WGH Expansion: Operational Readiness & Transition Corporate Project Charter

Final v1.0
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Purpose Of This Document

The purpose of this Charter document is to:

• Provide the **approach** which to carry out the Operational Readiness & Transition work and to measure project success.

• **Document and communicate** the path forward to ensure alignment and integration for the Facility Planning and Operational Readiness & Transition Planning for the Whitehorse General Hospital (WGH) Expansion Project.

• **Align** leadership and team members responsible for the delivery of care within WGH regarding the overall approach, strategies, and accountabilities to meet successful 'First Patient Day'.
Authority
The following parties have authorized the creation and implementation of the Operational Readiness & Transition Project for the WGH Expansion Project. These parties endorse the content of this charter which forms the framework and expectations of how the organization will act in going forward with the WGH Operational Readiness & Transition Expansion Project.

Approved By

Jason Bilsky, CEO
Warren Holland, Executive Director, Quality & Strategy
Kelly Steele, Chief Financial Officer / Executive Director, Corporate Services
Maureen Turner, Executive Director, Patient Experience
Marc Bouchard, Chief Information Officer
Dr. Wayne MacNicol, Chief of Medical Staff
Karen Girling, Operational Readiness Lead

Signature

Date

Apr 22, 2016
Apr 21, 2016
Apr 21, 2016
Apr 22, 2016
Apr 21, 2016
Apr 22, 2016
Operational Readiness Objectives
1.1 Operational Readiness – Definition

Operational Readiness is a process to identify, define, organize, and implement all of the deliverables and tasks that are required for the activation and occupation of the new space in a logical, timely, safe, and cost-effective manner that ensures consistent application of corporate priorities and principles, and is aligned with the intentions of the Master Plan and the Functional Program.

Operational Readiness is not an independent corporate initiative; it is a key part of the Yukon Hospital Corporation’s (YHC) overall strategy to achieve its goals. Operational Readiness planning acts as a framework to capture, integrate and coordinate the YHC actions that are required to successfully achieve our targeted ‘First Patient Day’ and outcomes for the new space.

Operational Readiness planning does not alter current accountabilities within the hospital. Rather, it supports our People* and their current accountabilities for planning, organizing and managing the activity necessary to be operationally ready on 'First Patient Day' (and beyond) in the new space.

*Throughout this Project Charter our People are defined as Physicians, Clinicians, Staff, Students and Volunteers.
1.2 Operational Readiness – Objectives

The objectives for this Operational Readiness & Transition Planning phase of the Expansion Project are:

1. To achieve **Operational Readiness** on 'First Patient Day' in the new space and to have normalized operations within 2 months of 'First Patient Day'. At that point WGH will be deemed to be in an ongoing operational mode.

2. To have the **right people** at the **right place** at the **right time**, working with the **right equipment and technology** in accordance with the **right policies** and protocols and with the **right attitude**. The end-state objective is an enhanced patient experience.

3. To develop a planning, implementation and evaluation process that identifies the deliverables and tasks required for the activation and occupation of the new space in a **logical, timely, safe, and cost-effective** manner that is consistent with the intentions of YHC.
Project Parameters
Integration between all parties will be required for the activation and occupation of the expanded facility in a logical, timely, safe and cost-effective manner consistent with the intentions contained within the Master Plan and Functional Program. In general, this delineation of responsibilities is shown below:

<table>
<thead>
<tr>
<th>Activity Led by Yukon Hospital Corporation</th>
<th>Activity Led by Ops Readiness &amp; Transition Planning Team</th>
<th>Activity Led by Capital Planning/Construction Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Corporate Strategy and prioritization of operational priorities outside of the Expansion Project scope</td>
<td>- Transition &amp; Occupancy Plan</td>
<td>- Manage Capital/Construction Budget</td>
</tr>
<tr>
<td>- Lead PCOB negotiations with the Government</td>
<td>- Identify transition activities &amp; costs</td>
<td>- Monitor and track construction schedule</td>
</tr>
<tr>
<td>- Medical Manpower Strategy</td>
<td>- Workflow and process improvements</td>
<td>- Manage commissioning of building systems</td>
</tr>
<tr>
<td>- HR Workforce Planning</td>
<td>- Orientation and training</td>
<td>- Procurement &amp; installation of furniture &amp; equipment</td>
</tr>
<tr>
<td>- Operational Budget Approval</td>
<td>- Validate and approve Transition Budget requests (if applicable)</td>
<td>- Internal and external communications</td>
</tr>
<tr>
<td>- Transition Budget Approval (if applicable)</td>
<td>- Stakeholder relations</td>
<td>- Planning and managing the physical move</td>
</tr>
<tr>
<td>- IM/IT Roadmap Approval &amp; System Integration</td>
<td>- Internal and external communications</td>
<td></td>
</tr>
<tr>
<td>- Media relations</td>
<td>- Align Corporate Capital Equipment Plan with Expansion Project Equipment Plan</td>
<td></td>
</tr>
<tr>
<td>- Internal and external communications</td>
<td>- Develop sustainable capital refresh and preventative maintenance plan</td>
<td></td>
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<tr>
<td>- Align Corporate Capital Equipment Plan with Expansion Project Equipment Plan</td>
<td>- Policies and procedures development</td>
<td></td>
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<tr>
<td>- Shelled space planning (ER &amp; MI)</td>
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<tr>
<td>- Shelled space planning</td>
<td>- IM/IT Roadmap Approval &amp; System Integration</td>
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April 21, 2016
2.2 Budget

Operational Readiness & Transition Budget
Recognizing that YHC – WGH will not have a separate Operational Readiness & Transition budget, there will be a goal towards cost containment. Activities required for Operational Readiness & Transition Planning will be tracked and acknowledged to be outside of the regular operating budget.

The source of funding to cover the Operational Readiness & Transition activities will come from within the overall Expansion Project budget.

Transition Cost Reconciliation
In order to track the actual cost of Operational Readiness & Transition activities, a reconciliation process will be developed. This will help track the costs against the budget so that it can be monitored on a regular basis. A reconciliation methodology will be developed to ensure that there is a formalized process for monitoring.

Post-Construction Operating Budget (PCOB)
YHC will need to approve the final PCOB based on projected and approved future growth, volumes, new floor plate, and unit design. PCOB approval needs to be integrated into the YHC operating planning cycle and budget approval process.
2.3 Major Milestones

Ops Readiness Planning Initiated
(Apr-2016)

Ramp Down/Up Plan Confirmed & Communicated
(Jan-2017)

Substantial Completion
(Sept-2017)

Total Completion
(Nov-2017)

Approval to Transition to New Space
(Dec-2017)

Owner Occupancy Period

FREEZE PERIOD (July 2017 – Apr 2018)

Adjustment Period

First Patient Day
(Jan-2018)

Total Completion
(Nov-2017)
2.3 Major Milestones

Freeze Period
The Freeze Period is a period, in which any introduction of new initiatives that result in organizational change, especially those affecting systems, processes and capacity will be evaluated based on Executive Leadership approval. Within the Freeze Period, YHC will realign focus on the physical move, training & orientation, implementation of new processes and workflows in new space and adjusting to the new working environment.

The Freeze Period is estimated to begin 6 months prior to 'First Patient Day' and extend for a period of approximately 3 months after. The activities may be gradually adjusted as the readiness of the organization is met.

