



# GBHS Strategic Plan for 2011 - 2016

Quality Health Care  
**Right Here!**



Approved by the GBHS Board of Directors - June 16, 2011.

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NOTE: Appendices available as a separate report

## **Preface**

June 2011

It is our pleasure to present our new strategic plan for Grey Bruce Health Services. The new plan builds on a strong foundation established by our previous plan which has guided our efforts over the past 5 years. In creating our new plan, we thoroughly reviewed our external environment in terms of the many new legislative requirements for hospitals, the ongoing work of the South West Local Health Integration Network and the bigger trends in health care which are transforming health systems everywhere. We analyzed our catchment area in terms of its demographics and health status; and examined 'who's going where for what' in terms of utilization of our six hospital sites.

Most importantly, our new plan has been developed through an extensive consultation process with staff, physicians and our many community partners including our foundations, our auxiliaries, our community advisory committees, our municipal leaders as well as other health service providers in Grey Bruce. All of your input was critical to the successful creation of this document and we thank you for your collective wisdom and advice.

The adoption of this new plan represents the beginning of our next 5-year journey as a multi-site hospital corporation. As you will see in the details of our new plan, partnerships and community engagement represent key strategies for us and we look forward to working with all of you to strengthen and improve health services in our Grey Bruce community.

Sincerely,

Craig Curran  
Board Chair

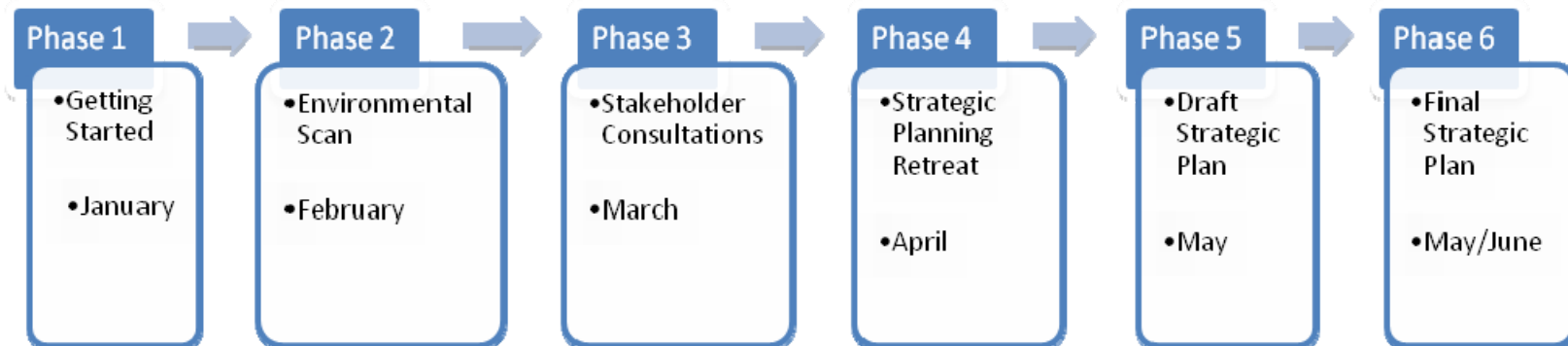
Maureen Solecki  
President and CEO

## 1. Introduction

Strategic planning is a process of engaging internal and external stakeholders in a dialogue about an organization’s future and then developing the key goals and objectives that will successfully move the organization towards a preferred future. The resulting strategic plan is a ‘road map’ that is meant to answer the question “where to from here?”. A good strategic plan should also properly position the organization for what lies ahead even if the future is somewhat unpredictable. Since a strategic plan is really a ‘snapshot in time’ based on a review of both known and unknown factors, it cannot be viewed as a static document but one that must be regularly reviewed and updated as the future unfolds.

## 2. Plan Development Process

The development of this new strategic plan has been overseen by the Board’s Strategic Planning Committee and Sub-Committee. Following a competitive bid, we retained the services of Whaley & Company in December 2010 and officially launched our strategic planning process in January 2011 with a strategic issues workshop involving board, management and physician leaders. Key issues identified at that initial workshop (see Appendix 1) formed the basis for subsequent project phases as follows:



The highlights from Phases 2, 3 and 4 are described in the following sections of this report with more detail available as Appendix material. With the assistance of our consulting team, we also developed a project communications strategy which included regular updates to our Strategic Planning Committee and Sub-Committee and several project bulletins posted on our intranet for staff and physicians.

