



2009-2012 Strategic Plan
Deep River & District Hospital

Prepared By: the CEO and the Board of DRDH

With input, facilitation and consulting support from Jim Whaley,
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Setting the Context

Hospitals, the people who work there, and the people they serve, need a clear picture of what the Hospital is about, what it wants to become, where it is headed in the shorter term, and how it intends to get there. Hospitals need direction - Hospitals need to know there is a greater plan in place for the creation of the future. Hospitals NEED a Strategic Plan.

Deep River and District Hospital has employed a thorough Strategic Planning process and methodology for a number of years. The organization uses a highly-consultative community engagement process, complemented with external expertise, to better understand the external environment of what is happening in health care for the rest of the province and to mesh with the needs and realities of delivering effective health care to the thousands of people who use this facility as their primary Hospital.

Appendix A of this document specifically addresses the achievements of the organization against its most recent Strategic Plan.

The main part of this document sets out clear statements of what business this Hospital is in (Mission), where it wants to be (Vision), and what beliefs and behaviors will enable it to get there (Values). The document describes the consultation process allowing the community and stakeholders to engage in the process, the transformations underway in our present health care system in Ontario, the priorities of the Champlain Local Health Integration Network (LHIN), and the opportunities and challenges for our small rural hospital.

This document goes on to describe the six new Strategic Directions for the organization, the component goals for each, and proposed measurement systems that will allow appropriate guidance and monitoring of progress. It concludes with the governance and leadership processes that will be put into place to ensure that all aspects of the Strategic Plan are achieved.

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Mission Statement

To provide a broad range of high-quality health care services for our local communities.

Vision Statement

Every client's healthcare experience will be exceptional.

Values

Caring

- *We improve the quality of life in our client communities through education and leadership in health care services.*
- *We value and support our community of care-givers.*

Excellence

- *We deliver high quality health care services close to home and facilitate access to secondary and tertiary care as needed.*
- *We manage our affairs prudently within our financial realities and regulatory compliance requirements.*

Safety

- *We ensure the highest levels of patient safety.*
- *We ensure a safe working environment for our care-givers.*

Innovation

- *We have the courage to evaluate and embrace new operational methods, practices and technologies.*

Partnering

- *We champion collaboration and partnership with other Health Service Providers to ensure seamless and efficient health care.*

Integrity

- *We are honest and transparent in all we do.*
- *We respect and maintain the highest levels of client privacy.*
- *We adhere to the highest level of professional standards and respect in our interactions with each other, with our clients, and with our service partners.*

The above Mission, Vision and Values were revised in March 2009 as a result of Strategic Planning Retreat.

Community Engagement and Participation - January 2009 **Planning Retreat**

In January of this year, approximately 50 participants, including community members, key health care partners, local municipalities, the Champlain Local Health Integration Network, members of the DRDH Auxiliary and Foundation, and members of the Hospital Board of Directors, Leadership Team and employee representatives, came together for a weekend Strategic Planning Retreat for the organization. External guests outnumbered DRDH staff by at least 2:1.

This community engagement and strategic planning process was led by an external facilitator, Jim Whaley, who is well-respected in health care matters affecting rural communities and their hospitals.

All participants were exposed to the broader context for what was happening in health care outside of our community, both at the provincial and Ministry of Health level, and in other smaller rural communities throughout Ontario. They reviewed the issues and challenges remaining at the end of the previous strategic plan and the assessed present and future health needs of the community. They then went through a facilitated process to identify the potential future directions and component goals for the years going forward.

This opportunity for broad community engagement was hailed a success by all participants and significantly drove the creation of a new strategic planning document highlighting six key strategic directions and component goals for the Hospital to focus on through to 2012.