Ramp Down/Up Plan
Refers to the final phase prior to and following the 'First Patient Day'. During this time, YHC will outline steps and timeframes for services to reduce and then return to normal or new volumes and services. The duration of the Ramp Down/Up timeframe will be confirmed and communicated at least one year prior to 'First Patient Day'.

Substantial Completion
Substantial Completion refers to the date at which the construction is sufficiently completed to allow the expanded area to be used for its intended purpose.

Total Completion
Total Completion refers to the date at which deficiencies have been addressed and completed. Total Completion is expected to occur November 2017.
# Project Parameters

## 2.3 Major Milestones

### Owner Occupancy Period
Owner Occupancy Period refers to the timeframe between Substantial Completion and 'First Patient Day'. This period is related to preoccupancy tasks such as verification of readiness of the space, clinically readying the space, system and equipment as well as some minor equipment and accessory installations by YHC.

### Approval to Transition to New Space
Forms the basis for a YHC decision to proceed to 'First Patient Day' for the expanded hospital. An assessment process will be completed and serve as the foundation for approval.

### Move Period
The Move Period is the period of physical movement of patients, equipment and supplies into the new space. It is anticipated that the Move Period will be one day in length.

### Adjustment Period
The Adjustment Period is a YHC-defined period following 'First Patient Day', where the Clinical Services/Support Services are adapting to the expanded hospital and operations. The adjustment period is projected to be 2 months in length post 'First Patient Day'. It is anticipated that an operational 'steady state' will be realized by the end of the Adjustment Period.

### Celebration Period
The Celebration Period is a period when the Grand Opening and Open House Tours will occur. The timeframe for the Celebration Period will be planned to occur two weeks prior to 'First Patient Day.'
Planning Principles & First Patient Day Views
3.1 Overarching Planning Principles

The following Planning Principles provide guidance in understanding the organizational expectations and approach to Operational Readiness and Transition Planning:

1. YHC Mission, Vision and Goals (Strategic Plan 2013 – 2017, Appendix B) will continue to be the foundation for all new initiatives, decision making and Operational Readiness & Transition Planning deliverables.

2. All planning will be performed with engagement of our current Healthcare Partners, Industry Partners and Government to fulfill the objectives of integrated care pathways.

3. The First Nations Community will be engaged in Operational Readiness & Transition Planning through the Director, First Nations Health Program.

4. YHC Departmental Operational Plans will include the development and execution of the Operational Readiness & Transition plans.

5. The Operational Readiness & Transition Planning Roadmap will be utilized as a guide from the Initiation phase through to Closing.

6. Cross-functional teams will be formed and engage in Operational Readiness & Transition Planning to ensure a successful transition for our People.
3.1 Overarching Planning Principles cont’d

The following Planning Principles provide guidance in understanding the organizational expectations and approach to Operational Readiness and Transition Planning:

7. Transparency and communication pathways will be developed and maintained to ensure commitment, involvement and empowerment of our People and Internal & External Stakeholders.

8. YHC Gating processes for capital and operational requests will be followed throughout the Expansion Project.

9. New capital equipment list will be assessed and aligned with the Hospital’s current procurement and asset lifecycle management.

10. The availability of our People will align with the Operational Readiness & Transition Planning activities required for a successful First Patient Day.
First Patient Day Views are a clear statement of the *Future State*, including the major changes that will be in place at the Hospital 'First Patient Day'.

First Patient Day Views ensure a common understanding of the planning principles and assumptions teams will be working with as they develop their Operational Readiness & Transition plans.

First Patient Day View categories have been established to align with the 4 Goals of the Strategic Plan:

- **Goal One:** *Create Excellence in Patient Care*
- **Goal Two:** *Support Passionate and Engaged People*
- **Goal Three:** *Create Strong Organizational Capability*
- **Goal Four:** *Enhance Effective Healthcare Partnerships*
3.3 First Patient Day View – Create Excellence in Patient Care

1. All affected Clinical Services/Support Services service delivery processes were functioning to the optimal capability and operationally sustainable to meet the targets outlined in the 2017/2018 operational plans.

2. Coordination between the Admission and Triage processes improved patient safety and experience.

3. Emergency wait times were not compromised.

4. Emergency code procedures and response times were planned according to the new expansion.

5. Families and Support Persons were provided the opportunity to participate in improving patient experience.

6. Patient flow has been determined to optimize bed utilization in the Emergency Department.
3.3 First Patient Day View – Support Passionate and Engaged People

1. Our People are ready to provide effective patient and family centred care using a comprehensive and culturally appropriate approach.

2. Our People have the knowledge, skills, and tools to provide safe care in their new environment.

3. Our People are oriented to the new workflows and space to maximize utilization of the new space.

4. Our People’s safety was a key consideration in all patient flow and workflow plans in Emergency and Medical Imaging.

5. Our People benefited from the Change Management plan and demonstrated resiliency through the transition.

6. Approved staffing complement to support activity in new areas was established, recruited and on-boarded to maximize operational efficiency and performance.

7. Our People, Partners and the Community share a sense of pride and ownership for the new space.

8. Policy & Procedures were created and updated to reflect changes in processes and space.
3 Planning Principles & First Patient Day Views

3.3 First Patient Day View – Create Strong Organizational Capability

1. YHC Gating process for capital and operational requests were followed throughout the Expansion Project.

2. Allocation of funds aligned with activity necessary to support the patient experience, access to care and operational efficiencies.

3. Technology and equipment have been leveraged to optimize clinical and support service operations resulting in enhanced patient, family and user experience.

4. Data Center was functional with all planned infrastructure and interfaces completed prior to Training & Orientation.

5. All systems and equipment were clinically ready in accordance with specifications, equipment commissioning and user acceptance prior to the start of training & orientation.

6. Facility protocols are environmentally friendly for waste management, utilities and biomedical activities.

7. The new hospital space is flexible and adaptable over time to accommodate the potential growth strategy.

8. The new hospital space will drive value by improving targeted and measurable performance outcomes in accordance with operational effectiveness, standardization of care and alignment with best practices.

9. Appropriate use of Emergency visits have been according to the Business Plan.

10. Efficient workflows have been maximized.
3.3 First Patient Day View – Enhance Effective Healthcare Partnerships

1. YHC-WGH provides a welcoming, culturally accepting and safe environment for our People and Community.

2. YHC is recognized as an integral part of the health system serving Yukoners including First Nation People.

3. Technology has been leveraged to engage partners for educational and coaching support (i.e. Telehealth, LMS).
Project Success & Completion Definitions
### 4.1 Project Stakeholders (“Who”) and Success (“How”)

Executive Leadership’s expectations to achieve success are the following:

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Success Criteria</th>
</tr>
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<tbody>
<tr>
<td><strong>INTERNAL</strong></td>
<td></td>
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</tbody>
</table>
| Board of Trustees          | • The Expansion Project was delivered on time, on budget and within scope  
                            | • The Expansion Project Goals, Objectives & Business Outcomes were achieved  
                            | • Current operations were not adversely impacted as a result of the Operational Readiness & Transition activities  
                            | • Positive media coverage related to the Expansion Project  | |
| Our People                 | • Our People felt adequately prepared to operate in the new space before their first patient encounter  
                            | • Our People received training and orientation as it relates to the new space before their first patient encounter  
                            | • Our People were well informed about changes to service delivery or pathways to access to care  
                            | • Overall employee satisfaction survey results were maintained  
                            | • Staff turnover rates did not exceed targets in 2017/18  
                            | • Emergency Department space intended to support First Nations were utilized consistently to support delivery of care | |
| Hospital Management        | • Operational clinical and financial performance targets were met  
                            | • Quality Improvement targets for Infection Prevention & Control (IPAC), wait times and OH&S were achieved  
                            | • First Patient Day Views were achieved within 2 months of ‘First Patient Day’  
                            | • The Operational Readiness & Transition Planning Principles were adhered to  
                            | • Capital Refresh and Asset Plan is in place for all medical equipment  
                            | • Preventative Maintenance schedule is in place for all medical equipment |
4.1 Project Stakeholders (“Who”) and Success (“How”)

