



2009-2012 Strategic Plan* **Deep River and District Hospital**

**With imbedded Addendum comments
following mid-term Strategic Plan Review*

Our Vision

“Every Client’s Healthcare Experience will be Exceptional”

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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 (2005-08).

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.

Addendum comments are italicized and reflect approved commentary added to the Plan as a result of a mid-cycle strategic planning retreat session held in November, 2010.

Table of Contents

Mission, Vision and Values of the Organization	4
Community Engagement and Participation - Strategic Planning Retreat	5
Understanding the Changing Environment	7-10
• Health System Transformation in Ontario	7
• Champlain LHIN Priorities	8
• Opportunities for Small Rural Hospitals	9
• Current Challenges	10
New Strategic Directions and Goals for 2009 – 2012	11-20
Governance and Leadership Moving Forward	21
Appendix A- Progress against 2005-2008 Strategic Plan	22-24
<i>Appendix B - November 2010 Progress Report against 2009-12 Strategic Plan</i>	<i>25</i>
<i>Appendix C - Updated Strategic Directions and Goals November 2010</i>	<i>33</i>

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 municipal government representatives, 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 of what is 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 assessed the 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.

Mid-Term Review of Plan - November 2010

As part of its commitment to proactively plan for the future, the Deep River & District Hospital (DRDH) released its current strategic plan in the spring of 2009. The goals and objectives in the plan cover a 3-year period ending in March, 2012. As part of this 3-year planning cycle, the Board and Senior Team of DRDH held a strategic planning retreat on November 26-27 2010 with the following objectives:

- 1. To complete a mid-cycle environmental scan of current and future developments affecting the path of Deep River and District Hospital;*
- 2. To conduct an organizational assessment of opportunities and threats arising from this environmental scan along with an assessment of organizational strengths and challenges to respond to these;*
- 3. To review the current strategic directions and related goals for appropriateness against the assessment in #2 above;*
- 4. To ensure that the current DRDH mission, vision and values remain appropriate give the outcomes of #2 and 3; and*
- 5. To create an appropriate summary of key observations and recommendations to enable the preparation of a mid-cycle addendum and commentary to the current strategic plan for further review and acceptance by the Board.*

The facilitated discussions at the retreat covered objectives #1-3 during this retreat session. There was no requirement to adjust the Mission, Vision and Values of the organization at this time. This brief report, which has been prepared in compliance with objective #5, identifies the key environmental changes affecting each of the strategic directions and then documents recommended modifications to the current plan.

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.

Mid-Term Environmental Update:

Earlier this year, the government passed new legislation, The Excellent Care for All Act (ECFAA) and new long Term Care legislation contain significant new requirements for hospitals and long term care facilities in terms of monitoring and improving quality of patient care. The key requirements of ECFAA are as follows:

- establish quality committees that report on quality-related issues*
- put annual quality improvement plans in place and make these available to the public*
- link executive compensation to the achievement of targets set out in the quality improvement plan*
- put patient satisfaction surveys in place*
- conduct staff surveys*
- develop a declaration of values following public consultation, if such a document is not currently in place*
- establish a patient relations process to address and improve the patient experience.*

Impact on Strategic Direction:

DRDH has already made quality improvement a top priority and will ensure proactive compliance with all requirements of the new legislation. Based on the discussions held at the DRDH retreat, the following modifications are recommended to existing goals 1.1 and 1.2:

Goals
1.1 Strengthen the tracking and reporting of quality and patient safety indicators <i>consistent with ECFAA requirements and new Long Term Care legislation.</i>
1.2 Formalize and implement a Continuous Quality Improvement Process <i>consistent with ECFAA requirements and new Long Term Care legislation..</i>

<p>Balanced Scorecard Indicators:</p> <ul style="list-style-type: none"> • Infection rates per patient days • Number of adverse events (errors, falls etc.) and near misses • Number of patient/family complaints • Current mandatory reporting requirements
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Strategic Direction # 2: Strengthen Our Health Care Service Delivery.

A review of community needs suggests several areas of service delivery in which 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.