Understanding the Changing Environment

Health System Transformation

Since the creation of the previous strategic plan, the transformation of Ontario's health care system has introduced a number of significant changes including important contextual issues to consider in the development of the new strategic plan. This 'transformation agenda' has been widely articulated by the Ministry of Health and Long-Term Care and the Local Health Integration Networks (LHIN) over the last few years, and includes the following parameters:

- ✓ The creation of LHINs with the legislative mandate to plan, manage, integrate and fund health services for 14 new regions in the province of Ontario;
- ✓ Increased emphasis on accountability including the requirement for all hospitals to sign hospital service accountability agreements with its LHIN;
- ✓ Increased emphasis on performance measurement and reporting, with special attention to quality, patient safety and cost-effective service delivery;
- ✓ More investments in non-hospital services, specifically primary care, community care and home care services (e.g. Aging at Home, Family Health Teams etc.);
- ✓ Increased emphasis on the prevention and management of chronic diseases;
- ✓ Greater focus on the determinants of health and the broad range of factors that contribute to poor health outcomes; and
- ✓ The development of an integrated system of health services where patients experience a more coordinated and consumer friendly system.

In response to the health system transformation, hospitals need to be:

- ✓ Working with other hospitals and health care providers on the development of more integrated models of care;
- ✓ Working with local community partners on healthy community strategies;
- ✓ Exploring innovative and cost-effective approaches to service delivery; and,

- ✓ Refining performance measurement systems for continuous quality improvement and public reporting of progress.

Champlain LHIN Priorities

The Deep River & District Hospital has been actively engaged with the Champlain LHIN since the LHIN's inception and has sought to incorporate the planning and integration priorities of the LHIN into the development of this new strategic plan. The LHIN's key priorities for 2007 – 2010 are as follows:

1. Better access to treatment closer to home
2. Addictions and mental health
3. Elderly with complex and chronic conditions
4. Chronic disease prevention and management
5. Primary health services for healthy communities
6. E-health (i.e. an electronic health record)

The hospital is supportive of these priorities and believes there are opportunities to collaborate with the LHIN on rural pilot projects in a number of these areas. As part of its commitment to creating a more integrated health care system, the hospital is also well aware of its obligations under the Local Health System Integration Act to *"...identify opportunities to integrate the services of the local health care system for the purpose of providing appropriate, coordinated, effective and efficient services"*.

Opportunities for Small Rural Hospitals

While the transformation of the health system is not without its challenges for small hospitals, the Deep River & District Hospital also believes that system change also represents opportunities. Some of these potential opportunities include:

- Repatriation of certain types of hospital patients based on the principle of *'care closer to home'* where small hospitals can support earlier discharge from larger centres and/or where the evidence indicates small hospitals can provide the care more cost-effectively than the larger referral centre;
- More satellite services from larger centres (through visiting specialist clinics and telemedicine);
- Greater use of a full range of e-Health strategies (e.g. telemedicine, Electronic Medical Records etc.) to improve access and reduce travel for rural residents;
- Utilizing unused capacity in small hospitals to help with provincial/LHIN priorities (e.g. reducing wait times);
- Creating diagnostic *centres of excellence* so that rural patients do not have to have tests repeated when they are hospitalized in larger centres;
- Developing innovative Human Resource strategies in partnership with other local health care providers, including training, recruitment and job-sharing;
- Greater integration of acute and primary care services; and
- New partnership models with Community Care Access Centre (CCAC), community health services, long term care and public health.

Current Challenges for the Deep River and District Hospital

Like all small rural hospitals, Deep River & District Hospital continues to face a number of challenges. These include:

- Difficulties in recruiting physicians and other health care professionals and engaging appropriate community support;
- Lack of community-based resources for comprehensive primary care programs including health promotion and chronic disease management;
- Financial viability of the current Family Health Team model;
- Insufficient budget availability to appropriately staff for increasing volumes in the Emergency Department;
- Lack of detailed local information about the evolving health care needs of the Hospital's catchment area;
- Aging infrastructure combined with rapid advances in equipment and technology; and
- Ministry/LHIN funding models that do not fully address realities of rural service delivery (e.g. greater travel distances, lack of critical mass).

While this new strategic plan document cannot remedy all of these problems, it is necessary to recognize these ongoing operational difficulties and challenges so that realistic objectives and targets can be established.

