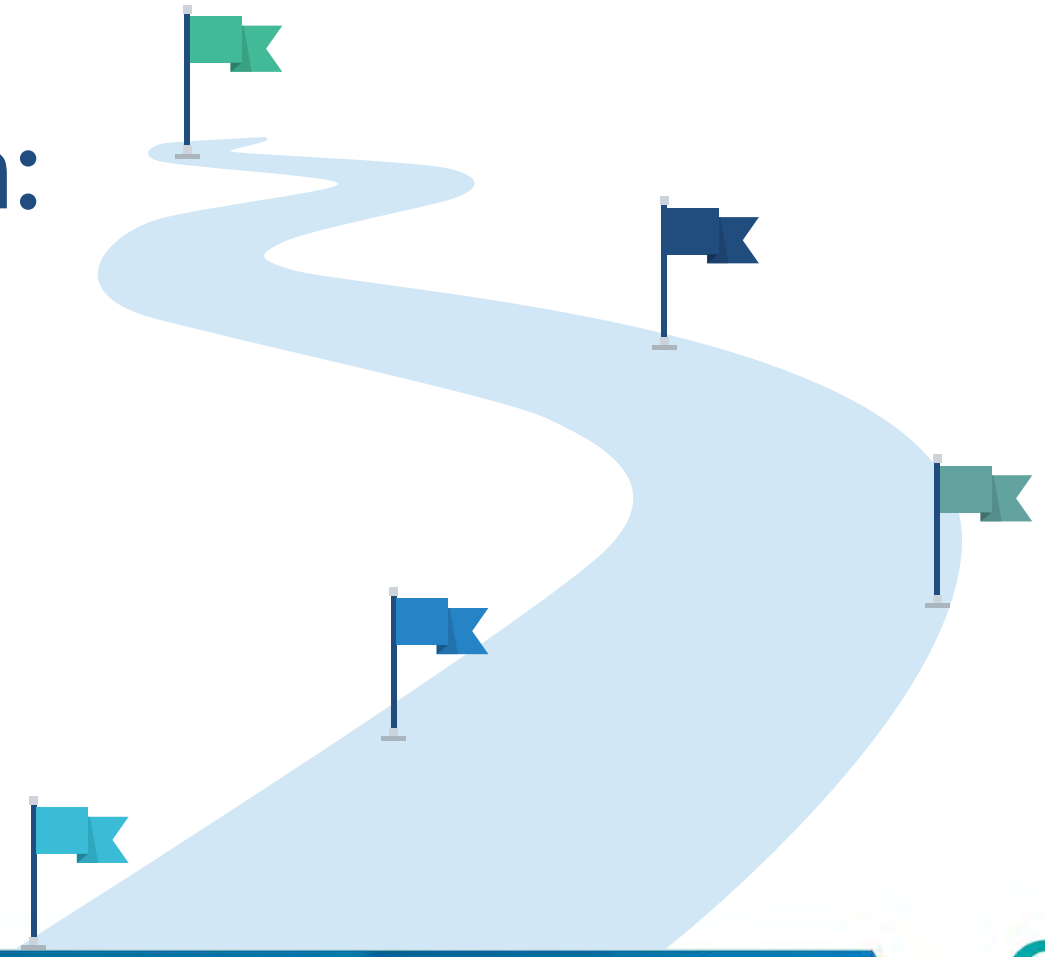
Operational Excellence and the Management System: Driving Quality using Data



Operational Excellence

Operational Excellence is NSH's approach to ***creating an environment that enables focus, alignment and continuous improvement*** at all levels of the organization

Organizational Focus and Alignment	Management System	People Development	Improvement Methods	Leadership Behaviours
The identification of True North and cascading of organizational goals creating alignment across the organization – from the boardroom to the frontline.	Behaviours, tools and techniques that enable continuous improvement and sustainability – the engine for improvement.	Integrated improvement capability-building and tailored training approaches for all staff.	Continuous improvement methodology using the NSH Improvement Approach.	Behaviours that support an improvement culture and empower the organization to deliver and improve at all Levels.

True North

True North is what we prioritize, strive to excel in, and use as long-term benchmarks for our success.

Access to Care

Patients receive the care they need at the right time, right place and from the right provider.

- **% Admissions for Ambulatory Care Sensitive Conditions**
- **% of Nova Scotians on NaFP Registry that we are proactively managing**
- **Surgery completed within benchmark**
- **ED Admitted % LOS <12 Hours**
- **Time to discharge/Transfer by 12PM**

Quality and Safety

Patients receive healthcare services that meet or exceed established best practice and professional standards to increase the likelihood of desired health outcomes and minimize their risk of harm.

- **Hospital Standardized Mortality Ratio** (HSMR)
- Serious **Reportable Events**

Healthy Communities

The overall health and well-being of the communities we serve including the experience of patients when interacting with us.

- **Patient Experience**: Patient rating of hospital stay from 0 (worst) to 10 (best)
- **Self Reported Health and/or Mental Health:** results from Canadian Community Health Survey

Workplace and Team

Physicians, staff and volunteers have a safe work environment and are part of a healthy, high-performing workforce.

- **Staff Engagement**: Staff rating for whether at work, they have the opportunity to do what they do best every day (0-no to 10-yes).
- **Incidents of violence against staff**

Sustainability

The provision of health services to our community to meet present needs without compromising the ability to deliver on future needs, considering environmental, social, and financial impacts.

- **Financial Variance**: Number of cost centres with overspend at end of each reporting cycle

Our Operational Excellence Journey

Setting the foundations
Where we have been

- **Created a common focus** – Established True North
- **Pilot and tailored a management system** – DMS and Operational Grip
- **Developed capability building programs and improvement method standards –** upskilling and common approaches
- **Established Leadership Behaviours –** expectations on how we show up

Spread and Scale
Where we are now

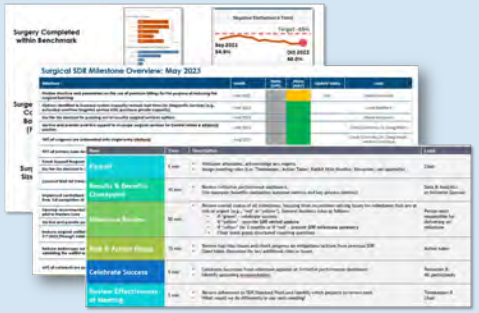
- **Aligning to True North** – deployment of common scorecards and visual management
- **Scaling the Management System** across clinical and corporate
- **Launch capability building programs** with a standard predictable delivery cadence
- **Continue to address communication needs** – Compass, monthly comms