### 3. Overview of our New Plan

Our revised mission statement is:

***Caring for Patients is our Passion. Quality Care is our Priority.***

***We lead, innovate and advocate, with our partners, to ensure excellence in the delivery of comprehensive health care.***

Our new vision statement is:

***Quality Health Care – Right Here!***

While quality patient care has always been important to us, the definition of what constitutes quality continues to expand and now includes dimensions such as safety, access, efficiency and integration. With the Ontario government's new Excellent Care for All Act and the lessons we are learning from other jurisdictions about improving quality and reducing costs, we believe that quality should now be the 'driver' for all that we do.

In support of the overarching goal of Quality, the plan is based on the following 9 strategic goals:

<p><b>Goals for our Patients</b></p>	<ol style="list-style-type: none"> <li><b>1. Be a Recognized Leader in Quality and Patient Safety</b></li> <li><b>2. Deliver Comprehensive Secondary (Specialty) Care</b></li> <li><b>3. Optimize Access for All Residents to a System of Care</b></li> </ol>
<p><b>Goals for our People</b></p>	<ol style="list-style-type: none"> <li><b>1. Support Grey Bruce as a Community of Choice</b></li> <li><b>2. Be the Employer of Choice for Current and Future Staff</b></li> <li><b>3. Foster an Environment of Continuous Learning</b></li> </ol>
<p><b>Community Partnership Goals</b></p>	<ol style="list-style-type: none"> <li><b>1. Be a Strong Partner and Integration Leader in Support of Comprehensive Care for our Community</b></li> <li><b>2. Develop a Strong Profile to Achieve GBHS' Mission</b></li> <li><b>3. Support the Development of Healthcare Campuses at our Small Hospitals</b></li> </ol>

We have established a key supporting goal of **Effective Use of Resources**, which for us includes: People, Financial, Facilities and Technology; and means a strong focus on Innovation and Continuous Improvement.

## 4. Evolving Context for our New Plan

From our Phase 2 Environmental Scan (see Appendix 2), we have learned that our new plan must address the following key issues in order for our organization to be properly positioned to deal with the challenges and opportunities that lie ahead:

### *Quality Health Services*

Quality improvement continues to grow in importance as a fundamental driver of change in all aspects of health care. Historically, organizations had to choose between quality or cost control but more recent evidence from many jurisdictions reveals that you can have both. It is now well documented that quality improvement initiatives can lead to greater cost-effectiveness. The challenge now for hospitals is to take a variety of small, successful pilot projects and convert them to organization-wide quality improvement practices.

The definition of what constitutes ‘quality’ is also expanding. Over the last few years, the Ontario Health Quality Council (recently expanded to become Health Quality Ontario) has been reporting on the following dimensions of the health care system as part of an overall quality framework:

- Patient-Centred Care
- Accessible Services
- Effective Care
- Safe Procedures
- Equitable Service Levels
- Efficient Care Delivery
- Appropriately Resourced Services
- Integrated Care and Service
- Focused on Population Health

A commitment to quality improvement is also now enshrined in provincial legislation – the Excellent Care for All Act (2010). In response to new legislative requirements for all hospitals, we have developed and posted our first Quality Improvement Plan ([www.gbhs.on.ca](http://www.gbhs.on.ca)) and look forward to updating the plan each year and taking action where required as we compare our patient care activities to other hospitals.

### *Hospital Funding*

Historically, hospitals have been funded on a fixed global budget basis which means they received a set amount of operating funding each year regardless of patient volumes or activity levels. The Province of Ontario is now moving to a

patient-based funding methodology for hospitals and other health care providers. Based on this new approach, funding will be tied to patient volumes – the more patients you treat, the more funding you receive. This approach is already being used for certain patient groups including cancer services and wait time priorities such as hip and knee replacements. Even though many details are still to be determined, this new approach to funding hospital services means that GBHS may be able to provide more services closer to home so that patients who are currently leaving Grey Bruce today to receive specialty services elsewhere will be able to receive those services closer to home.

Despite the potential for enhanced services under this new funding model, we also recognize the ongoing financial challenges faced by the Province of Ontario – a significant debt and deficit coupled with a modest economic recovery means ongoing restraint for all publicly funded services including health care. While all hospitals have been approved for a 1.5% budget increase for the coming year (2011/2012), there is lingering uncertainty about future funding levels.