Executive Leadership’s expectations to achieve success are the following:

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Success Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXTERNAL</strong></td>
<td></td>
</tr>
<tr>
<td>Patients and Families</td>
<td>• Satisfaction levels were maintained at current levels (e.g. % of patients that would recommend the hospital)</td>
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<tr>
<td></td>
<td>• No patient harm attributed to the Transition to new space</td>
</tr>
<tr>
<td>Public</td>
<td>• The Public was well informed on the progress of the Expansion Project and any changes to access to care</td>
</tr>
<tr>
<td>First Nations Community</td>
<td>• Patient survey results from First Nations, Inuit and Metis People (FNIM) were maintained relating to their overall experience</td>
</tr>
<tr>
<td>External Partners (i.e. EMS, Fire, RCMP, Corrections, Detox, WCB, Party Program)</td>
<td>• External Partners were well informed about changes to operations and their service delivery</td>
</tr>
<tr>
<td></td>
<td>• First Responders were oriented to the new space and well informed about changes to Code Responses</td>
</tr>
<tr>
<td>Academic Partners</td>
<td>• Academic Partners were well informed about changes to student placements due to Operational Readiness &amp; Transition activities</td>
</tr>
<tr>
<td>PCL</td>
<td>• Terms and Conditions of the Design – Build Agreement were not compromised through our Operational Readiness &amp; Transition activities</td>
</tr>
<tr>
<td>Media</td>
<td>• The media were engaged and informed about the Expansion Project’s progress and major milestones</td>
</tr>
<tr>
<td>Government</td>
<td>• The Expansion Project was delivered on time, on budget and within scope</td>
</tr>
<tr>
<td></td>
<td>• The Government was informed of the Expansion Project’s progress and key milestones for their engagement</td>
</tr>
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</table>
4.2 Project Completion “Done”

The Expansion Project will be considered ‘done’ when Clinical Services/Support Services are operational in a manner that incorporates:

- YHC’s mission, vision, values and strategic goals
- Intended modifications to the workflow processes
- Adaptation to the new physical environment
- Process and service quality improvements where identified
- Related processes and protocols in place
- Operations normalized for the 2 month period post 'First Patient Day'
Governance & Oversight
## 5.1 Enterprise Roles & Responsibilities

<table>
<thead>
<tr>
<th>ROLE</th>
<th>RESPONSIBILITY</th>
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</table>
| **Executive Leadership**                      | • Set the Operational Readiness & Transition strategy and vision  
• Communicate the Vision  
• Receive, validate and provide direction on recommendations/risks from the Expansion Project Steering Committee  
• Approve any financial requests not previously identified in the Expansion Project budget within authority levels  
• Approve any changes in scope within authority levels (i.e. service delivery, patient experience) |
| **Executive Director, Quality & Strategy (Executive Sponsor)** | • Communicate the Operational Readiness & Transition vision  
• Provide direction for planning and implementation of the Operational Readiness & Transition strategy  
• Manage in interface between Construction and Operational Readiness & Transition activities  
• Receive, validate and provide direction on recommendations/risks from the Expansion Project Steering Committee  
• Inform the Expansion Project budget  
• Manage the consultant interface/contract with Stantec  
• Report to the Executive Leadership Team and/or CEO any unresolved issues/risks that may require further strategic direction |
## 5.1 Enterprise Roles & Responsibilities

<table>
<thead>
<tr>
<th>ROLE</th>
<th>RESPONSIBILITY</th>
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</table>
| **Expansion Project Steering Committee** | • Review, understand and communicate the Operational Readiness & Transition Planning Project Charter  
• Use Planning Principles & First Patient Day Views as the foundation for decision making  
• Provide direction and coordination for planning and implementation of the Operational Readiness Planning & Transition Strategic Initiatives  
• Receive and review monthly project status reports for all affected Clinical/Support Services and validate performance against workplan  
• Review risk items identified where critical issues require corrective action  
• Assess and provide oversight for risk mitigation  
• Provide direction for timing and sequencing of priority projects and interdependencies to track towards successful completion of major milestones  
• Review, endorse and monitor service delivery plans  
• Provide oversight on Project communication |
| **Operational Readiness & Transition Project Lead** | • Coordinate the development and implementation of the Operational Readiness & Transition Plan  
• Guide and support the Managers through the Operational Readiness & Transition Project Plan  
• Assist in the assessment of the degree of change that may require internal/external support.  
• Assist in the reconciliation of the activities associated with Operational Readiness & Transition Planning  
• Key interface with Stantec  
• Primary liaison with the Capital Planning/Construction Team |
### 5.1 Enterprise Roles & Responsibilities

<table>
<thead>
<tr>
<th>ROLE</th>
<th>RESPONSIBILITY</th>
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</thead>
</table>
| **Clinical Services & Support Service Teams** | • Adhere to the overarching Operational Readiness & Transition Planning Principles  
• Identify process re-design opportunities and develop implementation plans  
• Ensure their constituents are appropriately represented  
• Meeting attendance & engagement  
• Multi-directional feedback/communication  
• Contribute to the work at hand  
• Hold each other accountable  
• Identify barriers and work towards solutions |
| **Operational Task Forces (as required)** | • Cross-functional teams assembled as required to address and provide recommendations for Operational Readiness & Transition Planning process re-design initiatives and/or issues  
• Meet the expected timelines to coordinate activities between Capital Planning and Operational Readiness & Transition Planning |
| **IM/IT Lead**                    | • Develop an IM/IT Information and Equipment Roadmap and align with the CIO Division FY 16/17 Operational Plan  
• Identify any IM/IT Operational and Capital impacts to the Project schedules  
• Participate with each of the Clinical Service/Support Service Teams as appropriate |
| **Communications Lead**           | • Develop any internal and external communications required to support Operational Readiness & Transition Planning  
• Provide support to the Clinical Service/Support Service Teams |
5.1 Enterprise Roles & Responsibilities

<table>
<thead>
<tr>
<th>ROLE</th>
<th>RESPONSIBILITY</th>
</tr>
</thead>
</table>
| Stantec | - Support YHC with Operational Readiness & Transition project advisory, planning and controls and reporting as it relates to the affected Programs/Services (ED, MI, Data Centre)  
- Engage Leads of affected Clinical Services/Support Services to identify workplan deliverables, accountabilities and timelines  
- Utilize healthcare experience and knowledge to assist Programs/Services in the development of their work plans and risk mitigation  
- Identify Operational Readiness & Transition risks and monitor as required  
- Develop and monitor monthly reporting dashboard  
- Assess monthly performance of project and risks and provide go-forward advice on Operational Readiness & Transition Planning |
5.2 Governance Reporting

The Expansion Project Steering Committee oversees the implementation of the Operational Readiness & Transition Project Plan and reports directly to the Executive Leadership.

The Expansion Project Steering Committee is chaired by the CEO.