Embedding and Sustaining
Where we are going

- **Systems, processes and checks in place** to withstand changes in people
- **Integrate the management system into daily operations**— not seen as separate, rather the way we work
- **Every staff member is a problem solver,** having the skills and capabilities they need

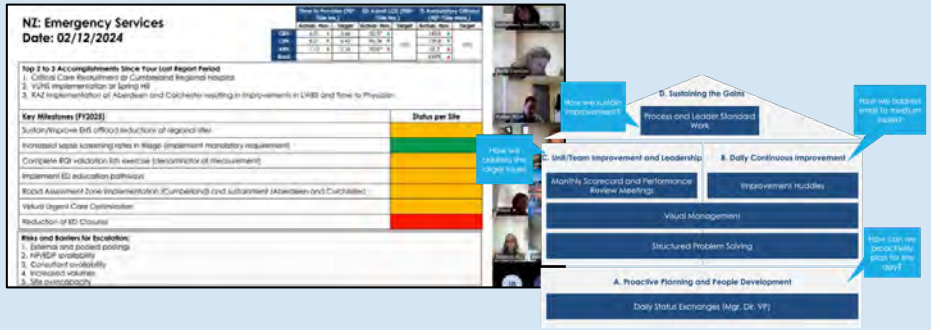
Management System: Drives Focus

The ‘Management System’ is a set of behaviours, tools, and techniques that enable continuous improvement and sustainability – the engine for improvement. It consists of two key components: Strategy Deployment Reviews (SDR) and the Management System Tools and Routines.



Strategy Deployment Reviews (SDR)

Structured sessions to align **system partners** on progress toward Health Leadership Team **(HLT)-endorsed transformation goals**.



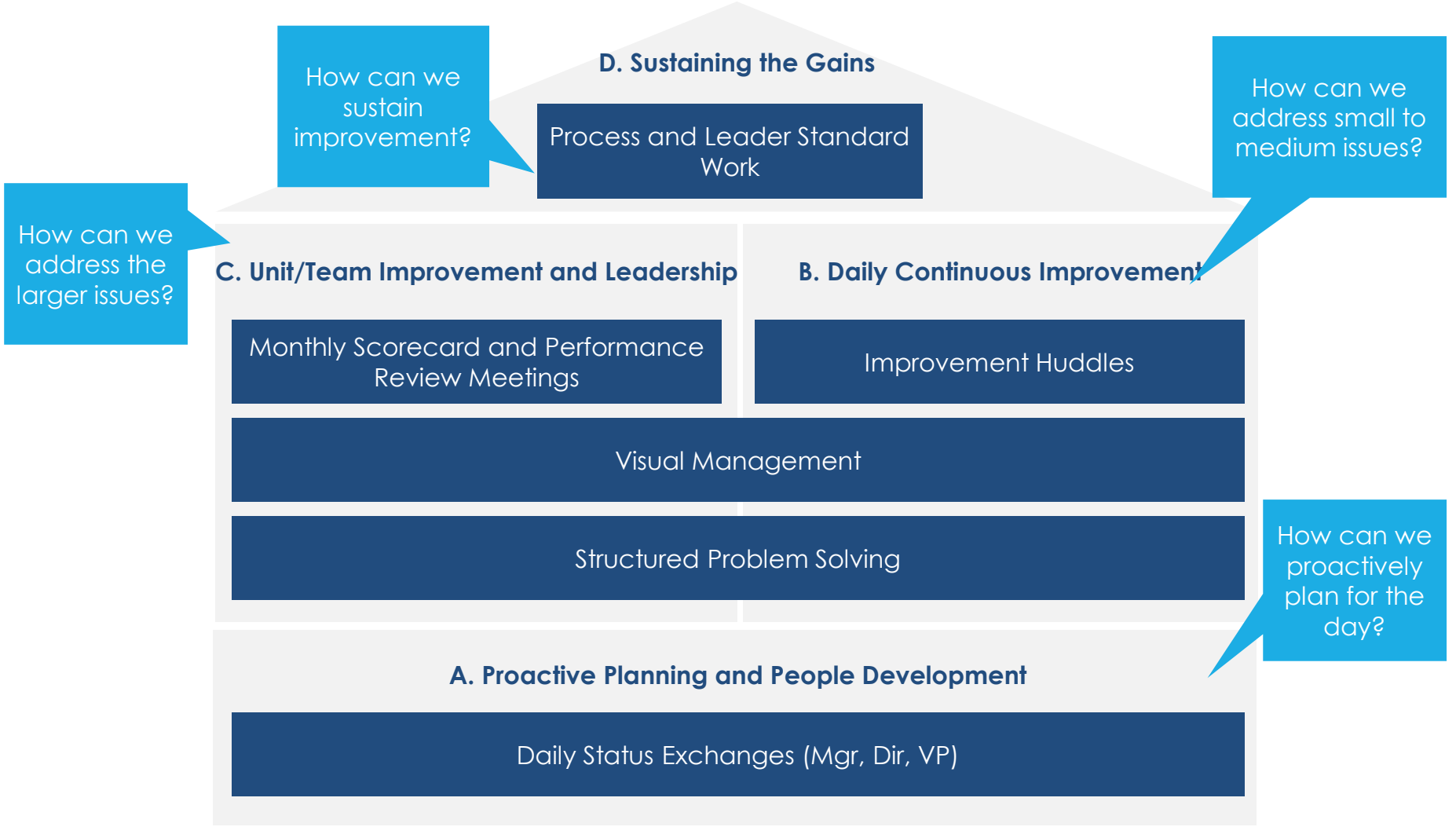
Management System:

A shared toolkit of behaviours, tools, and routines cascaded across NSH at two tiers:

- **Leadership**: Supporting top-down focus and alignment on True North.
- **Management**: Supporting bottom-up engagement, daily problem-solving, and sustainability of improvement.