### ***Access to Services***

Over the past few decades, one of the dominant trends in health system reform has been centralization of services based on the assumption that larger health care organizations could deliver better quality services because of economies of scale and a critical mass of patient volumes. This conventional wisdom is now being re-considered in many jurisdictions and is being replaced with a newer system design concept:

#### ***Centralize where necessary and decentralize whenever possible***

This concept is based on the following:

- Centralization of services has created longer wait lists and wait times at larger centres with corresponding unused capacity at smaller centres;
- For some procedures (especially surgery) higher volume services are linked with improved patient outcomes but for many medical and diagnostic procedures, high quality can be appropriately provided at lower volumes centres;
- Smaller hospitals can provide the same or better quality for less cost for a range of primary and secondary care services;
- E-health and telemedicine have removed the need for patient travel for certain diagnostic testing and specialist consultations;
- Specialist visits to small hospitals improve both access of service and outcomes for rural residents; and
- ‘Time-to-treatment’ guidelines (especially for emergency care) require care closer to home.

Grey Bruce is a large rural service area and access to services has always been and continues to be an important priority for us. With the recent release of the Stage 1 Report of the Rural and Northern Health Care Panel, we are encouraged that the provincial government is again highlighting the importance of the rural access issue. While it's still too early to tell how the Panel's proposed access guidelines will translate into Ministry policy, we need to ensure that our new strategic plan supports improved access for all Grey Bruce residents.

In terms of reducing the amount of patient travel for hospital and health care services, greater use of telemedicine is one strategy that many hospitals are increasingly using for improving access. We are also very interested in what other small hospitals across the Province are doing to create local integrated health care 'hubs' where the hospital is co-located or integrated with primary care, long term care and other community-based health services. We believe that our redevelopment plans for the Markdale hospital, as an integrated rural health facility, are consistent with this trend and we are interested in exploring how this 'one-stop-shopping' model might evolve in all our small hospital communities.

### ***Health Human Resources***

The twin forces of an aging workforce and the growing demands on the system from an aging population have led some to conclude that we will soon be witnessing a 'perfect storm' in terms of the recruitment and retention of health care professionals. In this increasingly competitive environment for talent, it is imperative that GBHS strives to be an 'employer of choice' and that we work with all of our partners to ensure that Grey Bruce is positioned as a recruitable community.

### ***Integration***

Since our previous plan was developed, the health system has been increasingly focused on the issue of integration. It was a key part of the rationale for establishing the Local Health Integration Networks (LHINs) in Ontario. Over the past 5 years, our South West LHIN has released 2 Integrated Health Services Plans, a health system 'blueprint' for the future – Vision 2022, and has engaged consumers and health service providers in a wide array of clinical integration planning projects. In terms of improving the patient experience and achieving clinical efficiencies, integration is really about stronger partnerships between health service providers. There is not one right integration solution – instead integration is best achieved through a myriad of strategies; everything from networks of hospitals and community service providers to common clinical pathways for certain groups of patients to shared electronic health records. At Grey Bruce Health Services, we have formed many strong partnerships, over the years, with the other Grey Bruce hospitals and with a wide range of community-based health care providers. We continue to embrace and support integration in its many forms as a strategy for improving the quality and cost-effectiveness of patient care.

## 5. Success Stories from our Previous Plan

Our previous plan was developed in 2005 and included the following 7 strategic goals:

<b>GBHS STRATEGIC GOALS: 2005-2010</b>	
<b>ACCESS:</b>	Appropriate access for patients to our health care system is a priority for GBHS
<b>ACCOUNTABILITY:</b>	GBHS is accountable to its patients, its community and the provincial government.
<b>EFFICIENCY:</b>	GBHS is dedicated to the effective, efficient allocation and use of its resources and will seek out new and innovative sources of funding to support emerging patient care and facility needs.
<b>PARTNERSHIPS:</b>	Through partnerships, we will work to provide patients with timely access and enhanced quality of care.
<b>PEOPLE:</b>	GBHS is committed to ensuring that our staff, physicians and volunteers work in a viable, healthy environment.
<b>SAFETY:</b>	GBHS will strive to create a culture of safety for both our patients and staff.
<b>TECHNOLOGY:</b>	GBHS will utilize technology as it becomes available if it improves efficiency and safety, and enhances our services.