Mid-Term Environmental Update:

Over this past year, the hospital has continued to make ongoing improvements to a variety of services including:

- *Putting the Family Health Team on more stable ground by recruiting more physicians and allied health professionals*
- *Introducing a Picture Archiving & Communication System (PACS) for Diagnostic Imaging*
- *Successful accreditation for the Hospital overall and for the Medical Lab and Diagnostic Imaging departments in particular*
- *Improvements to hospital space and infrastructure*

A review of demographic, population health and clinical utilization indicators highlighted the following:

- *ER visit volumes are increasing each year largely as a result of increased use by residents of Petawawa and Pembroke which means DRDH needs to continue to closely monitor service developments in those communities;*

- *Non-urgent visits to the ER (i.e. CTAS 4 and 5) are very high compared to other small hospitals and suggests the need for an internal review of scoring practices against standards to ensure the greatest degree of accuracy;*
- *One in five residents is already over 65 years of age and will soon be one in four residents. The average age of patient admissions is 80 years which means that DRDH is increasingly in the business of providing geriatric care and needs to plan accordingly in collaboration with community service providers;*
- *40% of acute care beds are filled with patients waiting for an alternate level of care and this ALC rate is the highest in the LHIN again making collaboration with community partners a top priority for better management of ALC patients;*
- *In terms of population health status, rural residents across the LHIN have higher rates of illness and injury but DRDH needs better local estimates of both population and disease prevalence in order to accurately plan for new/expanded services;*
- *There are few local resources for individuals with mental health and/or substance abuse problems even though the Champlain LHIN has made this group of patients a top priority in its Integrated Health Services Plan.*

The issue of available space was also raised in relation to the Family Health Team expansion. There is also merit in considering a detailed review of future space requirements for DRDH's entire health care campus.

Impact on Strategic Direction:

Based on the discussions held at the DRDH retreat, the following modifications are recommended to existing goals plus the addition of two new goals (2.5 and 2.6):

Goals
<i>2.1 Increase and sustain our primary care capacity by strengthening and stabilizing our Family Health Team</i>
<i>2.2 Ensure sustainable 24/7 Emergency Department availability through an ongoing review of utilization, resource allocation and renewed funding agreements</i>
<i>2.3 Develop chronic disease management strategies, in collaboration with community partners, that support care in the most appropriate environment.</i>
<i>2.4 Increase the opportunities for ambulatory care or Tele-medicine clinics within our communities.</i>
<i>2.5 Prepare a facility plan to support current and future space requirements of an evolving community primary-care delivery system</i>
<i>2.6 Advocate for improved access to community-based resources to help</i>

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.

Mid-Term Environmental Update:

A review of the age profile of hospital staff suggests a good age mix with no short term concerns about vacancies resulting from planned retirements. However, as a small facility, DRDH has two ongoing HR planning challenges:

- *Recruiting for part-time positions; and*
- *Low critical mass with several key individuals in single position roles creating vulnerability resulting from attrition for any reasoning these areas.*

Discussions at the retreat focused on the implications of ongoing fiscal restraint in the hospital sector, the uncertainties this creates for hospital staff and need to pay attention to staff morale. This is considered an important part of a wider range of retention strategies.

Impact on Strategic Direction:

Based on the discussions held at the DRDH retreat, the following modifications are recommended to existing goal 3.1:

Goals
3.1 Develop a comprehensive recruitment <i>and retention</i> 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.

Balanced Scorecard Indicators:

- 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

Other Measures of *Success*:

- 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. The 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.

Mid-Term Environmental Update:

All hospitals must now prepare for a new patient-based funding model which is directly linked to patient volumes. As part of this preparation, DRDH will need to review its coding practices.

While DRDH continues to explore opportunities for operational and clinical efficiencies with its nearest hospital neighbour, the Pembroke Regional Hospital (see 5.1), the hospital also sees opportunities for dialogue about sharing of resources with all hospital partners throughout the Champlain LHIN. Towards this end, DRDH helped to facilitate the creation of a new alliance among all small hospitals in the LHIN region for the purposes of shared advocacy and workload/resource sharing.

To improve operational efficiency, DRDH will need to continue to review revenue generation opportunities and develop new business models for certain services. Retreat participants specifically noted Laboratory and Telemedicine as two areas where current funding formulas are creating increasing cost pressures which are not sustainable.