Our Management System

A set of behaviours, tools, and techniques to support continuous improvement, sustainability, and alignment of improvement efforts to organizational priorities – *the engine enabling us to deliver on Action for Health*



Management System Components

Status Exchanges

Having structured conversations anchored on True North with frontline leaders

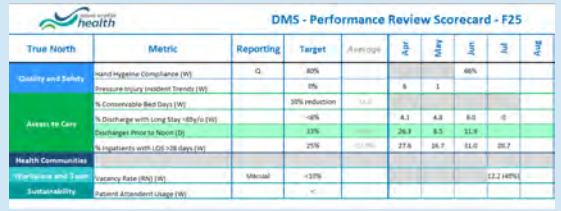
Leader Standard Work

High-level schedule of a minimum set of activities required for one's role

Performance Review Meetings (PRMs)

Standardized meetings to review performance of key metrics

Scorecards



Having a unit scorecard to understand the performance of the areas

Structured Problem Solving

Having a structured process to address problems that teams face

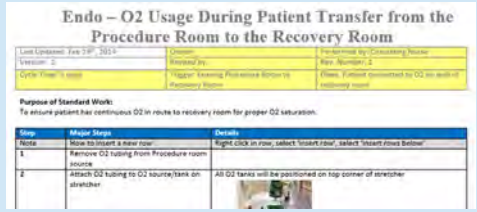
Visual Management

Physical boards that contain visual objects to understand active improvement work and to observe performance

Improvement Huddles

Engaging frontline staff in daily problem identification and solving

Process Standard Work

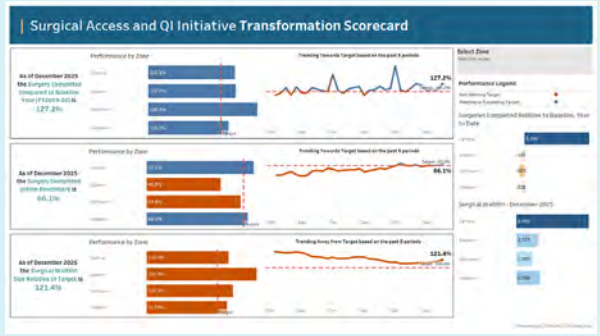


Sequential steps required to complete a given process or procedure in the best way

: Components that will be observed today

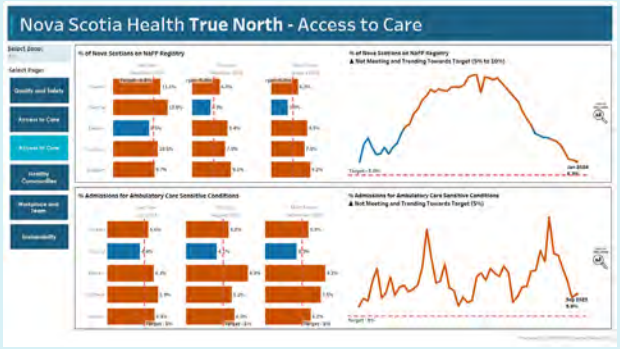
True North Performance Monitoring

Our robust performance monitoring structure allows us to monitor and drive performance from the boardroom to the frontline with cascading metrics at all levels aligned to priorities and our True North.



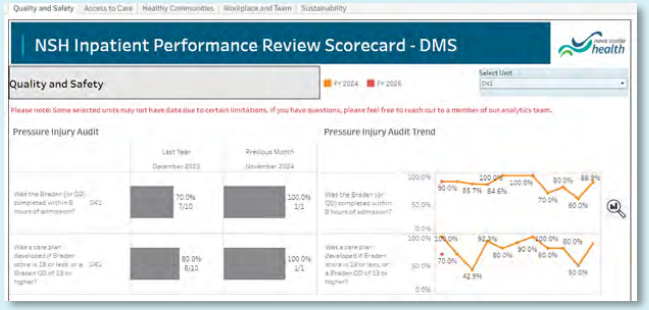
Health System Transformation

Reflects the intended benefits of health transformation initiatives



True North Scorecard

Tracks our performance journey as we strive to achieve our objectives across the True North domains



Performance Review Scorecards

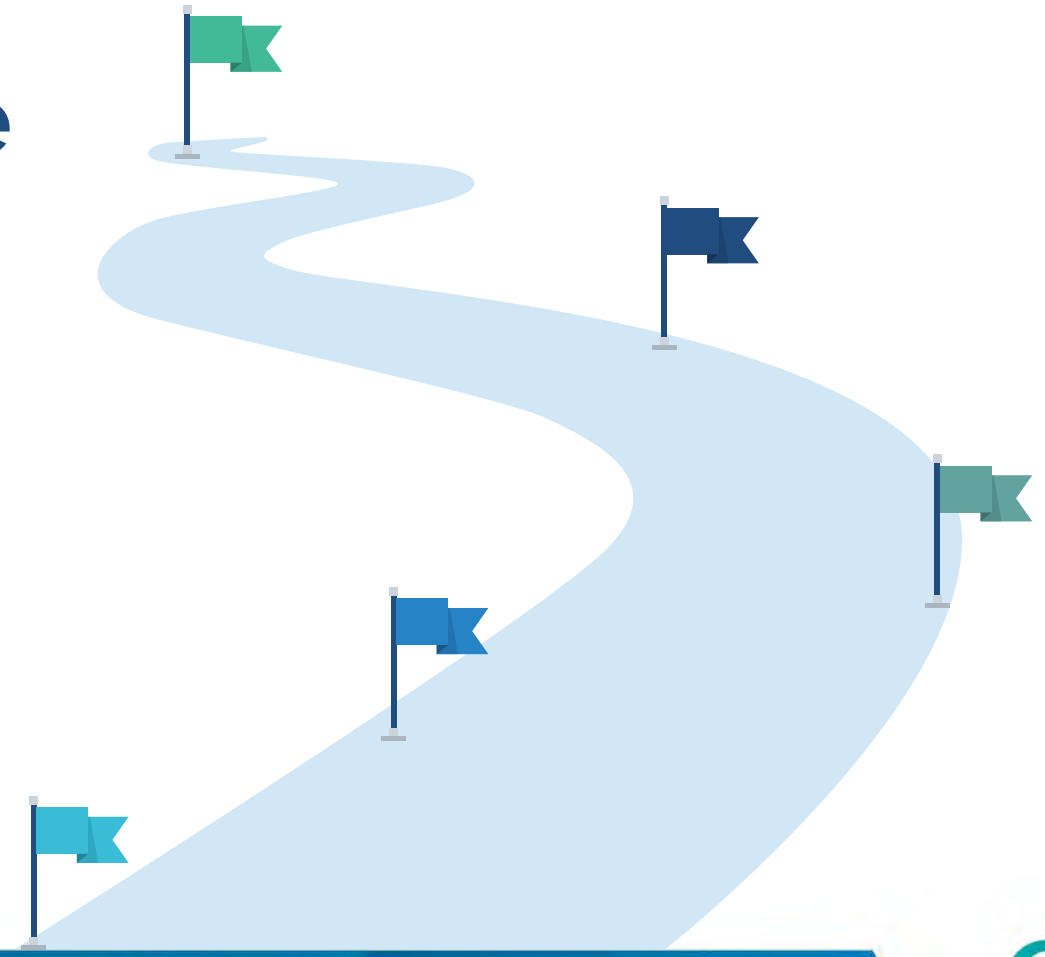
Aligned to the True North domains, cascades performance reporting from NSH to Zone to Site to Unit/Team for each services and programs