## Action Plans

To support the implementation of our previous plan, we also developed the following more specific strategies and monitoring reports over the last few years:

- Corporate Scorecard tracking performance in the following domains:
  - Access to Care
  - Our People
  - Technology
  - Accountability
  - Safe & Efficient Care
  - Work with Partners
- Corporate Quality Plan: 2010 – 2013 based on the following 4 foundational elements:
  1. **Safety** – Patients should not be harmed by an accident or mistakes when they receive care
  2. **Effective care** – Patients should receive care that works and is based on the best available scientific information
  3. **Accessibility** - Patients should be able to get timely and appropriate health care services to achieve the best possible health outcomes
  4. **Respectfulness** - Health care providers should offer services in a way that is sensitive to an individual's needs and preferences
- Hospital Services Accountability Agreement (HSAA) and Multi-sector Service Accountability Agreement (MSAA) with the South West LHIN
- Information Management Plan, 2006
- Workforce Plan 2009/10 based on the following 5 action steps:
  1. **Health Care Job Innovation** - To explore new and innovative ways to provide services;
  2. **Retention** - To invest in our most valuable asset, and in the future of our employees and programs;
  3. **Talent Management** - To build, manage and maintain a high performance workforce and address succession planning;
  4. **Recruitment** - To develop creative and effective strategies to ensure adequate staffing levels;
  5. **Reporting** - To monitor impact of initiatives, changing demographics and risks.

## ***Success Stories***

Our 'success stories' from the implementation of our previous strategic plan start with Accountability.

### **Accountability**

When the Board of Directors set Accountability as one of its key strategic goals five years ago there was a strong commitment to accountability to our patients, communities and the provincial government. This commitment was based on an increasing expectation that Ontario hospitals demonstrate an even greater degree of accountability to all of their stakeholders.

GBHS has been a strong supporter of the shift to more transparent public accountability and has been at the forefront of implementation by sharing its areas of strength and opportunities for improvement through many different provincially based initiatives including:

- public reporting of patient safety information,
- wait time indicators,
- financial performance results and
- posting of quality improvement activities.

There are many examples of our work in this area:

- GBHS requested an external review of our operations which demonstrated that our hospitals benchmarked well against our peers on clinical efficiency targets, and in many cases were 'top of class'.
- We undertook a full financial benchmarking process and have used this work to provide us with the basis to continue to be prudent in our spending as well as attaining and maintaining financial health.
- We have been in a balanced financial position for the last 2 years and are in full compliance with the requirements of the SW LHIN Hospital Service Accountability Agreement.
- all GBHS hospital locations were successfully accredited in 2007 and 2010 by Accreditation Canada through their 3-year quality improvement cycle.
  - Many departments and programs have also engaged in a variety of certifications and reviews to ensure that departmental processes comply with current standards. For instance, Laboratory Services at all GBHS sites

have successfully participated in the Ontario Laboratory Accreditation process where an assessment was conducted to examine the quality and technical competence on the basis of pre-defined standards.

- Several of the elements required under the Excellent Care for All Act have been in place for many years at GBHS including:
  - a Board Quality Committee,
  - regular patient and staff satisfaction surveys,
  - the creation of Patient Rights and Responsibilities.

GBHS has been a true leader in balancing a commitment to patient care and a supporter of accountability through a highly developed ethical decision framework and more recently the introduction of a whistleblower policy. Set against an environment of ongoing fiscal challenge, our commitment to provide quality service within the limitations of available funding is unwavering and is a foundational element of our new plan and everything that we do.

Some of our other success stories include:

### **Improved Access**

- Wait times at or below the provincial targets for emergency care, diagnostic services (MRI and CT scans) and specific surgical procedures
- Increased funding for MRI and CT operations allowing for extended operating hours
- Continued efforts to ensure 24/7 access to ERs at all GBHS hospital locations
- Increased base funding for systemic cancer treatment to support higher patient volumes and Cancer Care Ontario approval for a third oncologist
- Implemented a Roaming Scope initiative to provide local access to day surgical care
- Participated in the South West LHIN's One Number project to streamline access to beds across the Southwest region
- Participated in the South West LHIN's Life or Limb policy to ensure critically ill patients are transferred to the closest most appropriate hospital regardless of available beds