The diagrams on the following pages outline the Operational Readiness & Transition project structure for the Expansion Project as well as the Governance Decision Making process to assist in managing the Operational Readiness and Transition key deliverables.
Governance & Oversight

STRONG COORDINATION BETWEEN OPERATIONAL READINESS & TRANSITION PLANNING AND EXPANSION PROJECT CONSTRUCTION TEAMS
5.2 Governance Reporting

Management of the Project’s “health” and the certainty of achieving the desired outcomes for 'First Patient Day' is an integral part of the Operational Readiness & Transition Planning and control process.

Through interactive discussions with Operational Readiness Clinical Service/Support Service Teams and other project participants and stakeholders, areas of uncertainty, possible impediments, and risks to the targeted Operational Readiness & Transition outcomes will be identified, documented and response/mitigation strategies developed.

A monthly performance assessment report that addresses each major area of Operational Readiness & Transition activity will be produced with an executive “dashboard” that classifies each area in one of three ways as defined on the following page.

Stantec will provide a written status report to the Operational Readiness & Transition Executive Sponsor, Lead, Operational Readiness & Transition Planning and Expansion Project Steering Committee on a monthly basis.
<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
</tr>
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</table>
| | On track to achieve Operational Readiness & Transition targets for January 2018*  
| | • issues may exist, but they are being managed  
| | • the deliverables can be delivered to the targeted outcome  
|  | *Data Centre will be tracking against November 2017  
| | At risk to achieve Operational Readiness & Transition targets for January 2018  
| | • deliverables remain under control but risks / potential impediments have been identified  
| | • with preventative action/ mitigation, the deliverables can be delivered to the targeted outcome  
| | Critical issue(s) may prevent achieving Operational Readiness & Transition targets for January 2018  
| | • critical issues exist that will impact achieving Operational Readiness & Transition targets if not addressed  
| | • corrective action required – may be insufficient time to resolve issues or require revising targeted outcomes  
| | Assessment could not be made at this time, due to:  
| | • not being able to meet with the Clinical/Support service or  
| | • incomplete workplan updates |
6.1 Operational Readiness & Transition – Roadmap

A best practice Operational Readiness & Transition Roadmap will be followed to ensure Operational Readiness & Transition workplans incorporate:

- Work flow and process redesign
- Patient care/service delivery model(s)
- Bed/clinic/service maps
- Emergency measures planning
- Human resource considerations
- Staff schedules
- Equipment plans (including adoption strategies)
- Policy and procedures review/revisions, development
- Staff orientation and training requirements
- Occupancy plan
- Communication plan (internal and external)
- Sustainability plan

The Roadmap (Appendix C) will position YHC to achieve its Operational Readiness & Transition Planning Goals.
Recognizing that a formal Change Management Framework is not in place, Change Management “Pulse Checks” will be implemented pre and post 'First Patient Day' to identify WGH's capacity for change at the Clinical/Support Service level. The method to perform “Pulse Checks” will vary depending on the Clinical/Support service.

The purpose of Change Management “Pulse Checks” is to:

- Determine the time available to adopt the change
- Determine the willingness for engagement in the change process
- Identify key areas and/or People that may require support to move from current to future state
- Ensure that changes, once implemented, are measured and evaluated

The Communication Plan will be leveraged to engage and share expected changes.
A YHC Corporate Communications Plan (Appendix D) has been developed and will support the implementation of the Expansion Project.

Key Operational Readiness & Transition communication messages will be developed and shared across the corporation. Key stakeholders will be identified and communicated with by an approved method with a determined frequency.

The objectives of the YHC’s Operational Readiness & Transition Communication approach is to:

1. Build awareness and engagement around the project among key audiences
2. Utilize the strategies outlined in the Internal Communications Plan and External Communications Plan
3. Be Proactive. With Communications active participation in Expansion Project Steering Committee, deliberately identify key messages during the closing of each meeting.
Risk Management is an integral part of Operational Readiness & Transition Planning. YHC will utilize Stantec’s best practice risk management framework (Appendix E) to develop Operational Readiness & Transition risks and risk responses/mitigation strategies.

Risk monitoring and management of mitigated highly rated risks will be part of the monthly management and reporting process for Operational Readiness & Transition Planning.
The Operational Readiness & Transition Team will use a business centric project ownership model where Clinical/Support Service Teams remain responsible/accountable for project implementation and outcomes of their respective Operational Readiness & Transition workplans.

The Operational Readiness & Transition Team will provide support and education to the Operational Readiness & Transition project teams, including: standardized PM tools and templates:

- Change Management strategies
- Training, coaching and mentoring
- Project delivery and controls advice
- Risk assessment/risk management
- Centralized reporting to various oversight Committees

It is our intent to collect and share Lessons Learned at various stages of this project in order to: Retool the approach moving forward.

The diagram on the following page outlines the Operational Readiness & Transition Stantec monthly report development process.
6.5 Project Collaboration Strategy & Tools

MONTHLY PROJECT STATUS REPORT

Executive Dashboard

- PROJECT STATUS
  - Accomplishments
  - Deliverable Status
  - Stakeholder Issues

- KEY ISSUES & ACTION ITEMS

- MAJOR RISKS & RESPONSES
  - Major Risks
  - Accountabilities
  - Risk Responses

STANTEC MONTHLY REPORTING & ADVISORY SERVICES
Appendices
## Common Budget Considerations

### Operational & Transition Planning
- Temporary backfill staffing to free up key resources to focus on Operational Readiness & Transition activities, such as training and/or process redesign

### Project Management
- Project Management contract resources

### Change management
- Change Management training, support and resources (including physicians and managers)

### Process Redesign
- Consulting expertise
- Lean training for service delivery team members
- Process improvement initiatives

### Strategic Planning
- Communications
- HR workforce planning, recruiting, labour relations costs

### Training and Orientation
- Clinical and non-clinical
- Training on new processes
- Orientation to the redeveloped facility, technology and equipment

### IS/IT integration
- Testing and piloting of IS/IT components and integration
Appendix B

Strategic Pan 2013 - 2017
our commitment

The Yukon Hospital Corporation and the members of the Board of Trustees are committed to achieving the mission, vision, and goals outlined in this Strategic Plan. Over the next five years, we will annually review and update the Plan to ensure that new and emerging challenges are effectively addressed.
our mission

SAFE AND EXCELLENT HOSPITAL CARE
our vision

As a newly integrated family of hospitals, the Yukon Hospital Corporation remains committed to providing quality hospital care services to patients throughout the Yukon. We are proud of our Yukon First Nations Health Program which is a model for health services in Canada and internationally.

YHC employees continue to be our greatest asset. The YHC’s Board of Trustees and our hospitals’ Senior Management Teams provide strong and sound leadership, allowing the YHC to grow, adapt to the ever-changing environment and offer innovative and creative health solutions for Yukon people.

We are fiscally responsible, and a credible and trusted partner in the broader Yukon health care community. We support the efforts of our colleagues and provide a seamless transition back to the community for our patients.
our values

ACCESSIBILITY

We offer open and unrestricted access to all people seeking hospital care services.

COMPASSION

We believe in acting through empathy, understanding and kindness.
RESPECT

We believe in human dignity, human rights, and honour for the individual, and in demonstrating courtesy for the feelings and circumstances of others.

COLLABORATION

We commit to working with our partners to achieve the best possible care for our patients.