Benefits of the Management System

- Reduced time spent on reactive firefighting, allowing greater focus on value-adding work
- Increased engagement and empowerment of frontline staff in day-to-day problem solving
- Stronger alignment between improvement initiatives and NSH's strategic priorities
- More sustainable changes enabled through the consistent use of standard work and processes
- Consistent management practices that reinforce a culture of continuous improvement and long-term sustainability across reporting lines

Operational Excellence

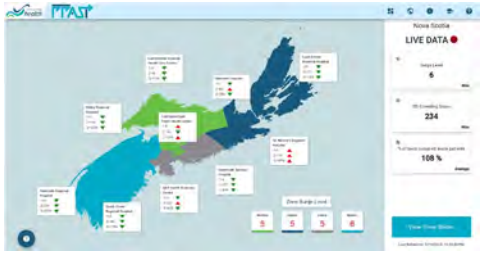
Wiring Priorities Across NSH



January 23, 2026

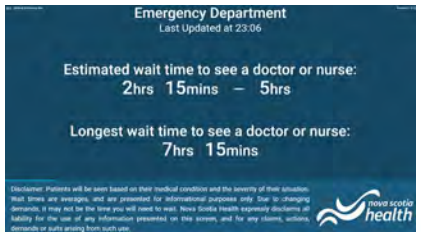
How we understand performance at NSH

Real Time System Status and Performance via C3 and FFAST

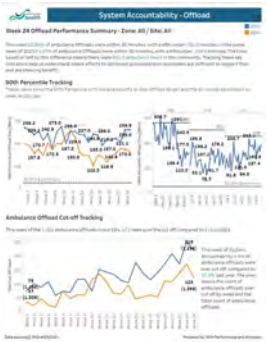


Ongoing Performance Measurement at all levels via Health Analytics Visualization Platform

Transparency and openness with the public via Public Information Sharing



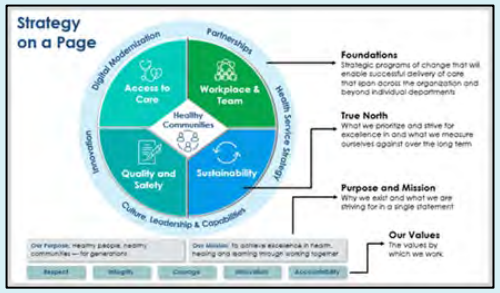
Regular review of Performance via Strategic Deployment Review and Performance Review Meetings



Operational Excellence via our True North and understanding drivers of performance

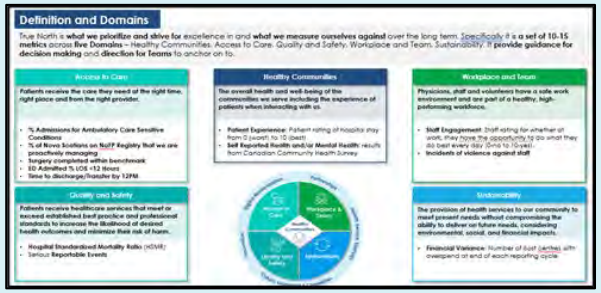
Organizational Focus and Alignment: Key Components

Organizational Focus and Alignment helps identify and communicate a focused set of priorities to ensure the entire staff can align with the organization's strategy and understand their own contributions to achieving it.



Strategy on a Page

Illustrates how we define our strategy (i.e., mission, vision, values, True North)



True North

Describes what we **prioritize and strive for excellence** in and what we measure ourselves against over the long term

Strategy Deployment

Supports **understanding, cascading, and delivering** on our strategy

How do I contribute to True North?

The True North guides decision-making and provides direction for teams to anchor on. Each team can understand how its work contributes to the True North; some directly affect specific metrics while others provide indirect support. Together, every member of NSH contributes. These examples highlight how our collective efforts come to life:

Jessica Sharpe, Nurse Practitioner, Westville Clinic
Contributes to Access to Care by collaborating with clinic staff to optimize and support efficient patient visits.

Michael, HR Manager
Contributes to Workplace and Team by conducting regular pulse surveys to understand how our people are doing.

Ifeoma Nonyel, Medical Lab Technologist, Histology, QEII
Contributes to Quality and Safety by accurately interpreting lab results within turnaround time targets.

Janelle Richer, Health Services Manager, Mumford Professional Centre
Contributes to Sustainability by managing overtime and ensuring a positive work environment to reduce sick time.

Dr. Malak El Ess, Hospitalist, QEII
Contributes to Healthy Communities by clearly communicating to the patient and their family their diagnosis, treatment plan and at home care instructions to speed up their recovery.

P3 People, Performance & Planning: Planning: *Data-driven decisions to optimize the optimize the health workforce*

Skyline Trail, Cape Breton, NS

OVERVIEW

A Comprehensive Framework for Workforce Workforce Excellence

Data-Driven Workforce Planning

Leveraging evidence, data, and advanced analytics to inform every strategic strategic decision and intervention.

Align Workforce to Population Needs

Matching workforce composition and distribution to demographic shifts and shifts and health indicators to deliver the right level of services.

Integrated Multi-Level / Multi-Team Approach

Coordinated planning across system, organizational, and team levels to levels to ensure consistency and efficiency.

Building a Resilient, Sustainable Workforce

Implementing simultaneous interventions to stabilize operations today while today while building capacity for tomorrow.


Lawrencetown Beach, NS

APPROACH

Integrated Needs-Based Workforce Planning in Nova Scotia

Our comprehensive framework follows a structured, five-stage process to ensure the right people with the right skills are in the right places at the right time.

1

Assess Needs

Utilizing demographic data, health outcomes, and service demands to understand current and future population health requirements.

2

Understand Supply

Predicting future workforce shortages and surpluses by analyzing inflows, outflows, activity rates, and participation patterns across all health professions.

3

Understand Gaps

Comparing projected needs and demand demand against available supply to identify identify critical workforce shortages and distribution imbalances.

4

Design Interventions

Developing targeted, evidence-based strategies for recruitment, recruitment, retention, education, and workforce redesign to close close identified gaps.

5

Implement & Evaluate

Executing plans with continuous monitoring, measurement, and refinement to ensure interventions deliver intended outcomes.