## Working with Our Partners

- Worked successfully with the Community Care Access Centre (CCAC) to:
  - Expand our Oncology program
  - Implement case manager/discharge planning positions across the organization
  - Enable successful discharges for long stay patients on the Psychogeriatric unit
  - Formed a joint project committee that meets regularly to initiate new projects and monitor existing projects in progress which include:
    - Effectively managing psychogeriatric patients across the system
    - Increasing the number of patients whose choice is to die at home that are unable to do so
    - Reviewing long stay ALC patients and system planning to improve placement in appropriate accommodation
- Worked with the Public Health Unit to:
  - Establish a shared information exchange for monitoring outbreaks
  - Implement a smoking cessation program
- Implemented standardized patient care order sets in all Grey Bruce hospitals
- Supported the transition of the Tobermory Clinic to the Peninsula Family Health Team
- Partnered with Southwest Regional Cancer Care Program to review and where appropriate enhance cancer services offered in Owen Sound
- Provided regional leadership and support for South West LHIN planning including Cancer Surgery project and Health System Leadership Council
- Provided local leadership for integrated health system projects including End of Life Care and joint Restorative Care Unit proposal for Grey Bruce hospitals

## **Commitment to Our People**

- Implemented a Workplace Violence Prevention Plan
- Created a Work Force plan with a five year forecast
- Developed successful recruitment and mentoring strategies for new nurses
- Achieved lower turnover and job vacancy rates compared to provincial (OHA) benchmarks
- Improved staff satisfaction scores based on annual survey results
- Established a Quality of Worklife Committee to address staff satisfaction improvement opportunities
- Initiated a Talent Management pilot project
- Completed an employee survey on the GBHS staff recognition program

## **Patient Safety**

- Implemented patient safety walkabouts, participation in the national Safer Health Care Now initiatives and measureable improvements in our Patient Safety Culture indicators
- Completed our first Enterprise Wide Risk Management Strategy
- Included patient safety indicators and infection control information on our GBHS website
- Established an Incident Management structure
- Implemented 'nurse to nurse' reporting structure starting in our surgery department and rolling it out to all other inpatient areas
- Implemented a 'Falls' program at the Warton Emergency Room so that high risk patients are automatically referred to the Community Care Access Centre

## Effective Use of Technology

- One of the highest users of Ontario Telemedicine Network (OTN) technology
- Introduced a Picture Archive System (PACs) that eliminated the usage of film and first site to send images to South West Digital Imaging Repository
- First site in North America to join PACs system through the work of the South West Digital imaging Network
- Implemented an electronic health record system that connects our emergency departments, our surgical programs and our inpatients at all our sites
- Implemented Clinical Documentation throughout the Grey Bruce Integrated Network (with the exception of Owen Sound)
- Supported physicians by linking hospital electronic records with physicians' electronic medical records
- Implemented a centralized electronic scheduling system, an electronic document management system and a learning management system
- Developed an auto referral process with CCAC for Oncology, Surgery and a falls risk assessment
- Participated in all the Ontario reporting systems including Cancer Care Ontario, Critical Care Information Network, E.R. reporting and O.R. reporting

## 6. Demographic, Health Status and Utilization Trends

The following highlights from our background data analysis (see Appendix 3) point to some important trends and issues in our catchment area that we need to pay attention to as we plan for the future.

### *Demographic Highlights*

Official provincial demographic forecasts for Grey and Bruce counties are fairly modest – approximately 5% over 10 years. This translates into population growth of 270 individuals per year in Bruce County and 610 individuals per year in Grey County. However, based on actual growth rates between 2001 – 2006 and forecasted growth by municipalities, there will be exceptions to these modest growth rates; specifically, we anticipate much higher growth rates in many of our shoreline communities which are becoming popular retirement communities. Our catchment area already has a significant proportion of seniors and this age group is growing quickly.

The accompanying table shows the numbers and proportion of seniors in each of our catchment area communities.

<i>Municipalities</i>	<i>% of residents &gt;65+</i>	<i># of residents &gt;65+</i>
Northern Bruce Peninsula	27.5%	1,060
Town of the Blue Mountains	24.6%	1,680
Town of South Bruce Peninsula	24.1%	2,025
City of Owen Sound	20.7%	4,495
Town of Meaford	20.3%	2,220
Saugeen Shores	19.5%	2,280
Grey Highlands	18.1%	1,720
West Grey	17.1%	2,080
Arran-Elderslie	15.4%	1,040
Township of Chatsworth	15.3%	975
Township of Georgian Bluffs	15.0%	1,575