EXCELLENCE

We commit to pursuing continuous improvement and innovation to achieve exemplary performance.
CREATE EXCELLENCE IN PATIENT CARE

Excellence in patient care is achieved through care which enhances health and well-being, is timely, safe, compassionate, comprehensive and culturally appropriate.
our challenges

Over the next five years the Yukon Hospital Corporation will face a number of challenges in providing excellent patient care. The Yukon population is expected to grow and the demographics change to include both an aging population and increased births. There will be increasing demands for hospital health care services as well as expectations that all levels of care will be provided within a hospital setting. Care “closer to home” will also be a priority for Yukoners. With the expanding cultural diversity of the Yukon, there will continue to be a need for culturally appropriate programs such as our First Nations Health Program.

desired outcomes

The Yukon Hospital Corporation is determined to achieve:

> Patients are our first priority.
> A safe hospital experience.
> A healthier, informed and satisfied patient.
> Prompt attentive patient care.
> Increased and informed involvement by patients in their care.
SUPPORT PASSIONATE AND ENGAGED PEOPLE

Passionate and engaged employees are supported by competent leadership in a culture of communication, appreciation, and empowerment. Our teams are highly skilled and caring professionals devoted to delivering the highest quality of patient care.
our challenges

The Yukon Hospital Corporation will experience increased challenges in attracting and recruiting competent and well-trained employees. This is based on the ever-growing demand and competition for health care professionals, the remote locations of our facilities and the limited availability and affordability of housing in the Yukon. The demographics of our workforce are also changing with younger and more culturally diverse employees taking the place of our older employees as they retire. Maintaining a full complement of staff and engaging this increasingly diverse workforce will require strong leadership which involves and empowers our employees. Also essential is the creation of an organizational culture which is collaborative, respects diversity, and adapts to continually changing expectations.

desired outcomes

The Yukon Hospital Corporation supports:

> Productive, engaged and committed teams.
> An optimal staffing complement.
> An organization which values employees and where employees value the organization.
> A supportive working environment in which employees have opportunities to learn, grow and advance.
> Being an employer of choice in the view of our employees.
Strong organizational capabilities include being fiscally responsible and progressive in providing both the standards of service and infrastructure required to be effective in the business of health care.
our challenges

The cost of health care is increasing and budgets are tight; however, we must support the building of new hospitals, as well as maintaining facilities and equipment. These are extremely costly ventures. Our Corporation is rapidly evolving to a larger and more complex organization. Our hospitals and health care practices must be standardized, synchronized, and compatible to create balance between all our facilities. This requires a high degree of reliance on information technology which is costly due to our remote location. A key challenge is to ensure a business approach to all prospective business opportunities, and continually question the value of our investments to the patient. Continuing to maintain highly effective governance and management processes to support strong organizational capabilities will be essential.

desired outcomes

> A well-integrated system of hospital care performing efficiently and effectively.

> A clear focus on the core business of patient care through a deep understanding of hospital operations.

> A fiscally strong and financially sustainable organization.

> Safe, workable facilities for patients and employees.
Effective health care partnerships are collaborative and cooperative relationships with our colleagues which optimize resources and provide excellence in the full continuum of patient care.
our challenges

Although we enjoy excellent relationships with many of our partners and stakeholders, we will be challenged to build stronger and more cooperative relationships over the next few years and explore new partnerships. All health care organizations are facing increased challenges; therefore, collaboration will provide even more value to our patients.

desired outcomes

> A network of mutually supportive health care partners.

> Opportunities for collaboration and cooperation in achieving savings and efficiencies, while improving patient outcomes.

> Optimal patient care across the care continuum through integration of YHC programs and services within the Yukon health care system.

> Ongoing engagement and involvement of every partnership and stakeholder available to the YHC to the best of our ability.

> Increased engagement with First Nations, all industries and all levels of government.

> Continued recognition for YHC as a good corporate citizen.
## Initiating

### Enterprise
- Governance Structure
- Hospital Wide First Patient Day Views and Planning Principles
- Information & Equipment First Patient Day View and Planning Principles
- Operational Readiness and Transition Budget
- Enterprise Operational Readiness Project Charter

### Dept/Program
- Enterprise Change Map with Programs/Services

### Internal Communications
- Develop Communications Plan Roadmap
- Develop Communications Plan Content
- Communications of Governance Structure, First Patient Day View, Budget, and Charter

### External Communications
- Key Messaging/Communication of First Patient Day View and Budget

## Planning

### Enterprise
- Multi-Disciplinary Planning Teams Established for each Program/Dept
- Review and Validation of Service Delivery Plans
- Enterprise Change Map with Programs
- Conduct Coaching Sessions for Dept/Program Workplan Development
- Operational Readiness Transition Planning
- Operational Readiness & Transition Planning Risk Register

### Dept/Program
- Planning Teams Established
- Service Delivery Plan Established
- Operationalize the Design Workshops
- Workplan Development
  - Deliverable Breakdown Structure
  - Stakeholder Analysis
  - Schedule and Task Assignments
  - Assumptions and Constraints
  - Project Roles and Responsibilities
  - High Level Risks Identified and Response Strategies
  - Change Management Pulse Check
  - First Patient Day View Communications with Stakeholders

### Internal Communications
- Planning Team Kick-off Meetings
- Internal Communications

### External Communications
- Key Messaging/Communications

## Executing

### Enterprise
- Enterprise Operational Readiness Tactical Elements
  - Program
  - Financial
  - People
  - Process
  - Technology
  - Facility
  - Operational Communications
  - Change Management & Support
  - Rewards and Recognition

### Dept/Program
- Operational Readiness Tactical Elements
  - Program
  - Financial
  - People
  - Process
  - Technology
  - Facility
  - Operational Communications
- Change Management & Support
- Rewards and Recognition

### Internal Communications
- Communication of Tactical Elements, Rewards & Recognition

### External Communications
- Presentations, Publications, & Journal Submissions
- Publicity and Public Events

## Monitoring

### Enterprise
- Risk Assessment and Mitigation
- Performance Assessment & Corrective Action
- Review Refreshed Service Delivery Plan
- Consolidated Lessons Learned
- Collect and Monitor Project Success Metrics

### Dept/Program
- Monthly Status Reporting
- Continuous Improvement
- Refresh Service Delivery Plan
- Program Level Lessons Learned
- Project Success Metrics Monitoring Report

### Internal Communications
- Communication of Project Status

### External Communications
- TBD

## Closing

### Enterprise
- Consolidated Lessons Learned
- Evaluations Occurring Post Occupancy Action
- Team Celebrations
- Publicity and Public Events
- Close Out Deliverables
  - Close Out Report
  - Orientation and Training Manuals
  - Operations Manuals

### Dept/Program
- Lessons Learned Report
- Team Celebrations

### Internal Communications
- Project Team Celebrations

### External Communications
- Presentations
- Publicity and Public Events

### Internal Communications
- Publicity and Public Events
- Team Celebrations
- Lessons Learned Report

### External Communications
- Presentations
- Publicity and Public Events
**Change Leadership & Urgency**

- **Create A Sense of Urgency**
- **Creating the Guiding Coalition**
- **Developing a Change Vision**
- **Communicating the Vision for Buy-in**
- **Empowering Broad-Based Action**
- **Generating Short-term Wins**
- **Don’t Let Up!**
- **Make it Stick**

---

**Kotter’s Change Management Model**

1. **Create a Sense of Urgency**
2. **Creating the Guiding Coalition**
3. **Developing a Change Vision**
4. **Communicating the Vision for Buy-in**
5. **Empowering Broad-Based Action**
6. **Generating Short-term Wins**
7. **Don’t Let Up!**
8. **Make it Stick**