DATA & INNOVATION

Data-Driven Planning with AI Integration

Leveraging Data for Insight

Comprehensive data collection and analysis are foundational to Nova Scotia's workforce planning:

- Workforce demographics and distribution patterns
- Patient needs, utilization/demand and access to care metrics
- Predictive modeling for future workforce needs
- Identifying emerging trends in strategic and operational planning
- Efficient matching of professionals to areas of greatest need

The Role of Artificial Intelligence

AI and advanced analytics enhance current state and forecasting accuracy and optimize resource allocation through innovative tools:

Workforce Risk Score Dashboard: Evaluates and prioritizes clinical workforce needs using consistent measures at unit, site, zone and organizational levels.

Nurse Forecasting & Matching Tool: AI-powered application estimates staffing needs and recommends optimal candidates for recruitment.

Churn & Absenteeism Analyses: Provides unit-level insights into internal mobility and absence patterns to inform retention strategies.

Scenario Modelling Tool: Interactive forecasts for priority professions based on adjustable inputs including hires, retention, growth, and time-status.

Focus on People: Bolstering the Nursing Workforce

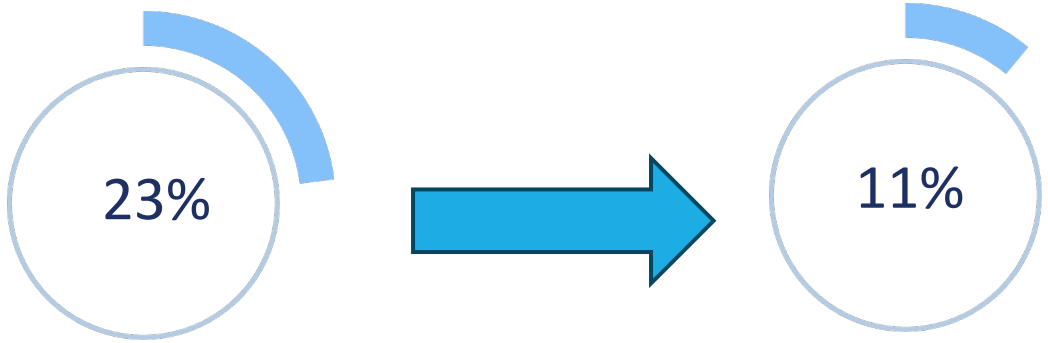
Focus: Addressing a critical national nursing shortage exacerbated by an aging workforce, increased demand, and pandemic-related burnout.

Innovative Solutions

- **Expand nursing capacity** through increased school seats, more clinical placements, and undergraduate employment opportunities.
- **Strengthen early-career support** with NICHE, NTP, New Graduate Residency, and standardized transition-to-practice programs for new and internationally educated nurses.
- **Enable full scope of practice** through updated legislation for RNs, LPNs, and NPs.
- **Support professional growth and well-being** with mentorship, grand rounds, practice councils, wellness supports, safety grants, and recognition initiatives.

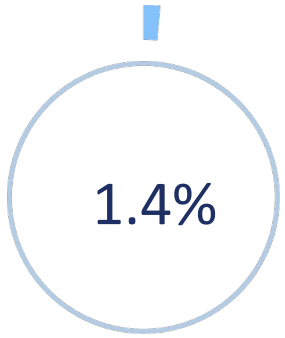
> *"The most rewarding part has been the gratitude from patients, just for showing up and doing my job. The support from colleagues and the community has been amazing."*
>
> —US NP who relocated to Nova Scotia

Results: Strengthened and Sustainable Workforce



Nursing Vacancy Rate 2022

Nursing Vacancy Rate Today



NP Attrition Reduced from 10% (2024)

Appendix: Management System Components

The following slides provide additional details on the tools and behaviours that make up the DMS

Status Exchanges

What is a status exchange?

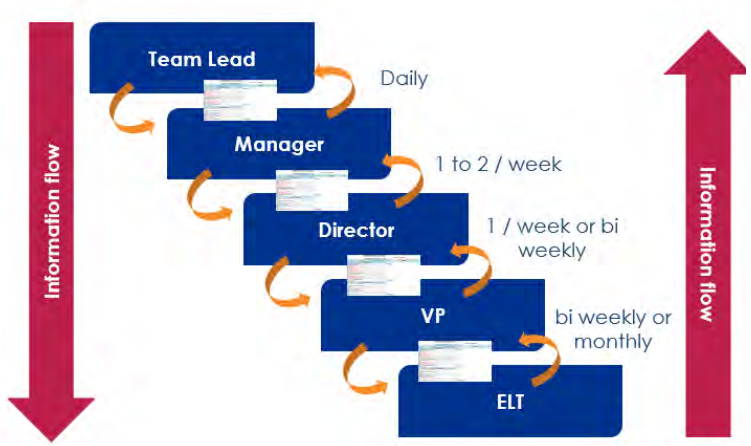
- **Status exchanges**: A standard discussion between different levels of the organization (e.g., Manager to Assistant Manager, Director to Manager) to understand the business (i.e., how we are delivering our services), proactively plan and develop our people
- **Status sheet**: A tool used to facilitate the status exchange and anchor the conversation around True North. It typically includes 15-20 open-ended questions aligned to the True North

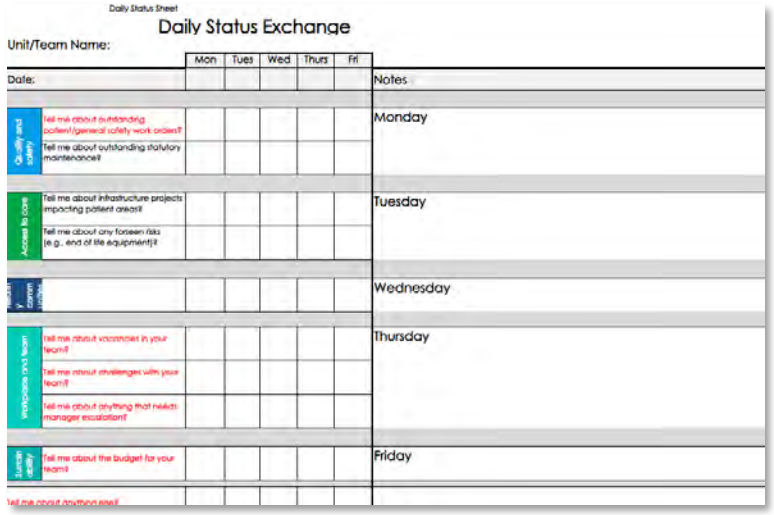
Why do we use them?

- Helps proactively plan
- Helps with understanding more about the business
- Provides an opportunity for coaching

When do they occur?