### *Health Status Highlights*

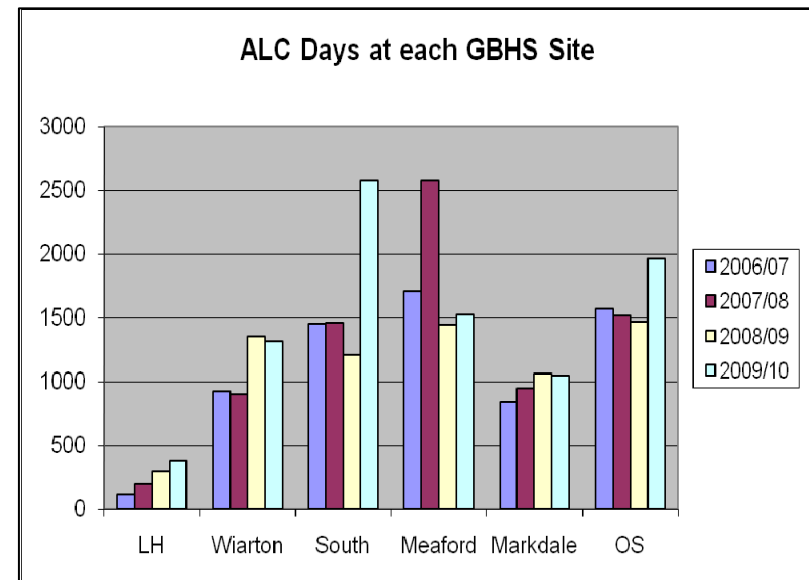
Based on a recent report from the Grey Bruce Health Unit which has been tracking the results of the Canadian Community Health Survey over many years, we note the following:

- The proportion of people in Grey Bruce who smoke (22%) is relatively unchanged since 2000, and is not statistically different from provincial and national rates;
- By contrast, about 24% (almost 1 in 4) of people in Grey Bruce are heavy drinkers, a rate that is significantly higher than provincial and national rates;
- The Grey Bruce population has significantly higher rates of arthritis and hypertension than the Province. More than 1 in 5 (22.4%) people in our region suffer from arthritis and a similar percentage (21.6%) suffer from hypertension;
- Over 1 in 5 individuals (22%) in Grey Bruce is obese (defined as a Body Mass Index greater than 30) which is significantly higher than provincial and national rates;
- The Grey Bruce rates for individuals with asthma (about 9%) and diabetes (about 6%) have been relatively stable since 2000;
- The percentage of people with mood disorders in Grey and Bruce counties is increasing over time.

This health status ‘snapshot’ of our catchment population is consistent with other research which shows that rural residents are generally less healthy than urban residents and suffer from higher rates of many chronic diseases.

### **Utilization Review Highlights**

One of the most pressing problems for all hospitals is the number of individuals in acute hospital beds who are waiting for placement to another level of care. These are called Alternate Level of Care (ALC) patients and we have been tracking the number of ALC patient days over time. Total ALC days (across all our hospitals) are increasing each year and have increased 33% over the past 4 years. While ALC patients accounted for only 6% of total days at the Owen Sound hospital, they represent on average 25 – 30% of total bed days at our small hospital sites. In 2009-10, the highest ALC days were at the Southampton hospital accounting for almost 50% of total patient days. Most ALC patients are waiting for placement to a long term care facility but this proportion also varies significantly across our hospital sites.



For example, 80% of ALC patients at the Meaford hospital were waiting for long term care placement while only 50% of ALC patients at the Markdale hospital were waiting for long term care placement. Some ALC patients are palliative while others are convalescing from treatment received at the Owen Sound hospital. In addition to ALC patients, seniors in general account for a large majority of inpatient work at all our hospital sites but especially at our small hospitals, where at least 80% of all inpatients are over the age of 65. The chart provides an overview of the top reasons that elderly residents are hospitalized in our small hospitals.

<b><i>Case Mix Groups for Elderly Patients at GBHS rural hospital sites</i></b>	<b><i>2009-10 Days</i></b>
Convalescent Care	2399
Stroke	1023
Heart Failure/Heart Attack	1003
Dementia	788
Chronic Lung Disease (COPD)	771
Pneumonia	485
General Signs/Symptoms (observation)	460

Total annual ER visits have been relatively stable over the last few years, averaging close to 100,000 visits across the corporation’s 6 emergency departments. Total visits to the Owen Sound Emergency range from 33,000 – 35,000 per year. Southampton and Markdale are the next busiest emergency departments at 16,000 – 18,000 visits per year. Annual ER visits are increasing each year at the Wiarton and Lion’s Head hospital sites. ER visits are coded by degree of urgency

and acuity using the Canadian Triage and Acuity Scale (CTAS). CTAS 4 and 5 patients are considered less urgent and non-urgent patients, many of whom could be handled outside of the ER if there were more comprehensive primary care services (e.g. Community Health Centres and Family Health Teams) and community services (including CCAC). The proportion of CTAS 4/5 patients ranges from a low of under 40% at the Owen Sound and Wiarton hospital sites; approximately 60% at the Markdale, Meaford and Southampton hospital sites; to a high of 75% at the Lions Head hospital.