Impact on Strategic Direction:

Based on the discussions held at the DRDH retreat, the following modifications are recommended to existing goals 4.2 and 4.3 plus the addition of new goals 4.5 and 4.6:

Goals
4.1 Meet all requirements of our Hospital Service Accountability Agreement (H-SAA) in partnership with the Champlain LHIN.
4.2 Continue to expand resource sharing opportunities with Pembroke Regional Hospital and <i>with other hospital partners including the Champlain Alliance of Small Hospitals (CASH)</i>

4.3 Explore *horizontal collaboration* opportunities for achieving management and operational efficiencies with other local organizations.

4.4 Maximize revenue generation opportunities for Hospital-based health and related services.

4.5 Prepare for the introduction of a new patient-based funding formula through a review of inpatient and emergency department coding and scoring practices

4.6 Develop a new business case and funding model for selected services (e.g. Lab and Telemedicine)

Balanced Scorecard Indicators:

- Current ratio
- Total margin

Other Measures of *Success*:

- 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 fore-front 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.

Mid-Term Environmental Update:

Earlier this year, the Champlain LHIN released its Vision for creating a more integrated health system. To its credit, the LHIN is championing both regional (vertical) integration and local (horizontal) integration as complementary and mutually supportive strategies. The horizontal integration strategy is important for

rural communities and small hospitals like DRDH because it recognizes the critical role played by small hospitals as local hubs for a range of health and human services.

Retreat participants noted there is also much work to be done on implementing best practice e-Health strategies which can improve patient access (e.g. telemedicine) and strengthen linkages between providers (e.g. electronic health record).

Impact on Strategic Direction:

The following modifications are recommended to existing goal 5.3 plus a new goal 5.5:

Goals
5.1 Identify and implement opportunities for collaboration in 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) <i>to address challenges such as ALC.</i>
5.4 Develop new community partnerships to improve delivering of health services.
<i>5.5 Assess the opportunities for development of a local solution for integrating electronic health data for residents of North Renfrew.</i>

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.

Mid-Term Environmental Update:

There was constructive dialogue at the Retreat about ongoing changes in health care and possible disruptions to current regional planning and funding strategies as a result of the provincial election in the fall of 2011. There was consensus among participants that DRDH needs to find its ‘voice’ on a number of rural health issues in the run up to the next election and that ongoing community engagement needs to include meetings with elected officials.

DRDH leadership has accomplished much in a relatively short period of time to increase the hospital’s profile through a regular community publication, increased media coverage, public speaking engagements and networking with local community groups and other service providers. Further enhancements to the hospital’s external communications strategy will have resource implications. Ongoing community engagement will also need to be sensitive to the consultation requirements of the Excellent Care for All Act in terms of developing patient values and getting input on ways to improve the patient experience.

As noted earlier, proactive planning for the future would also benefit from the development of local capacity to generate local data on population and health status indicators. This type of local information can be used both internally at the hospital for program planning and externally with the community to increase awareness about changing health care needs.

Impact on Strategic Direction:

Based on the discussions held at the DRDH retreat, the following modifications are recommended to existing goals 6.1, 6.2, and 6.6:

Goals
<i>6.1 Develop a proactive community engagement and communications strategy which includes elected officials and the new leadership of the Champlain LHIN.</i>
<i>6.2 Work with our community partners to strengthen the local capacity for collection, analysis and sharing of demographic and health information so there is a better understanding and awareness of local health needs</i>

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 including posting to the hospital website.
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).

Appendix B

November 2010 Progress Report

DRH Strategic Goals and Objectives: 2009 - 2012

Strategic Direction #1: Enhance Quality Management and Patient Safety Initiatives

1.3 Strengthen the tracking and reporting of quality and patient safety indicators

Desired End State by March 31, 2012:

Quality: Each department will have relevant indicators and all staff will be aware of these indicators and what they mean to the department and to the entire facility. A continuous accreditation cycle in place with no gaps in process between surveys Patient Safety: All staff will be aware of patient safety requirements and will act on their obligations at all times.

1.4 Formalize and implement a Continuous Quality Improvement Process

Desired End State by March 31, 2012:

Each department has implemented a quality improvement process appropriate to their operation and reflected this in a simplified departmental BSC with true targets and attainable action plans with indicators that are measurable and timely.