- Status exchanges occur at an agreed upon time and frequency (e.g., every Monday at 10am)




Daily Status Sheet

Daily Status Exchange

Unit/Team Name:

Date:	Mon	Tues	Wed	Thurs	Fri	Notes
Tell me about outstanding patient/general safety work orders?						Monday
Tell me about outstanding statutory maintenance?						
Tell me about infrastructure projects impacting patient areas?						Tuesday
Tell me about any foreseen risks (e.g., end of life equipment)?						
						Wednesday
Tell me about vacancies in your team?						Thursday
Tell me about challenges with your team?						
Tell me about anything that needs manager escalation?						
Tell me about the budget for your team?						Friday

Sample Status Sheet

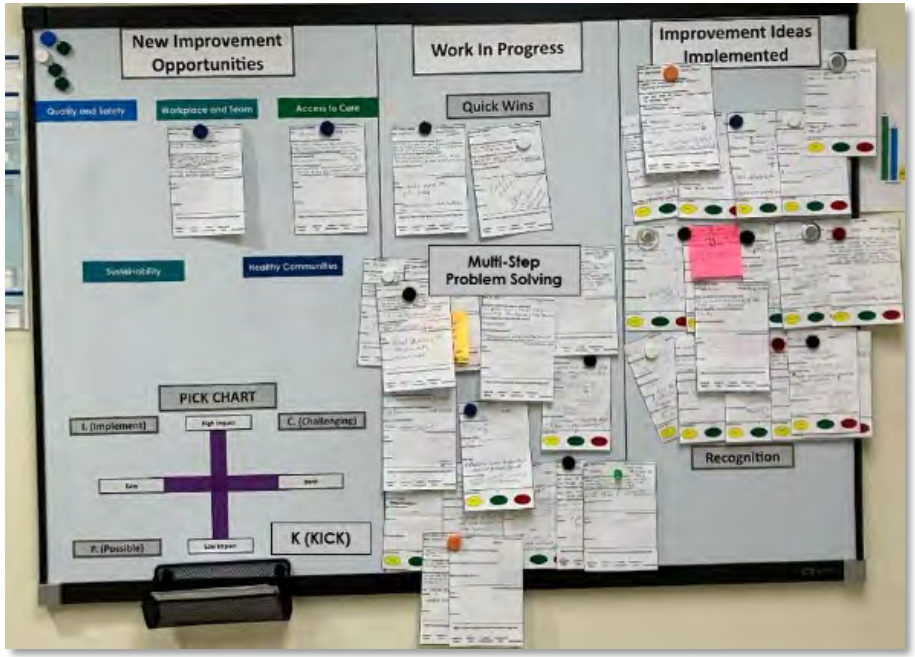
Visual Management

What are visual management boards?

- **Visual management boards:** Physical boards that contain visual objects (e.g., pictures, diagrams, graphs) to understand active improvement work and observe performance over time. The visual management board is composed of two boards (example on the next slide):
    1. **Improvement huddle boards**: Support the management of improvement opportunities from identification to execution
    2. **Performance boards**: Support the management of driver metrics

Why do we use them?

- Helps align key categories of improvement initiatives with organizational priorities
- Creates awareness amongst staff of improvement work and performance measures
- Identifies the success of improvement efforts over time



Sample Improvement Huddle Board

Improvement Huddles

What are improvement huddles and improvement tickets?

- **Improvement huddles:** Regular, 15-minute stand up meetings held by teams in front of the **improvement huddle board**, to identify areas for improvement and prioritize the focus of improvement efforts
- During few improvement huddles, the **performance board** is reviewed
- **Improvement tickets:** used to raise issues, ideas for improvement, and solutions

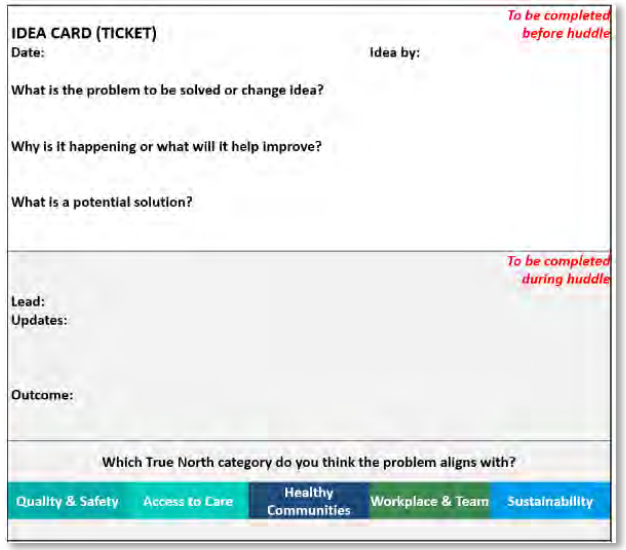
Why do we have them?

- Help surface and solve problems in daily flow and work
- Engage all team members in problem solving, align on the appropriate improvement approach based on the size of the problem (i.e., Just do it or Multi-step problem solving)
- Maintain the team's focus by limiting the number of improvements being worked on

Who should be part of them?

- All team members (e.g., managers, team leads, staff, etc.).
- Directors and Executives should drop into improvement huddles regularly

Improvement Huddle in Action



Blank Improvement Ticket

Scorecards

What are scorecards?

- **Scorecards**: A collection of metrics used to understand the performance of a unit/team. Scorecards include two types of metrics:
    1. **Driver metric:** A metric a team is actively working on to "drive performance"
    2. **Watch metric:** Metrics that are monitored monthly and are used to help understand unit/team performance

Why do we use them?

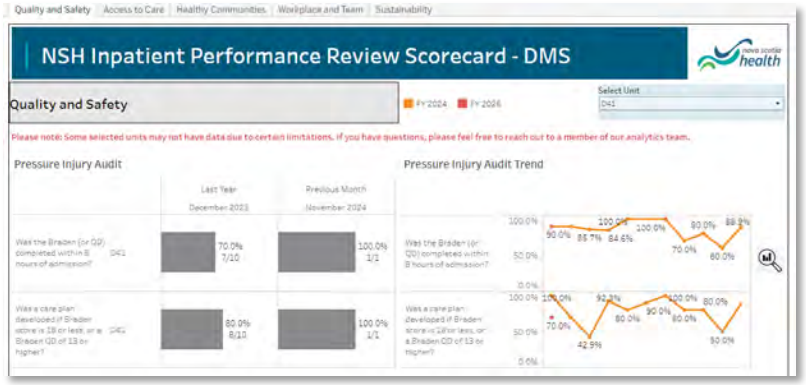
- Help teams use data to determine improvement priorities aligned to True North
- Provide a quantitative baseline for improvement which allows for measurable improvement

When are they used?