### ***Health Human Resource Issues***

Everything we do as a health care organization is premised on the availability of a wide range of health care professionals. In section 2, we referenced the ongoing challenges of recruitment and retention. Our Workforce Plan has highlighted two professional categories (Management staff and Registered Nurses) as “at risk” and needing special attention because of forecasted shortages arising from anticipated retirements and turn-over.

In terms of medical manpower planning, recruitment is an ongoing priority but the following physician categories warrant special attention due to current and anticipated vacancies as well as evolving local needs:

- Emergency, Geriatrics, Neurology, Oncology, Pathology, Psychiatry

## 7. What We Heard from our Stakeholders

Phase 3 of our strategic planning process was an extensive consultation with our internal and external stakeholders. Thirty stakeholder focus groups were conducted at our 6 hospital locations.

At each of the small hospitals, there were 3 focus groups: one for staff; one for physicians, and one for community stakeholders (including representation from foundations, municipalities and Community Advisory Committees).

At the Owen Sound hospital, there were 15 separate consultation sessions involving staff, physicians, other service providers and a variety of community representatives.

The primary purpose of the focus group sessions was to get feedback on the initial list of strategic priorities that was produced in January, 2011 (Appendix 1) and also to talk about:

- Gaps in local health services
- External challenges and opportunities
- Internal strengths and weaknesses
- GBHS partnership opportunities

### ***Staff Feedback***

In terms of feedback from staff across all hospital locations, the following strategic priorities were mentioned most often:

- Centre of Excellence in one or more clinical areas (based on the assumption that there would be new resources)
- Quality of Care
- Access for Rural Residents
- Recruitment of Physicians
- Retention of Staff

With respect to the latter, there were many constructive suggestions for creating a healthy workplace and supporting greater work-life balance. Other priority issues identified by staff included:

- Greater focus on technology (including telemedicine)
- Electronic health record (EHR) development at the Owen Sound hospital
- Education – for staff, patients and the community
- Improving Internal communications
- Environmental Sustainability (“going green”)
- Regionalization/economies of scale –across all Grey Bruce hospitals and within the GBHS corporation

### ***Physician Feedback***

For Owen Sound based physicians, the following key themes emerged from the consultations:

- Integration/Partnerships for Improved Patient Care
  - Strengthen linkages between acute care, primary care (Family Health Teams) and other community service providers to support special patient populations and create more coordinated patient care
  - Move forward with restorative care model (ALC initiative)
  - Advance electronic connectivity
- Funding/Resources
  - Advocate for adequate healthcare resources for Grey Bruce
  - Concern about impact of new funding models on GBHS budget
  - Create infrastructure renewal plan
- Human Resources
  - Need to create ‘recruitable’ communities

For physicians at the small hospitals, the top strategic issues were:

- Access for rural residents (including lack of options for non-urgent transportation)
- Facility/infrastructure renewal
- Specialist outreach from Owen Sound to the small hospitals
- Challenge of managing elderly patients with complex chronic diseases

### ***Community Feedback***

Key strategic priorities mentioned most often by community representatives were:

- Centre of Excellence concept
- More External Communications and Community Engagement
- Greater advocacy for the health needs of Grey Bruce
- Access for Rural Residents (rural sites)
- Recruitment of Health Professionals

### ***Gaps in Service***

As part of the stakeholder consultations, the following were identified as the top gaps in service in the Grey Bruce area:

- Comprehensive primary care (family health teams or community health centres) in each community
- ALC patients in hospitals as a result of shortages of long term beds and community resources
- Mental Health services for children/youth and adults
- Outpatient rehabilitation therapies
- Geriatrics/Gerontology services
- Advanced care paramedics
- Disease prevention activities
- Walk-in clinics for seasonal residents

