and educate others to increase our professional profiles
	<p>Increase Collaboration and Build Cohesive Partnerships</p> <p>Communication within the department and with Periop</p>	<p>Need for unity within our own group first Department social building activities</p> <p>Open regular communication Build communication with nursing and surgery</p>



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