---

**Project Management Areas**

- **Cost**
- **Communication**
- **Risk**
- **Time**
- **People**
- **Scope**

---

**Symbols**

- **Kotter’s Steps**
- **Communications (Internal)**
- **Communications (External)**
- **Preparation**
- **Process**
- **Deliverable**
- **Outcome of Decision**
- **Template**
- **Governance**
- **Redevelopment Implication**

---

**Key Deliverable**

- **Communication of Governance Structure**
- **Communication of Opening Day View Template**
- **Project Governance Structure**
- **Develop Hospital Wide First Patient Day View & Planning Principles via Workshop**
- **Enterprise Level Change Management Strategy**
- **Develop Operational Readiness & Transition Activity Tracking Document**
- **Endorsement of Project Charter @ Board**
- **Enterprise Operational Readiness Project Charter**
- **Endorsed**
- **Project Charter Endorsed**
- **Communicate of Project Charter External**
- **Communicate of Budget**
- **Key Messaging / Communication External**
- **Develop Operational Readiness Project Charter Draft**
- **Draft PCOB Master Program & Functional Program**
- **Project Agreement Obligations**
- **Master Program & Functional Program**
- **Space Implications**

---

**Kingston’s Steps**

1. **Create a Sense of Urgency**
2. **Creating the Guiding Coalition**
3. **Developing a Change Vision**
4. **Communicating the Vision for Buy-in**
5. **Empowering Broad-Based Action**
6. **Generating Short-term Wins**
7. **Don’t Let Up!**
8. **Make it Stick**

---

**Governance Structure**

- **Planning Principles & First Patient Day View**
- **Change Management Support**
- **OPE Readiness & Transition Budget Strategy**
- **Project Charter**

---

**Strategic Alignment and Performance**

- **Communications**
- **Governance**
- **Department/ Program Level**
- **Capital Planning and Finance**
- **Organizational**
- **Senior Mgm't Team**
- **Executive Leadership**
- **PMI Phases**
- **Project Start Up**

---

**Kotter’s Change Management Model**

1. Create a Sense of Urgency
2. Creating the Guiding Coalition
3. Developing a Change Vision
4. Communicating the Vision for Buy-in
5. Empowering Broad-Based Action
6. Generating Short-term Wins
7. Don’t Let Up!
8. Make it Stick
### Kotter’s Change Management Model

1. **Create a Sense of Urgency**
2. **Creating the Guiding Coalition**
3. **Developing a Change Vision**
4. **Communicating the Vision for Buy-In**
5. **Empowering Broad-Based Action**
6. **Generating Short-term Wins**
7. **Don’t Let Up!**
8. **Make It Stick**

### Strategic Alignment & Performance Metrics

<table>
<thead>
<tr>
<th>Key Deliverable</th>
<th>Initial Planning</th>
<th>Strategic Alignment</th>
<th>Performance Management</th>
<th>Continuous Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Mitigation &amp; Contingency Plans</td>
<td>Performance Assessment &amp; Corrective Action</td>
<td>Continuous Improvement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Communication of Project Status**
- **Major Decisions**
- **Major Project Decisions**
- **Monitoring Alignment of Strategic Priorities**
- **Monitoring of Performance Metrics**

### Project Management Areas

- **Cost**
- **Communication**
- **Risk**
- **Time**
- **People**
- **Scope**

### Symbols

- Kotter’s Steps
- Communications/Element (Internal)
- Communications/Elements (External)
- Preparation
- Process
- Deliverable Document
- Outcome of Decision
- Template
- Governance
- Redevelopment
- Implication

### Symbols

- **PMI**
- **Phases**
- **Executive Leadership Team and/or Senior Mgm’t Team**
- **Department/Program Level**
- **Capital Planning including ICT and F&E**
- **Strategic Alignment and Performance Metrics**
- **Change Management**
- **Communications**
- **Governance**
- **Kotter’s Change Management Model**

### “What Gets Measured Gets Done”

- **Don’t Let Up!**
- **Make It Stick**
## Communications

### 2016/17

<table>
<thead>
<tr>
<th>Tactic</th>
<th>Audience</th>
<th>Goal</th>
<th>Key Messages</th>
<th>Outcome</th>
<th>Timing</th>
<th>Measure</th>
<th>Cost</th>
</tr>
</thead>
</table>
| **Communications Calendar / Media Plan** | Internal External (media) | - Demonstrate alignment with YHC strategic priorities  
- Contribute to YHC care and work environments through effective internal communications  
- Develop and deliver effective external engagement and communication  
- Strengthen YHC’s brand identity and reputation in collaboration with others  
- Share information about our programs, services and major initiatives  
- Ensure efficient, timely and effective communication  
- Ensure consistency, clarity and professionalism of messages  
- Ensure that staff and the public are well informed  
- Be responsive to media requests | - Standard, timely, consistent & relevant communications  
- Informed, engaged stakeholders  
- Positive patient experience  
- Increased understanding of hospital programs and services by patients, families and others  
- Increased support of Yukon hospital programs and services  
- Increased profile of YHC as a good community partner | Ongoing | - Positive media coverage  
- Seeded stories | $0 |
| **Media Relations** | External | - Develop and deliver effective external engagement and communication  
- Share information about our programs, services and major initiatives  
- Ensure patient privacy is respected  
- Ensure that the public is well informed  
- Be responsive to media requests  
- Support a positive working relationship  
- Positive working relationships with media that are based on openness and transparency | | Ongoing | - Feedback  
- Media coverage | $1,500 |
<table>
<thead>
<tr>
<th>Tactic</th>
<th>Audience</th>
<th>Goal</th>
<th>Key Messages</th>
<th>Outcome</th>
<th>Timing</th>
<th>Measure</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communications Development &amp; Support</td>
<td>Internal</td>
<td>Contribute to YHC care and work environments through effective internal communications</td>
<td>Ensure timely, relevant and consistent communications</td>
<td>Informed, engaged stakeholders</td>
<td>January</td>
<td>Positive media coverage, Views/clicks, Well planned, tim and executed communications, Success of strategic initiatives (project goals, budget, etc.), Effective use of communications resources, Higher staff satisfaction, Higher patient satisfaction, Improved performance, Feedback/informal survey</td>
<td>$0</td>
</tr>
<tr>
<td>WGH Expansion Communications</td>
<td>Internal</td>
<td>Contribute to YHC care and work environments through effective internal communications</td>
<td>Informed, less anxious community, Informed, engaged stakeholders regarding important strategic initiatives that have a significant impact on hospital services, Continued positive and supportive working relationships</td>
<td>Ongoing</td>
<td>Comms. analyst on-boarded, oriented, Specific measures identified in communication plan</td>
<td>Project budget</td>
<td></td>
</tr>
<tr>
<td>Internal Communications Plan</td>
<td>Internal</td>
<td>Contribute to YHC care and work environments through effective internal communications</td>
<td>Increased communication among employees, physicians and senior leaders, Informed and engaged employees, Positive and supportive working relationships with all internal stakeholders</td>
<td>March</td>
<td>Measures to be identified in plan</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Tactic</td>
<td>Audience</td>
<td>Goal</td>
<td>Key Messages</td>
<td>Outcome</td>
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</tbody>
</table>
| Internal Communications       | Internal          | Contribute to YHC care and work environments through effective internal communications | Messages will answer key questions:                                                                                     |  - Increased communication among employees, physicians and senior leaders  
  - Informed and engaged employees  
  - Positive and supportive working relationships with all internal stakeholders  
  - Higher staff satisfaction |        | Measures to be identified in plan                                    |        |
| materials                    |                   |                                                                     |  - What does it mean for me?  
  - Why should I care?  
  - What role do I play?  
  - How do I know if we're on the right track?  
  - Who’s who?  
  - What’s next? |  - Increased communication among employees, physicians and senior leaders  
  - Informed and engaged employees  
  - Positive and supportive working relationships with all internal stakeholders  
  - Higher staff satisfaction |        | Readership/Clicks                                                   | $10,000 |

