“Every Client’s Healthcare Experience will be Exceptional”
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Purpose of this Document

This Strategic Plan provides the framework for the Deep River and District Hospital (DRDH) annual operating plans for the period April 2015 to March 2018. The main Operational Plan and other internal management plans (e.g., the Risk Management Plan, Human Resource Management Plan, etc.) will contain specific, measurable objectives and tactics aligned with the goals and strategies identified in this Strategic Plan. Annual Hospital Objectives and other operational targets, including those contained in the Balanced Scorecard and Quality Improvement Plans, will be set using this Strategic Plan as a guide.

The Strategic Planning Process

The people who work in hospitals and the communities they serve need a clear picture of where their hospitals are going, what are their goals, and how they intend to reach them. Like all organizations, hospitals need plans that clearly describe and circumscribe the path forward. Establishing this path gives those in governance and organizational leadership roles the opportunity to respond to environmental changes, anticipate future events, and make strategic decisions in response to evolving and external and internal needs. This is the purpose of strategic planning.

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

In the interest of having an informed and manageable decision making process, DRDH chose to conduct a representative engagement process in which stakeholders from the community were selected based on their roles within existing community organizations. Representatives of these organizations were invited to a strategic planning session conducted on January 16 and 17, 2015 (References 1 and 2). Approximately forty people attended the session, including:

- Patient representatives
- Staff and management from all areas of the hospital – IT, housekeeping, nursing, dietary, pharmacy, Four Seasons Lodge, and the North Renfrew Family Health Team
- The Hospital Auxiliary
- Physicians from both the Deep River Family Health Organization and the North Renfrew Family Health Team
• Members of the Four Seasons Lodge Resident and Family Council
• Members of the DRDH Foundation Board
• Representatives from the North Renfrew Long Term Care Centre
• The Deep River and District Physiotherapy Centre
• Paramedic Services
• Two Field Ambulance, Garrison Petawawa
• Elected officials from United Townships of Head, Clara and Maria; Rapides-des-Joachims (Village of Swisha); and the Town of Deep River.
• The Family Health Team Advisory Committee
• Members of the DRDH Board of Directors

The purpose of the planning session was to engage stakeholders in a process that would enable them to contribute their input and recommendations for Strategic Goals and related Strategies for the Hospital’s 2015/18 planning period.

A detailed information package was circulated in advance of the session (Reference 1), and participants were asked to review this information in preparation for the event. The package contained information on the broader context of what is happening in health care outside of the region, both at the provincial level as defined by the Ministry of Health, and in other small, rural communities throughout Ontario.

One issue of particular relevance was the shift toward Quality Based Procedures that is part of the 2011 Ontario Action Plan for Health Care and Patient-Based Funding Reform (References 3 and 4). This shift will have particular influence on DRDH because the Hospital, for a variety of reasons, has some of the highest costs per patient procedure in Ontario. While this has the potential to put funding pressure on DRDH, it also gives an opportunity to DRDH to examine the possibility of offering new patient services and to increase the efficiency of existing ones.

Participants were engaged in a facilitated process (Reference 2) that ultimately generated the high-level Strategic Goals and Strategies presented in this plan.

In the early part of the strategic planning session, Eric Hanna, the President and CEO of Arnprior Regional Health, delivered a presentation on some of the challenges and successes at Arnprior Regional Health. Gary Sims, the DRDH President and CEO, made a presentation in which he gave his assessment of the current situational context at the Hospital, and commented on opportunities arising due to the shifting healthcare environmental conditions.

Participants were engaged in a series of guided discussions and exercises aimed at uncovering the strengths of DRDH in order to build on them discovering participant hopes, aspirations and desired results for DRDH; collectively envisioning a shared image of the future; and finally agreeing on the Goal areas of highest priority. Once the Strategic Goals were clarified and confirmed, the participants developed high-impact Strategies that would
achieve the Goals. The outputs from this work are found in Section 3: Strategic Goals and Strategies.