New Strategic Directions for DRDH

Strategic Direction #1: Enhance Quality Management and Patient Safety initiatives.

Given the increased emphasis on quality and patient safety issues, the organization will formalize its approach to quality management and reporting and continue its strong focus and metrics related to patient safety.

Goals
1.1 Strengthen the tracking and reporting of quality and patient safety indicators.
1.2 Formalize and implement a Continuous Quality Improvement Process.

Balanced Scorecard Indicators:

- Infection rates per patient days
- Number of adverse events (errors, falls etc.) and near misses
- Number of patient/family complaints
- Current mandatory reporting requirements

Strategic Direction # 2: Strengthen Our Health Care Service Delivery.

A review of community needs suggests several areas of service delivery that DRDH should focus its effort to increase service levels for its constituents – specifically in the areas of primary care, chronic disease management and increased local access to ambulatory clinics. Serious effort will be directed at securing both the Family Health Team option and the continuation of sustainable and affordable 24/7 Emergency Department Coverage.

Goals
2.1 Increase our primary care capacity by strengthening our Family Health Team.
2.2 Ensure sustainable 24/7 Emergency Department availability through a detailed review of funding and resource allocation.
2.3 Develop chronic disease management strategies to support care in the most appropriate environment.
2.4 Increase the opportunities for ambulatory care clinics within our communities.

Balanced Scorecard Indicators:

- Patient-days per 1,000 pop. (compared to peer hospitals)
- Average length of stay (compared to peer hospitals)
- Re-admission rates
- Number of telemedicine encounters
- Patient satisfaction scores
- Emergency department wait times

Other Measures of *Success*:

- FHT fully staffed as per updated business plan
- Physician and nursing staffing ratios (compared to peer hospitals)
- Number of admissions for chronic disease complications and other hospitalizations considered 'preventable'
- Implementation chronic disease management programs for high priority, high-volume chronic diseases (e.g. diabetes, heart disease) with appropriate partners

Strategic Direction # 3: Strengthen our Winning Team through a Comprehensive Human Resources Strategy.

Effective care-giving is only possible where there is a strong commitment to providing appropriate care for the care-givers. An organization is only as strong and healthy as its workforce. Given the Human Resource challenges posed by realities of rural health care today, DRDH will create a formal plan of support to ensure the short-term and longer term needs of its present workforce are appropriately addressed, and to ensure there are plans in place to secure the necessary skills and competencies for the future. Specific attention will be paid to the recruitment and retention of family physicians and other specialized health care staff.

Goals
3.1 Develop a comprehensive recruitment strategy for all health care professionals in collaboration with community & business leaders.
3.2 Achieve a healthy and supportive work environment for all staff to promote work-life balance.
3.3 Increase emphasis on professional development and life-long learning through innovation and technology.
3.4 Develop a succession planning & mentoring strategy for critical positions.
3.5 Increase opportunities for creating more attractive and recruitable positions through collaboration with other community health partners.

<p>Balanced Scorecard Indicators:</p> <ul style="list-style-type: none"> • Ratio of full-time to part-time employees • Workplace Safety Insurance Board (WSIB) performance index • Employee incidents (injuries, claims, lost time) • Absenteeism, sick time • Turn-over and vacancy rates • Influenza vaccination rate • Staff satisfaction surveys • Results of exit interviews • Labour relations - % grievances to arbitration
<p>Other Measures of <i>Success</i>:</p> <ul style="list-style-type: none"> • Vacancies filled for all health professionals • Comparison of recruitment strategy & incentives with other rural communities

Strategic Direction #4: Ensure Optimal Management of Resources.

In a world where the availability of financial and human resources is increasingly unable to keep pace with the growing demand for health services, every opportunity to optimize the effective use of scarce resources for the delivery of the highest priority services must be identified and pursued. This requires new approaches to revenue generation, cost management, and collaboration with other service partners to survive. Ability to function effectively within the reality of tight financial resources will be a major determinant of reputation and success within the new LHIN operating and funding structure.