- Updated and discusses in unit/team performance review meetings

Metric	Metric Type
Pressure Injuries	Driver
Falls	Watch
Hand Hygiene Compliance	Watch
Discharges by 12pm	Watch
Vacancy Rate	Watch
Length of Stay > 28 days	Watch
Conservable Bed Days	Watch

Sample Metrics



Sample Scorecard

Structured Problem Solving

What is Structured Problem Solving?

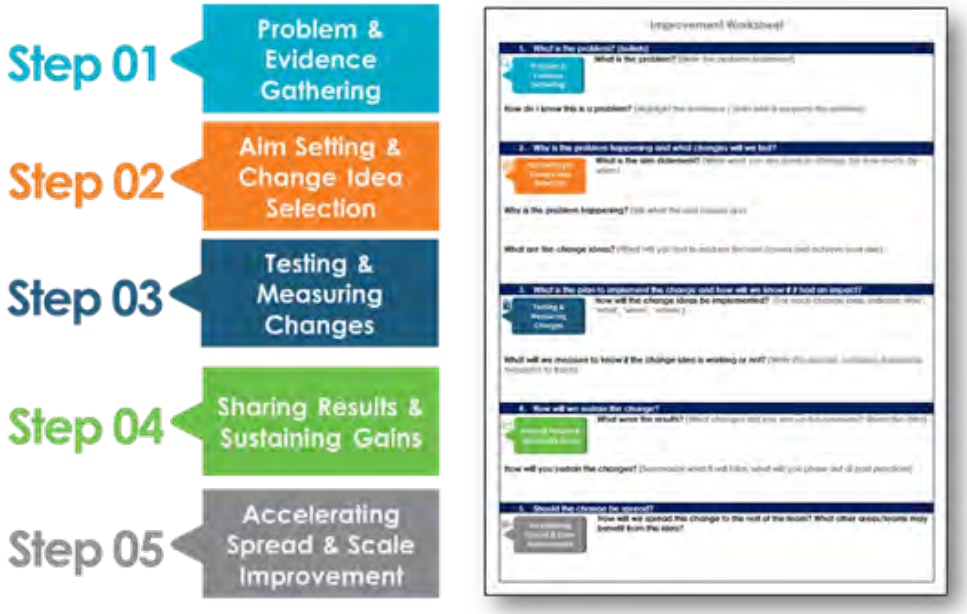
- **Structured problem solving:** NSH's established process for addressing problems that helps units/teams organize their approach to solving problems, builds critical thinking skills, and focused on getting to a root cause before moving to action
- **Improvement worksheet:** Document that helps units/teams conduct structured problem-solving discussions

Why are we using it?

- Structured problem solving helps create alignment and focus for core problems and helps better understand issues and prioritize improvement efforts

When do we use it?

- Structured problem solving can be used to help address all problems
- The improvement worksheet should be used by members of performance review meetings (PRMs) to support problem-solving discussions during PRMS



Improvement Worksheet

Performance Review Meetings

What are Performance Review Meetings?

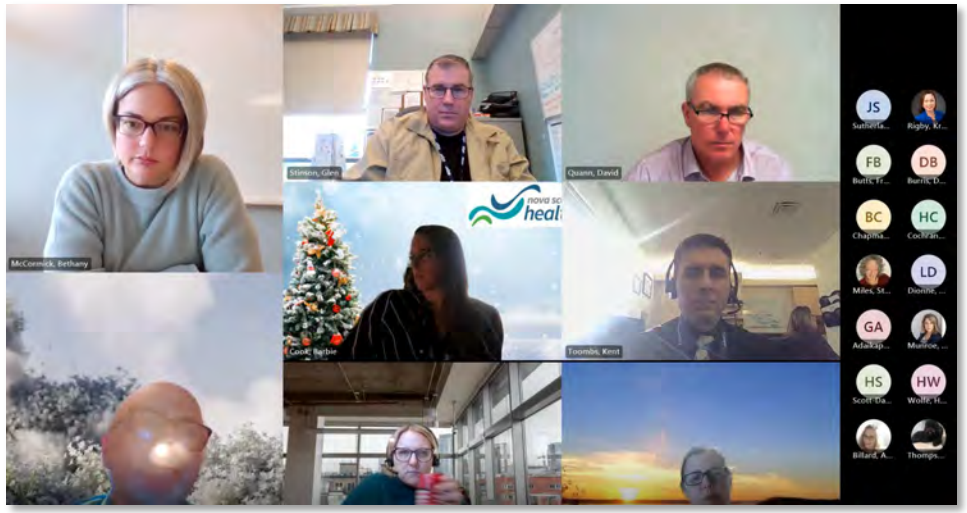
- **Performance review meeting (PRM):** A regular, standardized meeting to review performance of scorecard metrics, understand problems, and make improvements
- During PRMs, units/teams work on their driver metrics using structured problem-solving and the **improvement worksheet**

Why do we use them?

- Help manage and monitor performance using the unit/team's scorecard
- Provide an opportunity to problem solve using structured problem solving

Who should be a part of PRMs?

- 2-3 members of the unit/team that represent different roles and have influence over the outcome of the metrics
- Director attendance is recommended at every 4th PRM



Performance Review Meeting in Action

Leader Standard Work

What is Leader Standard Work?

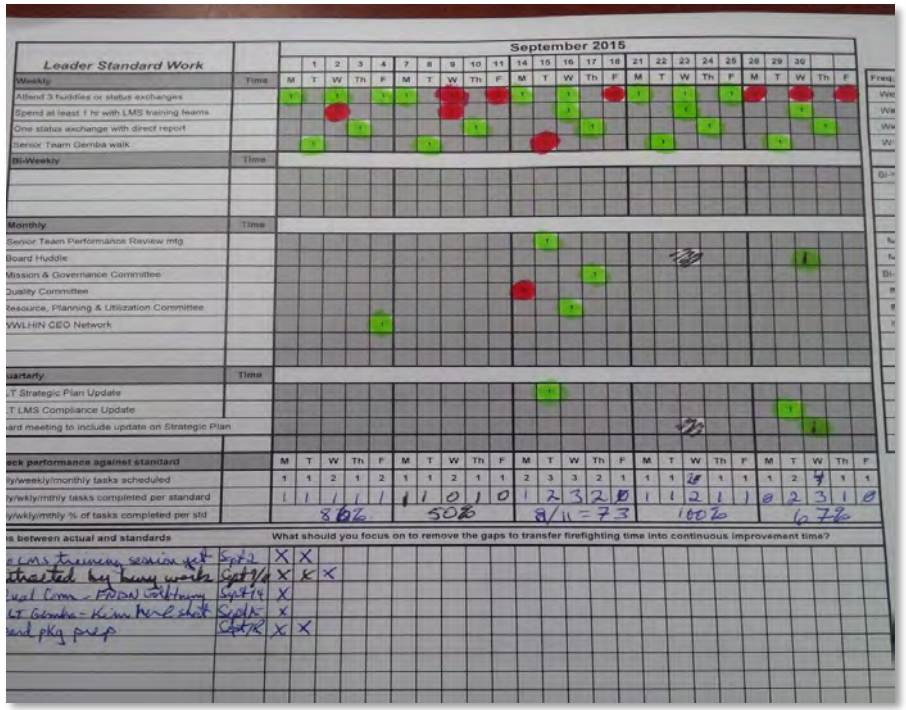
- **Leader standard work (LSW):** A high-level schedule of a minimum set of activities required for one's role to be completed by leaders over a set period (i.e., daily, weekly, monthly, etc.)
- The relative amount of time defined by LSW increases with positions that are closer to the frontline