The process resulted in a positive, high-energy session in which the full group collectively drafted a set of six high quality recommendations for Goals and Strategies. Five of these goal areas built upon and modified the Goals of the previous (2012-15) Strategic Plan. One of the Strategic Goals is new. It is indicative of the quality of the discussions that the Board of Directors decided to accept and publish for public comment a draft of the stakeholder recommendations with only slight modifications. The public input was reviewed by the Board at its meeting in March 25, 2015. This Strategic Plan and the six Strategic Goals and accompanying Strategies will be presented for approved by the Board during the April, 2015 meeting.

**Terminology**

This strategic plan uses the following definitions:

**Vision:** A description of the ultimate goal or primary end-state that is being pursued through the organization’s activities.

**Mission:** A description of the organization’s ongoing purpose. This generally defines what will be done, and for whom it is done.

**Strategic Goals:** High-level priorities – broad, unspecific, visionary statements of what an organization wants to accomplish in order to achieve the vision.

**Strategies:** Different approaches used to achieve aspects of a goal – in other words, broad strategic initiatives the organization will undertake to achieve a goal. There are often several strategies to achieve a goal.

**Objectives:** Specific, measurable targets that detail the strategy. These are often referred to as SMART objectives - Specific, Measurable, Achievable, Realistic, Time-bound.

**Important Note**

This plan does not specify DRDH Objectives. Setting objectives is an operational function. The Board may influence and will exercise oversight over the Objectives, but it is the responsibility of DRDH management to ensure that sets of specific, achievable objectives exist, and implementation plans for those objectives are prepared and carried out using suitable performance metrics to gauge progress towards and achievement of the objectives.
Vision, Mission and Values

This section of the Strategic Plan sets out clear statements of what business the Hospital is in (Mission), where it wants to be (Vision), and what beliefs and behaviors will enable it to get there (Values).

The existing Vision, Mission and Values below were acknowledged and not modified during the strategic planning workshop. General sentiment among the Board of Directors and with workshop participants was that these foundational elements remain highly relevant.

Vision Statement

Every client’s healthcare experience will be exceptional.

Mission Statement

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

Values

Caring
• We improve the quality of life in our client communities through education and leadership in health care services.
• We focus on both the quality of care and the quality of caring
• 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.

Understanding the Changing Environment

This section describes context in which DRDH operates. It briefly summarizes the transformations underway in the present health care system in Ontario, the priorities of the Champlain Local Health Integration Network (LHIN), and the opportunities and challenges for this small, rural hospital.

Health System Transformation

The on-going transformation of Ontario’s health care system has produced a number of significant changes in direction. 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 in documents like the 2011 Ontario Action Plan for Health Care and Patient-Based Funding Reform (References 3 and 4).

Under the 2012/15 strategic plan, DRDH had considerable success in addressing several key issues. However, there are many challenges and opportunities for improvement, both internally and externally, that were considered when the 2015/18 Strategic Plan was formulated. A list of relevant issues follows:

- The re-affirmation of the function of LHINs with a strengthened mandate to plan, manage, integrate and fund health services for the fourteen planning regions in the province of Ontario;
- Enhanced focus on timely access to primary care to enable a stronger emphasis on the health promotion, illness prevention and management of chronic diseases;
- Delivery of quality care to the right patient in the right place at the right cost;
- Increased attention to improving value to the patient through the overall quality of care experienced throughout the health care continuum;
• Continued emphasis on performance measurement and reporting, with special attention to quality, patient safety, cost-effective service delivery and public transparency;

• More investments in non-hospital services, specifically primary care, community care and home care services, especially for the frail and elderly (e.g., Aging at Home, Family Health Teams, etc.);

• Greater focus on the determinants of health and the broad range of factors that contribute to poor health outcomes;

• The development of an integrated system of health services where patients experience a more coordinated and consumer friendly system; and

• The acknowledged role of hospitals in smaller communities to be the catalyst for and the “hub” of an integrated planning and delivery system for health services across all health sectors at the local, multi-community level.