Goals
4.1 Meet all requirements of our Hospital Service Accountability Agreement (H-SAA) in partnership with the Champlain LHIN.
4.2 Expand resource sharing opportunities as part of Memorandum of Understanding (MOU) with Pembroke Regional Hospital (PRH).
4.3 Explore opportunities for achieving management and operational efficiencies with other local organizations.
4.4 Maximize revenue generation opportunities for Hospital-based health and related services.

Balanced Scorecard Indicators: <ul style="list-style-type: none">• Current ratio• Total margin
Other Measures of <i>Success</i> : <ul style="list-style-type: none">• All financial targets in our H-SAA• Positive cash flow• Availability of capital funds/reserves/investments for new projects• Financial sustainability for FHT and Physio Centre• Revenue Generation metrics (\$\$ and initiatives)

Strategic Direction #5: Champion More Integrated Local Health Care.

Collaboration and partnerships within the local health delivery system are requirements for effective and efficient use of scarce resources, especially in the rural environment within which DRDH exists. The Hospital is ideally positioned to function as a catalyst for the establishment of a model of collaborative service delivery council for a rural area. It is also well positioned to step into the forefront of a drive to “take geography out of health care” by piloting innovative applications of technology to health delivery in small demonstration projects. The benefits flowing to local constituents will be substantial and long-lasting as a result of either or both initiatives.

Goals
5.1 Identify and implement opportunities for collaboration and delivery of health care services provided through the MOU with PRH.
5.2 Become a recognized small hospital leader within the LHIN in e-Health strategies (electronic health record, telemedicine services etc.).
5.3 Facilitate the development of a local (North Renfrew) health care network with other key health partners (including CCAC, Public Health, Long Term Care).
5.4 Develop new community partnerships to improve delivering of health services.

Balanced Scorecard Indicators: <ul style="list-style-type: none">• Alternate Level of Care (ALC) patients waiting placement to non-acute setting• Propensity to discharge to Homecare
Other Measures of <i>Success</i> : <ul style="list-style-type: none">• Within one year, local health network has been established and board members from different health care organizations are meeting to discuss issues of mutual concern• Working with community partners on new Aging @ Home and Telehomecare initiatives (e.g. expanding Telehealth into the community)• LHIN supports DRDH as a pilot project for IT and e-Health initiatives

Strategic Direction #6: Create a More Informed and Engaged Community for Health Services.

The communities served by the related programs of DRDH are intensely loyal and supportive of this facility. But community health care will be enhanced further by a coordinated effort at increasing the knowledge and personal accountability of community members in all matters related to their own health management. A second component of this community outreach is to increase the organizational capability and track record at telling its story in an engaging and understandable manner.

Goals
6.1 Develop a proactive community engagement and communications strategy.
6.2 Develop a better understanding and awareness of the local profile of our constituents and their dominant health needs working with our community partners.
6.3 Increase the level of health awareness and foster increased acceptance of personal accountability for health care in our constituents through collaborative effort with our community partners.
6.4 Advocate with other small hospitals for a LHIN-based rural health strategy.
6.5 Continue to generate a viable volunteer base and challenge them through expanded and meaningful opportunities to contribute and become engaged.
6.6 Refine our balanced scorecard for both internal and public reporting.
6.7 Increase the media profile of our Hospital to our stakeholders.

<p>Measures of <i>Success</i>:</p> <ul style="list-style-type: none"> • Community-wide understanding of our strengths and challenges in terms of our local population’s health status • Regular health information column in the newspaper (number of published articles) • Regular hospital/health care newsletter • Local health speakers’ bureau or speakers’ series on topical health issues (e.g. town hall meeting format) • New (or updated) website with detailed index and links to all community health services (number of hits on website) • Opportunities for volunteers that go beyond current activities • Greater community participation rate in the DRDH corporation (i.e. memberships) • Community Health Fair for all health service providers
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Governance and Leadership Moving Forward

Having confirmed these strategic directions for the period 2009 – 2012, the Board of the Deep River Hospital will now ensure the directions form a major component of the annual Performance Management Objectives and subsequent assessment for the Chief Executive Officer. It will also form a component of the activities of the Medical Chief of Staff.