Accomplishments to Date:

- Met all requirements necessary for Hospital, Bone Density, and Medical Lab accreditations
- Quality and Patient Safety Stories are an integral part of each Board, Leadership and Team meeting
- Quality and Patient Safety metrics are an integral part of Balanced Scorecard along with trending data – public posting of BSC Overview
- Program identified and project plan in place for implementation of DRDH Safety, Quality and Meaningful Work Program
- Analysis and preliminary project plan in place for ensuring compliance with Bill 46 (Excellent Care For All Act - ECFAA)
- Significant investments in capital improvements to parking lot, front entrance, lab operations and out-patient waiting areas to enhance patient safety and infection control.

Continuing Effort

- Drive existing project plans for implementation of organizational Quality Program and full compliance with ECFAA
- Continue efforts to embed culture of reporting near misses and seizing all learning opportunities to improve quality and safety of work practices and processes
- Continued capital improvements in the ambulance and emergency department entrance area

Strategic Direction #2: Strengthen Our Health Care Service Delivery

2.1 Increase our primary care capacity by strengthening our Family Health Team

Desired End State by March 31, 2012:

Full complement of physicians, allied health providers and patients in a newly renovated facility

2.2 Ensure sustainable 24/7 Emergency Department availability through a detailed review of funding and resource allocation

Desired End State by March 31, 2012:

A safely and fully staffed Emergency department that is open 24/7 with appropriate funding to ensure viability - this includes a sustainable and long term physician solution and EDAFA.

2.3 Develop chronic disease management strategies that support care in the most appropriate environment

Desired End State by March 31, 2012:

Continue to grow and develop Chronic Disease Programs such as diabetes as funding allows. Apply for further funding as opportunities present. Facilitate access to already established programs with other partners as needed.

2.4 Increase the opportunities for ambulatory care clinics within our communities

Desired End State by March 31, 2012:

Identify gaps in service and actively recruit professionals to fill the gap. Best logical decision regarding in-person clinics or tele-medicine alternative for each area of specialty.

Accomplishments to Date:

- Addressed Ministry concerns about ongoing viability of Family Health Team option in this community
- Structured physician recruitment program - community incentive package
- Moved from 0 physicians to 3 new physicians in FHT (2.2 FTE) along with additional FHT resources in nursing, social work, admin support
- Significantly reduced pain in staffing emerg shifts through a recruit of a full-time emerg physician and additional physicians recruited to join our remote emerg physician team
- New 3-year Med-Emerg contract @ approximate annual cost saving/cost avoidance of \$200K (\$80K vs ~\$300K)
- Increasing sense of optimism about increased physician participation in a renewed AFA agreement
- New Obstetrics/Gynecology clinic (temporary)
- Significant growth in Tele-health clinics (in lieu of on-site ambulatory clinics)
- Significant increase in public education sessions through telemedicine for arthritis and Chronic Obstructive Pulmonary Disorder (COPD)
- regular classes for the community by Nutritionist on diabetes, healthy eating, etc.
- Hospital and Family Health Team active in LHIN-wide Smoking Cessation

Continuing Effort

- A growing need to address space problems with FHT
- Closure on additional physician engagement in renewed AFA agreement for Emerg coverage
- Continued creative expansion of ambulatory clinics through tele-medicine

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

<p>3.1 Develop a comprehensive recruitment strategy for all health care professionals in collaboration with community & business leaders.</p> <p>Desired End State by March 31, 2012: <i>We have a plan in place to ensure access to sufficient resources in all of our critical skill areas.</i></p>
<p>3.2 Foster a healthy and supportive work environment for all staff that promotes work-life balance</p> <p>Desired End State by March 31, 2012: <i>Our latest staff survey indicates our staff are increasingly healthy and happy. We have low sick time usage and high morale in comparison to other hospitals in the LHIN. We are known for creativity in supporting work-life balance.</i></p>
<p>3.3 Increase emphasis on professional development and life-long learning through innovation and technology</p> <p>Desired End State by March 31, 2012: <i>Our employees feel supported in their quest for further skill and career development. We have a comprehensive ongoing on-line or web-based education program that is accessed regularly by staff using our technology.</i></p>
<p>3.4 Develop a succession planning & mentoring strategy for critical positions</p> <p>Desired End State by March 31, 2012: <i>Our Human Resources plan is up to date and reviewed annually. It contains a well developed succession planning and mentoring process for critical skills and critical positions.</i></p>
<p>3.5 Increase opportunities for creating more attractive and recruitable positions through collaboration with other community health partners</p> <p>Desired End State by March 31, 2012: <i>By 2012 we have a strong HR Network with our local Health Service Providers, customers and partners and are making good use of all opportunities for collaborative hiring activities</i></p>