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

• Working with other hospitals and health care providers on the planning for and delivery of more integrated ambulatory models of care tailored to the needs of their own communities;

• Working with local community partners on establishing and resourcing healthy community strategies;

• Exploring innovative and cost-effective approaches to achieve better and more collaborative service delivery; and,

• Leading the way in refining performance measurement systems for continuous quality improvement in all areas of health services and greater transparency in the reporting of progress.

In addition to the Ministry’s ongoing transformation agenda and the Health Minister’s new action plan, the other important contextual document is the report by the Commission on the Reform of Ontario’s Public Services (Drummond Report, Reference 5). An analysis of Drummond’s recommendations for the health care system suggests two things:

(1) Many reform strategies offered by Drummond have been previously noted; and

(2) DRDH is well positioned in relation to many of Drummond’s recommendations.
**Champlain LHIN Priorities**

The Deep River & District Hospital has been actively engaged with the Champlain LHIN since the LHIN’s inception and incorporates the planning and integration priorities of the LHIN into the development of its strategic plans. The LHIN’s strategic directions for 2013-2016 (Reference 6) are as follows:

1. Improve coordination and transitions of care;
2. Increase coordination and integration of services among hospitals;
3. Build a strong foundation of integrated primary, home and community care.

In addition to these strategic directions, the LHIN has identified the following three priority populations:

1. People with Mental Health Issues and/or Problematic Substance Use
2. People with Diabetes and Pre-Diabetes
3. People with Complex Health Conditions

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 and rural hospitals, the Deep River & District Hospital also believes that system change presents opportunities. Some of these include:

- More satellite services from larger centres (through visiting specialist clinics and telemedicine);
- Evaluation and streamlining of existing in-patient activity while improving and expanding the provision of out-patient ambulatory care to the community;
- 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;
- Employing 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 to enable the most effective and efficient continuum of care for residents in rural areas; 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:

• Ensuring a continued availability of physicians, other health care professionals, executive leadership and support staff to deliver the required services to the communities served;
• Addressing the lack of sufficient community-based resources and facilities for comprehensive “at-home” delivery of services to an aging population and programs in support of health promotion and chronic disease management;
• The construction of a new primary care building while developing a space re-allocation plan and securing appropriate capital investment to provide renovations for existing accessibility requirements and new clinic facilities;
• Developing reliable and current detailed local population health information to enable appropriate local planning for the needs of the Hospital’s catchment area residents;
• Keeping pace with the rapidly advancing electronic technology in medication administration, health care information and records management;
• Continuing innovation for the delivery mechanisms, operations and partnerships of a small rural hospital to ensure that local residents maintain appropriate access to the required services within the provincial financial realities and priorities.
• While we have seen tremendous advancements at DRDH over the past three years, we have to be aware of the impact of change, especially the wear on the staff, physicians and management of the hospital who, in addition to maintaining daily operations, are responsible for implementing new exciting strategies.

While this new strategic plan cannot remedy all of these problems, it is necessary to recognize these on-going operational challenges and to create new objectives and targets that are realistic and have taken the operational challenges into account.
Strategic Goals and Strategies

This section describes the Goals and Strategies that set the direction for DRDH from 2015 to 2018. These Goals and Strategies are the result of the strategic planning process outlined above and as documented in References 1 and 2.

The DRDH Goals for 2015-2018 are shown in the diagram below. This is followed by a detailed description of each Goal and the key Strategies that will be applied to achieve them. These Goals and Strategies provide the framework for the preparation of annual operating plans for fiscal years 2015/16, 2016/17 and 2017/18.