| Internal Engagement tools     |                   | Contribute to YHC care and work environments through effective internal communications | Messages will answer key questions:                                                                                     |  - Increased communication among employees, physicians and senior leaders  
  - Informed and engaged employees  
  - Positive and supportive working relationships with all internal stakeholders  
  - Higher staff satisfaction |        | Measures to be identified in plan                                    |        |
|                              |                   |                                                                     |  - What does it mean for me?  
  - Why should I care?  
  - What role do I play?  
  - How do I know if we're on the right track?  
  - Who’s who?  
  - What’s next? |  - Increased communication among employees, physicians and senior leaders  
  - Informed and engaged employees  
  - Positive and supportive working relationships with all internal stakeholders  
  - Higher staff satisfaction |        | Staff satisfaction related to communications and senior leadership     |        |
<table>
<thead>
<tr>
<th>Tactic</th>
<th>Audience</th>
<th>Goal</th>
<th>Key Messages</th>
<th>Outcome</th>
<th>Timing</th>
<th>Measure</th>
<th>Cost</th>
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</thead>
<tbody>
<tr>
<td><strong>Branding &amp; Promotion</strong></td>
<td>Public Patient</td>
<td>Strengthen YHC’s brand identity and reputation in collaboration with others</td>
<td>• Our mission is to provide safe and excellent care, closer to home</td>
<td>• Increased understanding of who we are, what we do and the benefit we provide to all Yukoners</td>
<td>Ongoing</td>
<td>Survey</td>
<td>$12,100</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Aim to create a positive patient experience</td>
<td></td>
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<td>Website</td>
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<td></td>
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<td>• Our services have set the standard in our territory and are models of care both nationally and internationally</td>
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<td></td>
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<td></td>
<td>• We have highly skilled, dedicated people</td>
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<tr>
<td><strong>Website</strong></td>
<td>Patients, Families Community Health Partners, Hospital staff</td>
<td>Develop and deliver effective external engagement and communication</td>
<td>• Ensure timely, relevant and consistent communications</td>
<td>• Standard, timely, consistent &amp; relevant communications</td>
<td>January-February</td>
<td>Visitors, Polls, Survey, Clickthroughs</td>
<td>$0</td>
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<tr>
<td></td>
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<td></td>
<td>• Provide up-to-date information for patients and community health partners</td>
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<td></td>
<td></td>
<td></td>
<td>• Provide easy-to-use tool for getting information about hospital programs and services</td>
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</tr>
<tr>
<td><strong>Social Media</strong></td>
<td>Internal, External</td>
<td>Contribute to YHC care and work environments through effective internal communications</td>
<td>• Informed, less anxious public</td>
<td>• Standard, timely, consistent &amp; relevant communications</td>
<td>Ongoing</td>
<td>Likes, Mentions, Followers, Direct messages, Retweets, Favourites</td>
<td>$0</td>
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<td></td>
<td>• Develop and deliver effective external engagement and communication</td>
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<tr>
<td>Tactic</td>
<td>Audience</td>
<td>Goal</td>
<td>Key Messages</td>
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<td>Timing</td>
<td>Measure</td>
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<tr>
<td><strong>Patient Literature &amp; Way finding</strong></td>
<td>Public Patient</td>
<td>• Develop and deliver effective external engagement and communication</td>
<td>• Higher patient satisfaction</td>
<td>September</td>
<td>• Patient experience survey</td>
<td>$5,000</td>
<td></td>
</tr>
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<tr>
<td></td>
<td></td>
<td>• Develop and enhance patient-centered corporate pamphlets and brochures</td>
<td>• Improve way finding through improved signage</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Year in Review</strong></td>
<td>YTG Public Patients</td>
<td>• Develop and deliver effective external engagement and communication</td>
<td>• Informed, engaged stakeholders</td>
<td>September</td>
<td>• Survey</td>
<td>$10,000</td>
<td></td>
</tr>
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<td></td>
<td></td>
<td>• Develop and produce hospital annual report, including:</td>
<td>• Design, Print, and Photography</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Our Pulse</strong></td>
<td>Public Patients</td>
<td>• Develop and deliver effective external engagement and communication</td>
<td>• Informed, engaged stakeholders</td>
<td>January/June</td>
<td>• Survey</td>
<td>$10,000</td>
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<td></td>
<td></td>
<td>• Develop and produce two (2) issues of the community newsletter each year in collaboration with Yukon Hospital Foundation</td>
<td>• Design, Print, and Mailing</td>
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<tr>
<td><strong>Videos</strong></td>
<td></td>
<td>• Develop videos to highlight hospital programs and services</td>
<td>• Informed, engaged stakeholders</td>
<td>TBD</td>
<td>• Views</td>
<td>$2,000</td>
<td></td>
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<td></td>
<td></td>
<td>• Preparing for surgery, Volunteering</td>
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<tr>
<td><strong>Patient Experience Report</strong></td>
<td></td>
<td>• Develop and deliver effective external engagement and communication</td>
<td>• Safe and excellent hospital care, Provide the best possible patient experience</td>
<td>• Informed, engaged stakeholders</td>
<td>TBD</td>
<td>• Downloads</td>
<td>$4,000</td>
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<td></td>
<td>• Develop companion report to Year in</td>
<td>• Increased understanding of</td>
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</table>
### Tactic

<table>
<thead>
<tr>
<th>Audience</th>
<th>Goal</th>
<th>Key Messages</th>
<th>Outcome</th>
<th>Timing</th>
<th>Measure</th>
<th>Cost</th>
</tr>
</thead>
</table>
| Review that highlights quality/safety metrics, patient experience survey data, actions and results | who we are, what we do and the benefit we provide to all Yukoners | • Informed, less anxious community
• Higher patient satisfaction |

#### Podcasts
- Create short podcasts on hospital programs and services that answer common patient questions

**Examples:**
- Patient Care (internal)
- About FNHP
- FNHP advocacy and support
- FNHP traditional food and medicine
- About our Hospitals

• Develop and deliver effective external engagement and communication

• Informed, engaged stakeholders
• Increased understanding of who we are, what we do and the benefit we provide to all Yukoners
• Informed, less anxious community

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Measure</th>
<th>Cost</th>
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<tbody>
<tr>
<td>TBD</td>
<td>-</td>
<td><strong>$500</strong></td>
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</table>