Accomplishments To Date:

- See above for success in physician recruitment
- Some success with partnering with other organizations to create more attractive recruitment positions and employment offers
- Strong employee Huddle process in place on many aspects of employee life including safety, employee satisfaction and employee wellness
- Active employee social club and internal communications vehicle (Zinger)
- Implemented employee purchase program for personal computer equipment
- Employee Demographics analysis and risk assessment completed

Continuing Effort

- Complete documentation of formal Human Resources Plan including the documentation of a skills-based succession plan
- Continue efforts to address local collective bargaining within broader public sector and health care labour relations climate in Ontario

Strategic Direction #4: Ensure Optimal Management of Resources

4.1 Proactively manage our H-SAA accountability agreement in partnership with the Champlain LHIN

Desired End State by March 31, 2012:

We meet all requirements of the annual HSAA agreements with minimal impact on services / programs

4.2 Continue to expand resource sharing opportunities as part of MOU with Pembroke Regional Hospital

Desired End State by March 31, 2012:

See 5.1 below

4.3 Explore opportunities for achieving management and operational efficiencies with other local organizations

Desired End State by March 31, 2012:

We participate in provincial, regional and local initiatives to maximize savings and achieve operational efficiencies.

4.4 Maximize revenue generation opportunities for Hospital-based health and related services

Desired End State by March 31, 2012:

Our efforts to capitalize on an increased number of revenue-generating opportunities and operational efficiencies has enabled service levels to either grow or remain constant in times of decreasing gov't funding.

Accomplishments to Date:

- Met all financial commitments to the Champlain LHIN for 2009-10
- Presented a balanced budget to LHIN specifications for 2010-11 and tracking appropriately at mid-year
- Significant cost reduction achieved in external staffing costs for emerg department
- Successfully negotiated reduced inter-hospital billing rates from Pembroke Regional Hospital for CT Scans and lab services
- Increased leadership attention to opportunities to generate external revenue from Hospital capabilities and operations
- Re-invented the Hospital Foundation, jointly staffed a Fund-raising director, created visible office space, launched a major community campaign, and secured commitments to ensure 100% coverage of unfunded medical capital equipment purchases for 2009/10 and 2010/11.
- Early adopter of new finance and HR reporting system for Small and Complex Continuing Care Hospitals – significant ongoing cost savings for the organization that enables better benchmarking of key financial and HR data .

Continuing Effort

- Deliver on 2011-12 LHIN Budget expectations
- Work with other local organizations to explore cost efficiencies through shared services
- Continue efforts to maximize non-Ministry revenue generation
- Actively engage in discussion of new funding model (HBAM) and assess anticipated financial impact

Strategic Direction #5: Champion More Integrated Local Health Care

5.1 Identify and implement opportunities for collaboration and delivery of health care services provided through the MOU with PRH

Desired End State by March 31, 2012:

We meet regularly with PRH Management and Board to continue looking for opportunities to share resources. All identified opportunities have been exploited. We have created an environment of cooperation with focus on best possible patient care for our communities.

5.2 Become a recognized small hospital leader within the LHIN in e-Health strategies (electronic health record, telemedicine services etc.)

Desired End State by March 31, 2012:

We are working a plan to achieve a totally paperless health care record for both internal patients and emerg visits with appropriate linkages to lab, DI, Pharmacy, EMR and discharge notes for all local medical and FHT staff. The PACS Repository and on-line Diabetes Registry are totally operational. We have doubled our 2008/ 09 volumes in both tele-medicine and online training.