1 Note: Every patient is a client, but not every client is a patient. Client can include, but is not limited to, patients, patient representatives, family members and those with Power of Attorney.
**STRATEGIC GOAL 1**

**DRDH is a recognized rural health leader in quality and patient safety**

**Rationale**

At the heart of a patient-centred health care system is the relentless pursuit and implementation of the highest quality patient safety practices available. This is embodied in both our mission and vision statement and remains our number one strategic priority.

Leadership in quality and patient safety requires acting on knowledge acquired in the rigorous pursuit of evidence. The 2015-2018 strategic plan places an increased emphasis on generating, and responding to evidence.

However, knowledge is not enough. The desire to be recognized as a rural health leader in quality and patient safety stems from the understanding that two conditions must be met – leaders are never satisfied that they have done enough, and leaders must embrace innovation. This touches upon the very core of culture. A culture of leadership must be created, every day, by every individual within the system working together for continuous improvement and excellence. With this understanding, there is a shift in strategy in 2015-2018 toward exploring, promoting and establishing new ways of engaging in quality and patient safety.

**Strategies to achieve the goal**

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<td>1.1:</td>
<td>Promote a culture of evidence-based practice throughout the facility.</td>
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<td>1.2:</td>
<td>Pursue continuous quality improvement in all performance measures.</td>
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<tr>
<td>1.3:</td>
<td>Explore innovative approaches to delivery of quality services and patient safety.</td>
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**STRATEGIC GOAL 2**

**DRDH is the driving force of an exemplary patient/client journey**

<table>
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<th>Rationale</th>
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| An exemplary patient/client journey is one that involves the highest quality care possible, at the time when it is needed, and delivered as close as possible to the patient’s home.  

The challenge of every rural health delivery system is to work with its constituent population to ensure appropriate access to ongoing primary care and to offer as much localized health service capability as possible within the capability and capacity of its resources.  

For DRDH to be a driving force, the search for new and improved ways to provide services is vital. In a rural hospital environment, this means pushing the capacity of technology; it means continuing to enhance and leverage eHealth systems and electronic health records encompassing facility-based as well as primary care; and it means pushing into new areas of health care delivery in responding to the needs of the community.  

In the 2015-18 Strategic Plan there is a continued emphasis on increasing access to serve the goal of driving an exemplary patient/client journey. There is also renewed emphasis on the retooling of the existing infrastructure to maximize client service. Most significantly, the strategies reflect the desire to expand the range of services into post-hospitalization care. |

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<th>Strategies to achieve the goal</th>
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<td><strong>2.1:</strong> Optimize physical environment to provide exceptional client experience.</td>
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<td><strong>2.2:</strong> Maximize the hospital’s ability to bring local patients home from other hospitals (repatriation) and explore expansion into post-hospitalization care.</td>
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<td><strong>2.3:</strong> Leverage current and emerging technological advances.</td>
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STRATEGIC GOAL 3

DRDH is an innovative and resource-conscious provider of exceptional patient/client care

Rational

The foreseeable future will see health care delivered within a climate of constrained resources not only in the financial area, but also in the availability of critical health care skills. Every hospital will need to be creative in the generation and use of financial resources to ensure an ongoing capability to deliver excellent health care to its resident communities.

At the heart of this Goal is the core belief that efficiency and mindfulness of resources need to continue to be emphasized as part of the Hospital's culture. The aim is to have everyone (management, staff, the community and clients) actively and continuously seeking ways to improve efficiency and organizational sustainability.

This Goal area builds on the previous 2012-15 Strategic Plan. In the new 2015-18 Strategic Plan, the focus on effective management and resource consciousness is maintained. However, in this plan, there is a shift of emphasis* on the human resource dimension of effective management, and greater emphasis on innovation to meet community and patient needs as a measure of success.

(*Note: The human resource management focus has been elevated to a new goal area in Strategic Goal 4.)

Strategies to achieve the goal

3.1: Ensure resources are used in a sustainable and effective manner.

3.2: Explore new and creative funding opportunities.