### Patient Support & Engagement

#### 2016/17 Initiative

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Activity</th>
<th>Outcome</th>
<th>Target</th>
<th>Measure</th>
<th>Responsibility</th>
<th>Timing</th>
<th>Actions</th>
</tr>
</thead>
</table>
| Effective communication and engagement with dept. employees | Review/share corporate results, communications or key messages as needed (operational)
Regular bi-weekly one/one meetings with direct reports (operational)
Annual round table to discuss operational plan and employee survey results (strategic) | Good communication flow/sharing
Effective and efficient dept. operations
Engaged employees
Manager/employee accountability | Bi-weekly one/one meetings
Annual round table | Meetings are scheduled and attended
No missed communication opportunities (zero staff complaints/grievances)
80% or higher job satisfaction and ratings related to manager communication | Manager | Q1 Apr-Jun | • Continue with meetings (set and scheduled)
• Review and discuss employee survey results and operational plans |

| | | | | | Manager | Q2 Jul-Sep | • Determine communications needs/methods
• Create new communications tools/methods if needed.
• Meetings set and scheduled as employees on-boarded and oriented |
| **Employee Performance Management** | Complete annual performance reviews with all dept. staff. | Annual performance reviews complete for all employees | 100% participation and completion | Completed performance evaluation plans – clear developmental plan articulated for staff Qualitative analysis of dept. staff survey | Employee Manager | Q1 Apr-Jun | • Complete performance evaluation for FLS Coordinator  
• Work with employees to develop and finalize annual accountability agreements  
• Complete mid-year reviews with all employees by end the quarter  
• Complete annual performance reviews by end of fiscal year  
• Conduct informal dept. staff survey |
| **Skilled and Stable workforce** | Facilitate learning and development opportunities for staff Ensure all dept. staff complete mandatory education Ensure developmental and training plans in place for all dept. staff | Employees understand learning resources and support available to them Employees have the knowledge, resources and tools available to do jobs effectively and efficiently Each employee has plan to attain needed skills for job requirements or career development | Clear expectations/consistent method in place to share learning opportunities and information about resources Skills development plan for all employees 100% completion of mandatory education requirements | Staff utilization of available resources Progress against development plans | Employee Manager | Q1 Apr-Jun | • Review mandatory education requirements with each team member  
• Create method to communicate education resources, tools and opportunities  
• Work with employees to assess development needs and create development plans in conjunction with performance evaluation |
| **French Language Services** | Facilitate implementation of MOU with Yukon government French Language Services Directorate (FLSD) regarding French language services at WGH | English/French hospital website Environmental scan/needs assessment Three-year framework to enhance French language services at WGH | Website launched at start of Q1 Environmental scan complete by end of Q1 Framework in place | Milestones met Website traffic | FLSD Manager | Q1 Apr-Jun | • Launch French language website  
• Finalize three-year framework |
| **Volunteer Program** | Identify and assess options for a volunteer program in Yukon hospitals | A formal volunteer program for Yukon hospitals that helps to enhance the patient experience and improve staff engagement | 95% overall patient satisfaction 70% staff satisfaction – with scores continually trending higher related to senior leadership and | Patient experience survey Staff engagement survey Qualitative review of compliments and complaints | Manager | Q1 Apr-Jun | • Approved business plan and communications plan to implement volunteer program  
• Potential recruitment of a required FTE  
• Development of required |
### Overall Work Experience
- Positive feedback from patients and staff about volunteers.

### Volunteer Evaluations
- **Q2 Jul-Sep**
  - On-board and orient FTE
  - Develop job descriptions and training materials
  - Implement internal and external communications
  - Launch advertising and promotion to recruit volunteers

- **Q3 Oct-Dec**
  - Launch first volunteer opportunities
  - Conduct evaluation of program
  - Plan and budget for next fiscal year

- **Q4 Jan-Mar**
  - Launch second wave of opportunities

### Patient Support & Engagement

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td><strong>Q1 Apr-Jun</strong></td>
<td>Envision, identify and assess patient support services and patient engagement activities</td>
</tr>
<tr>
<td><strong>Q2 Jul-Sep</strong></td>
<td>Defined patient support and engagement activities – possibly encompassing hospital navigation (connect to hospital resources such as language support), way finding, patient advisors and patient survey – to enhance patient, increase patient involvement in care and inform policy and program planning and quality improvement efforts</td>
</tr>
<tr>
<td><strong>Q3 Oct-Dec</strong></td>
<td>To be determined</td>
</tr>
<tr>
<td><strong>Q4 Jan-Mar</strong></td>
<td>To be determined</td>
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</tbody>
</table>

- **Manager**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td><strong>Q1 Apr-Jun</strong></td>
<td>Conduct research and information gathering on patient engagement and support</td>
</tr>
<tr>
<td><strong>Q2 Jul-Sep</strong></td>
<td>Create defined vision</td>
</tr>
<tr>
<td><strong>Q3 Oct-Dec</strong></td>
<td>Complete needs assessment and draft operational plan</td>
</tr>
<tr>
<td><strong>Q4 Jan-Mar</strong></td>
<td>Finalize operational plan</td>
</tr>
<tr>
<td><strong>Q3 Oct-Dec</strong></td>
<td>Define required resources</td>
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<tr>
<td><strong>Q4 Jan-Mar</strong></td>
<td>Develop budget</td>
</tr>
<tr>
<td><strong>Q4 Jan-Mar</strong></td>
<td>Shift resources/possibly recruit</td>
</tr>
<tr>
<td><strong>Q4 Jan-Mar</strong></td>
<td>Develop relevant policies, procedures and processes</td>
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Appendix E

Risk Management Framework

Risk Categories/ Risk Breakdown Structure

**Strategic** – Risks associated with corporate governance including Organization structure, decision making processes, governance and oversight, internal culture and communication do not support the strategic direction of the organization.

**Operational** - Risks affecting operations and business support

**Clinical** - Risks that affect delivery of clinical services

**Human Resources** - Risks associated with staffing and human resources issues

**Facilities** - Risks associated with physical space

**Capital Integration** - Risks associated with coordination/ integration between YHC and PCL

**Reputation** – Risks associated with Reputation & Public Image, including public relations (including clients/patients, families), media relations, government relations, and community relations

**Regulatory** - Risks associated with regulatory authorities (i.e. Government, City, others) that may impact legal, regulatory, policies, standards, and Health & Safety

**Financial** - Risks associated to project budget funding and planning

**Force Majeure** - Risks associated with extraordinary events or unusual circumstance

**Communication** - Risks associated with communication to manage stakeholder (e.g. clients, patients and families, staff, volunteers, community) expectations

**Information Systems & Equipment** - Risks affecting design, implementation and use of IS, Furniture and Equipment at a system-wide level
### Corporate Level Risk Rankings

<table>
<thead>
<tr>
<th>IMPACT</th>
<th>Risk Description</th>
<th>Risk Response and Mitigation Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Risk is likely to occur. Significant impact to project schedule, quality, scope and/or cost.</td>
<td>Avoid: Revise approach to avoid the risk in the first place.</td>
</tr>
<tr>
<td>Medium</td>
<td>Risk is likely to occur. Significant impact to project schedule, quality, scope and/or cost.</td>
<td>Transfer: Transfer the risk to others via contracts, insurance, etc.</td>
</tr>
<tr>
<td>Low</td>
<td>Risk is likely to occur. Significant impact to project schedule, quality, scope and/or cost.</td>
<td>Mitigate: Revise approach to reduce risk probability/impact.</td>
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</table>

### Risk Response and Mitigation Strategies

**Avoid:** Revise approach to avoid the risk in the first place.

**Transfer:** Transfer the risk to others via contracts, insurance, etc.

**Mitigate:** Revise approach to reduce risk probability/impact.

**Accept:** Accept the risk and develop contingencies.