5.3 Facilitate the development of a local (North Renfrew) health care network with other key health partners (incl. CCAC, Public Health, Long Term Care)

Desired End State by March 31, 2012:

DRDH is seen by self, partners and the community as one of many sources of health care available in our community. Our broader community models collaboration amongst Healthcare providers through an active network (regular meetings), joint problem-solving, sharing expertise and resources, sponsorship of an annual community health fair. At times the Hospital leads (emerg, acute care) and at other times it supports/follows (Aging @ home, Home care, etc).

5.4 Develop new community partnerships to improve delivering of health services

Desired End State by March 31, 2012:

Strong operational partnerships with CCAC and NRLTC, with Public Health and North Renfrew Family Services. There is a clear understanding of all parties on the continuum of care between community and hospital services. Aging @ home is a major community success contributing to less visits to emerg and fewer ALC issues. DRDH is a significant supportive player in this program.

Accomplishments to Date:

- Summarized accomplishments of MOU with Pembroke to our mutual satisfaction and shared with Champlain LHIN
- One of only two formal inter-hospital partnership agreements in place with CHEO
- First independent hospital in the LHIN to connect to the PACS repository
- HOBIC pioneer site
- Early adopter of RDS-RAI technology and program within LTC facility
- Very active partnership with North Renfrew Long Term Care in advancing the Aging @ Home program to address mutual health care interests
- Collaborative tower project to bring high-speed wireless service to NRLTC and to our community physician offices – and generally bring NRLTC facility into the 21st century re: electronic infra-structure
- Fostering regular meetings of local health care network including first-ever community health care forum for the broader public
- Actively reaching out to both CFB Petawawa and Petawawa Centennial Family Health Center for collaboration and service delivery
- Strong positioning within the LHIN as an excellent example of a rural hospital moving in the right direction –
 - “H Means Health”
 - Visibility of Health Care Campus approach – sign
- Partnership with CAREFOR on implementation of GOING HOME program in North Renfrew communities

Continuing Effort

- Continued efforts at engaging with Pembroke Regional Hospital on collaborative clinical and non-clinical projects
- Drive electronic data integration between select hospital data systems and electronic medical record systems in physician offices
- Develop the broader range of benefits possible from the new partnership with CHEO
- Strengthen partnership opportunities with military and civilian health service providers in Petawawa
- Continue the drive to substitute electronic for paper-based patient care record systems
- Continue to develop and publicize innovative methods of integrating health care delivery systems in our catchment area

Strategic Goal #6: Create a more Informed and Engaged Community for Health Services

6.1 Develop a proactive community engagement and communications strategy

Desired End State by March 31, 2012:

We have an identified communications strategy for each of our identified stakeholders and we regularly evaluate its effectiveness. We keep an good view on upcoming events/issues and plan stories and releases. Our Hospital website is well maintained and we have an operational Speakers Bureau.

6.2 Work with our community partners to develop a better understanding and awareness of the local profile of our constituents and their dominant health needs

Desired End State by March 31, 2012:

We have a good awareness of the health and disease profile and of the formal and informal catchment area for this Hospital. We have a process developed to ensure currency of this profile.

6.3 Work with our community partners to increase the level of health awareness and to foster increased acceptance of personal accountability for health care in our constituents

Desired End State by March 31, 2012:

Working with our partners, we have an integrated communications strategy for healthcare messaging. Our communities view the Hospital as ONE of several sources of health care available to them

6.4 Advocate with other small hospitals for a LHIN-based rural health strategy

Desired End State by March 31, 2012:

We have developed strong leadership and functional relationships with other small rural hospitals in the LHIN. Collectively we have identified common areas of concern and potential solutions and we have championed a meeting with senior LHIN officials to develop strategies to ensure viable effective rural hospitals in the LHIN.

6.5 Continue to generate a viable volunteer base and challenge them through expanded and meaningful opportunities to contribute and become engaged

Desired End State by March 31, 2012:

Our volunteer population has an increased number of men and young adults. We have increased the scope of volunteer activities within our organization and we celebrate and recognize their efforts. Our foundation has a renewed mandate and sense of purpose in its strategic fundraising programs to meet the capital requirements of the Hospital.