3.3: Delivery of services based on patient and community needs.
**STRATEGIC GOAL 4**

**DRDH is a small rural hospital employer of choice**

**Rationale**

Excellence in client health service delivery depends on one thing – the caring dedication and effective functioning of people. This compassionate, personalized professionalism is arguably the backbone of the DRDH. Building on this strength is even more important in a small rural region, where attracting and retaining a high calibre workforce is more challenging than in an urban centre.

This new 2015-18 Strategic Goal aims to enhance the DRDH focus on being an outstanding steward of its human assets, prioritizing the health and well-being of people. This sharpened emphasis is to recognize that people thriving at all levels of the organization are best able to collectively provide high quality care services.

**Strategies to achieve the goal**

| 4.1: | Maintain a healthy, engaging and supportive work culture. |
| 4.2: | Provide relevant opportunities for educational growth and development. |
| 4.3: | Promote a healthy work-life balance for all. |
**STRATEGIC GOAL 5**

**DRDH is the local leader in enhancing population health**

**Rationale**
A significant portion of population well-being is achieved through individual accountability and responsibility for personal health status through lifestyle choices. Regular awareness and education sessions are key components of any strategy being pursued to foster this accountability and personal responsibility. The Hospital must promote and model the appropriate lifestyle choices.

However, the 2015-18 Strategic Plan recognizes that it is not enough to merely promote population health. Rather, this plan recognizes that DRDH must lead and actively enhance population health as a vital service in the District. At the heart of providing local leadership is recognition that enhancing population health requires a blend of three core components: finding accurate population health data, promoting the importance of population health, and delivering health promotion education and care throughout the community.

**Strategies to achieve the goal**

| **5.1:** | Facilitate health promotion and education. |
| **5.2:** | Promote available health care services within the community. |
| **5.3:** | Continue to advocate for current regional population health data. |
| **5.4:** | Adjust services to align with available Deep River and District population and demographic data. |
**STRATEGIC GOAL 6**

**DRDH is seamlessly integrated with all partners**

**Rationale**

In rural communities, hospitals have a tremendous opportunity to use their special position to play a leadership role in ensuring that the community members experience a seamless health care delivery. This can only be accomplished by a concerted effort to build partnerships and alliances both local and distant.

In the 2015-18 Strategic Plan there is a renewed emphasis on further developing partnerships toward an integrated health system that is capable of working efficiently and to the greatest extent possible, under coordinated administration. This means pursuing further efforts to break silos, identify non-traditional partnerships, and create alignment focused on the patient need and experience.

**Strategies to achieve the goal**

6.1: Develop active and sustainable health care and social services partnerships.

6.2: Develop active and sustainable business and community partnerships.
Conclusion - The Strategic Plan as a Guide to Operations

This Strategic Plan provides the DRDH executive, management, and staff with the high-level guidance required to support the preparation of the following:

- Annual Hospital Objectives
- CEO Objectives
- Annual Operations Plans
- Other management plans (Financial, Physical, Human Resource, Risk Management, etc.)

The Hospital will implement the strategies developed through the strategic planning process outlined above, but this is neither an exhaustive nor an exclusive list of strategies. The Hospital executive may, with Board input and approval where necessary, adopt new strategies in response to shifting environmental, financial, regulatory, and other changes during the three year planning period. A mid-term review will be conducted eighteen months from March 2015.

Together this Strategic Plan and the associated operating plans will ensure that the Hospital maintains its strong focus on:

- the healthcare needs of patients and clients,
- striving for the highest level of patient safety and process quality performance, and
- maintaining a safe and high quality work environment.
References

1. DRDH Strategic Planning Retreat - Participant Pre-Reading Package
2. Strategic Planning Retreat: Report and Recommendations
3. Ontario’s Action Plan for Health Care
4. Ministry of Health and Long-Term Care Patient-Based Funding Overview
5. Drummond Report – Commission on the Reform of Ontario’s Public Services
6. Champlain LHIN Integrated Health Service Plan