The CEO will translate these Directions and component goals into annual operational objectives for the organization and ensure they are embedded in the performance planning and management processes for the broader leadership team and, as appropriate, in the goal setting for individual employees.

The CEO, in conjunction with the Board, will regularly review progress against these objectives, goals and directions as part of the normal governance process and will report annually on progress to the broader community.

As part of normal governance process, the Board will also review the strategic plan on an annual basis to ensure it remains relevant to the changing health care environment within which the Hospital operates.

In this way, maximum focus and effort will be maintained on making significant progress in the achievement of this strategic plan.

Appendix A

Progress against 2005-2008 Strategic Plan

The new strategic plan builds on the previous strategic document for Deep River & District Hospital which covered the period 2005 – 2008 and includes the following practical vision and key strategies:

Practical Vision

<i>Right People</i>	<i>Right Programs</i>	<i>Right Enablers</i>
<i>The right people and appropriate skills at all levels to match client/patient community needs and efficient, effective and accountable governance operations</i>	<i>Core programs supported by flexible, adaptive programs that continuously respond to changing community needs, all within an environment of alliance</i>	<i>An innovative funding model for rural health delivery, and technology leveraged to eliminate distance and other barriers to care</i>
-Every person has a primary care physician linked to the hospital -Engaged, committed staff who are a stable workforce -Effective, Local, Voluntary Governance	-Solid, maintained core programs -Appropriately expanded, needs-based services and programs -Coordinated, collaborative health system alliance	-Fair, predictable, realistic funding -Increased electronic access to patient care/information

Key Strategies of 2005-2008 Plan

- Promote the hospital and community to the outside world
- Share and seek resources and skill sets with health care providers, regionally
- Align interests with other small hospitals to lobby collectively
- Pursue alternative funding streams and opportunities
- Promote a client-centered regional access system
- Adopt an integrated information system

Over the last 3 years, there have been significant accomplishments resulting from the plan. In terms of progress toward the 2005-2008 vision, key accomplishments include:

- Approval and implementation of a hospital-sponsored Family Health Team that has been providing primary care to approximately 900 previously orphaned patients through a combination of physician and nurse practitioner services;
- Annual patient satisfaction ratings remain high with specific commendation to the Emergency Department which has been provincially recognized as “one of the top performing departments in Ontario”;
- Board adoption of the OHA’s *Guide to Good Governance* and continuing success in board recruitment using a skills and competency needs matrix;
- Emergency department volumes continue to grow and inpatient occupancy rates remain high;
- Approval of 4 interim long term care beds at Four Seasons Lodge to accommodate ALC patients waiting for placement;
- Creation of a new administrative structure (Deep River Physiotherapy Centre) to enable the continued provision of high quality care to both insured and uninsured rehab patients;
- Continued growth of telemedicine services so fewer patients are required to travel for specialist appointments;
- Full implementation of the Ontario Breast Screening Program;
- Construction of a new helipad with improved access to air ambulance services;
- Achievement of balanced budgets each year and signing of the Hospital Services Accountability Agreement (H-SAA) with the Champlain LHIN;
- Successful fundraising by the Foundation and the Auxiliary for equipment and capital projects, e.g. palliative care suite, mammography chair, PACS;
- Development of a balanced scorecard reporting system to monitor and report key measures of hospital performance;
- Implementation of a Picture Archiving Communication System (PACS) to enable electronic sharing and storage of digital diagnostic images;

- Active participation in LHIN-wide e-Health projects which are putting in place the necessary building blocks for an Electronic Health Record;
- Signed Memorandum of Agreement with the Pembroke Regional Hospital to investigate and promote broader collaboration in delivery of health care services to the Upper Ottawa Valley;
- Three-year accreditation award from Accreditation Canada (previously the Canadian Council on Health Services Accreditation).