6.6 Refining our balanced scorecard for both internal and public reporting

Desired End State by March 31, 2012:

Our BSC is easily understood by both employees, Board and the general public. It tracks and drives the Strategic Initiatives within the Hospital and enables appropriate review of progress and ongoing challenges

6.7 Strengthen the creation and the sharing of our “Organizational Story” to our various stakeholders

Desired End State by March 31, 2012:

We have solid relationships built with our expanded media connections (beyond the local newspaper) . We always distribute local media stories to key stakeholders and partners. We are comfortable using the newest communication techniques available to us to get our messages distributed.

Accomplishments To Date

- Significant increase in the profile of the Hospital in the community through external presentations, municipal government presentations and press releases to local and surrounding media
- Bi-Annual broad community presentations on Hospital and local health care issues
- Active promotional and marketing presence at local trade shows and community events
- One of early adopters of Community Information Mapping System to strengthen understanding of very local population metrics
- Regular community publication of Health Matters
- Catalyst in formation of Champlain Association of Small Hospitals to strengthen the rural health voice and advocacy within the LHIN
- CEO elected to OHA Region 2 Executive Council as Rural Hospital representative
- Active engagement of community-based ambassadors in support of initial Foundation Fund-Raising drive
- Continued evolution of Balanced Scorecard for Leadership, Board, public and employee messaging

Continuing Efforts

- Formal documentation of a community engagement and communications strategy
- Improved access to health population data for the specific townships within the catchment area of the Hospital
- Continued refinement of Balanced Scorecard to reflect evolving strategic priorities
- Continued development of the positive image of Deep River as an example of an integrated health care community

APPENDIX C

Strategic Directions / Goals - Post Mid-Cycle Review

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

Goals
1.1 Strengthen the tracking and reporting of quality and patient safety indicators consistent with ECFAA requirements and new Long Term Care legislation
1.2 Formalize and implement a Continuous Quality Improvement Process consistent with ECFAA requirements and new Long Term Care legislation..

Strategic Direction # 2: Strengthen Our Health Care Service Delivery

Goals
2.1 Increase <i>and sustain</i> our primary care capacity by strengthening <i>and stabilizing</i> our Family Health Team
2.2 Ensure sustainable 24/7 Emergency Department availability through <i>an ongoing review of utilization, resource allocation and renewed funding agreements</i>
2.3 Develop chronic disease management strategies, in collaboration with community partners, that support care in the most appropriate environment.
2.4 Increase the opportunities for ambulatory care or Tele-medicine clinics within our communities.
2.5 <i>Prepare a facility plan to support current and future space requirements of an evolving community primary-care delivery system</i>
2.6 <i>Advocate for improved access to community-based resources to help individuals with mental health and/or substance abuse problems</i>

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

Goals
3.1 Develop a comprehensive recruitment and retention 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.

Strategic Direction #4: Ensure Optimal Management of Resources.

Goals	
4.1	Meet all requirements of our Hospital Service Accountability Agreement (H-SAA) in partnership with the Champlain LHIN.
4.2	Continue to expand resource sharing opportunities with Pembroke Regional Hospital and <i>with</i> other hospital partners including the Champlain Alliance of Small Hospitals (CASH)
4.3	Explore horizontal collaboration opportunities for achieving management and operational efficiencies with other local organizations.
4.4	Maximize revenue generation opportunities for Hospital-based health and related services.
4.5	Prepare for the introduction of a new patient-based funding formula through a review of inpatient and emergency department coding and scoring practices
4.6	Develop a new business case and funding model for selected services (e.g. Lab and Telemedicine)

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

Goals	
5.1	Identify and implement opportunities for collaboration in 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) to address challenges such as ALC.

5.4 Develop new community partnerships to improve delivering of health services.

5.5 *Assess the opportunities for development of a local solution for integrating electronic health data for residents of North Renfrew.*

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

Goals

6.1 Develop a proactive community engagement and communications strategy which includes elected officials and the new leadership of the Champlain LHIN.

6.2 Work with our community partners to *strengthen the local capacity for collection, analysis and sharing of demographic and health information* so there is a better understanding and awareness of local health needs.

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 *including posting to the hospital website.*

6.7 Increase the media profile of our Hospital to our stakeholders.