Why are we using it?

- Captures and preserves management best practices (e.g., observing an improvement huddle), sets baseline expectations for the role, and helps leaders identify opportunities for improvement
- In developing and using their LSW, leaders will be better positioned to engage in teaching, observing, and coaching
- LSW helps sustain improvement and the DMS

Who should have it?

- All leaders (i.e., Executives, Directors, Managers) should develop and use LSW
- Front line staff can also develop LSW which is focused on the activities they will complete daily



Sample Leader Standard Work

Process Standard Work

What is process standard work?

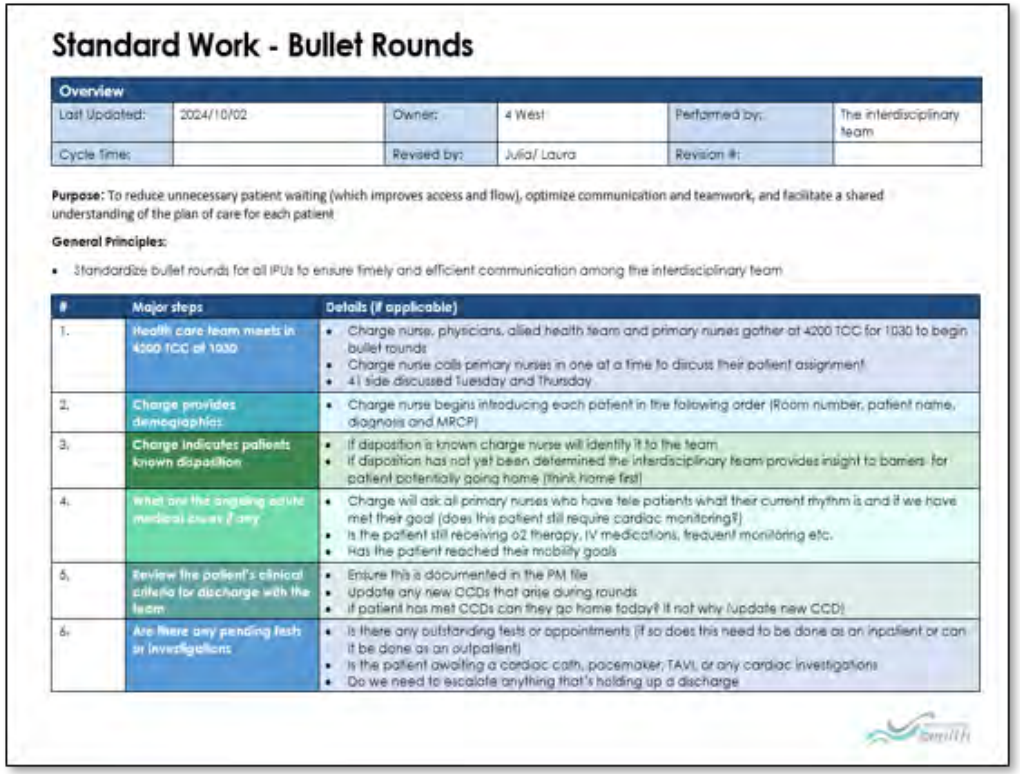
- **Process standard work:** an agreed upon 'best way for completing a process based on current conditions

Why do we use it?

- Helps build and maintain consistency in the quality, output, and timing of a process
- Provides a baseline for improvement
- Engages staff and provides a reference for staff training

When do we use it

- Used when the process is happening and reviewed/updated on a regular basis
- Can be developed for:
  - Processes that have variation;
  - New processes being introduced that are prone to error
  - Simple, straightforward processes critical to high quality care
  - Other processes identified



Standard Work - Bullet Rounds

Overview					
Last Updated:	2024/10/02	Owner:	4 West	Performed by:	The interdisciplinary team
Cycle Time:		Revised by:	Julia/ Laura	Revision #:	

Purpose: To reduce unnecessary patient waiting (which improves access and flow), optimize communication and teamwork, and facilitate a shared understanding of the plan of care for each patient

General Principles:

- Standardize bullet rounds for all IPUs to ensure timely and efficient communication among the interdisciplinary team

#	Major steps	Details (if applicable)
1.	Health care team meets in 4200 TCC at 1030	• Charge nurse, physicians, allied health team and primary nurses gather at 4200 TCC for 1030 to begin bullet rounds • Charge nurse calls primary nurses in one at a time to discuss their patient assignment • 4 I side discussed Tuesday and Thursday
2.	Charge provides demographics	• Charge nurse begins introducing each patient in the following order (Room number, patient name, diagnosis and MRCP)
3.	Charge indicates patients known disposition	• If disposition is known charge nurse will identify it to the team • If disposition has not yet been determined the interdisciplinary team provides insight to barriers for patient potentially going home (think home first)
4.	What are the ongoing active medical issues if any	• Charge will ask all primary nurses who have tele patients what their current rhythm is and if we have met their goal (does this patient still require cardiac monitoring?) • Is the patient still receiving o2 therapy, IV medications, frequent monitoring etc. • Has the patient reached their mobility goals
5.	Review the patient's clinical criteria for discharge with the team	• Ensure this is documented in the PM file • Update any new CCDs that arise during rounds • If patient has met CCDs can they go home today? If not why (update new CCD)
6.	Are there any pending tests or investigations	• Is there any outstanding tests or appointments (if so does this need to be done as an inpatient or can it be done as an outpatient) • Is the patient awaiting a cardiac cath, pacemaker, TAVI, or any cardiac investigations • Do we need to escalate anything that's holding up a discharge

Sample Process Standard Work