## 8. Our New Strategy Map

<p><b>Our Vision</b></p>	<p style="text-align: center;"><b>Quality Health Care – Right Here!</b></p>		
<p><b>Goals for our Patients</b></p>	<p>Quality &amp; Patient Safety Leader</p>	<p>Comprehensive Specialty Care</p>	<p>Optimize Access to a System of Care</p>
<p><b>Goals for our People</b></p>	<p>Grey Bruce as Community of Choice</p>	<p>Employer of Choice Retention Strategies</p>	<p>Personal and Professional Development</p>
<p><b>Community Partnership Goals</b></p>	<p>Comprehensive Care through Partnerships and Integration</p>	<p>Enhanced Profile - Communications and Engagement</p>	<p>Healthcare Campus Community Development</p>
<p><b>Our Approach</b></p>	<p style="text-align: center;"><b>Effective Use of Resources through Innovation and Continuous Improvement:</b></p> <p style="text-align: center;"><b>People, Finances, Facilities and Technology</b></p>		

### **New Vision: Quality Health Care – Right Here!**

Our new vision is consistent with our Corporate Quality framework approved in 2010 and our first annual Quality Improvement Plan released in April 2011. It is also consistent with ongoing health system reform which is placing greater emphasis on Quality as a driver of change in all health care organizations.

The definition of Quality Health Services is changing and GBHS supports an expanded definition of what Quality means for the services we deliver:

- For our patients, it means improved access to safe and effective services delivered in a respectful and compassionate manner.
- For our staff and physicians, patient-centred care is a core value which includes clinical best practices, patient advocacy and a renewed focus on patient transitions across the continuum of care in collaboration with other service providers.
- For GBHS managers and board members, Quality means measuring and evaluating our performance throughout our organization and includes an ongoing focus on cost-effective allocation of resources.

We also believe that Quality includes Integration, where integration is defined as collaborative efforts to improve the patient experience and the overall quality of care. This includes integrating our care processes both within the hospital and between the hospital and our community service partners so the patient can move safely along the continuum of care. Integration also means improved inter-professional collaboration and communication and the development of shared electronic health records.

For everyone at GBHS, continuous quality improvement is also a learning journey based on innovation, evaluation and shared leadership. Working together with our patients and their families and with our community partners, we are excited about the future possibilities of what can be achieved by providing ***Quality Health Care – Right Here!***

## 9. Strategic Goals, Objectives and Measures of Success

<b>Patient Goal #1: <i>Be a Recognized Leader in Quality and Patient Safety</i></b>	
<b>Objective #1.1:</b> Update Annual Quality Improvement Plan (QIP); update based on an organizational Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis and alignment with strategic goals	<b>Success Measure:</b> Updated QIP
<b>Objective #1.2:</b> Ensure GBHS patient safety measures exceed provincial benchmark	<b>Success Measure:</b> Required provincial indicators as per QIP and Corporate Scorecard
<b>Objective #1.3:</b> Ensure quarterly wait time measures exceed provincial benchmarks	<b>Success Measure:</b> Required provincial indicators as per QIP and Corporate Scorecard
<b>Objective #1.4:</b> Ensure quarterly patient satisfaction measures exceed community hospital averages	<b>Success Measure:</b> Key Questions: Would you recommend to your friends & family?; Did you feel respected?
<b>Objective #1.5:</b> Ensure bi-annual safety culture measures show consistent improvement over previous measures	<b>Success Measure:</b> Key Questions: Do you report an error when you make one?; Do you see others make errors and not report?
<b>Objective #1.6:</b> Increase physician involvement in patient care improvement initiatives	<b>Success Measure:</b> # of patient care improvement projects with physician participation

<b>Patient Goal #2: <i>Deliver Comprehensive Secondary (Specialty) Care – “It’s Right Here”</i></b>	
<b>Objective #2.1:</b> Provide more comprehensive cancer care services	<b>Success Measure:</b> Cancer Care Ontario approval of radiation therapy at GBHS
<b>Objective #2.2:</b> Develop inventory of current and potential specialty clinical services	<b>Success Measure:</b> Inventory to be completed
<b>Objective #2.3:</b> Conduct a region-wide family physician survey to determine gaps in comprehensive specialty care services	<b>Success Measure:</b> Inventory to be completed
<b>Objective #2.4:</b> Develop a comprehensive program proposal with community partners for care of patients with dementia	<b>Success Measure:</b> Proposal completed with implementation strategy
<b>Objective #2.5:</b> Host continuing education sessions for primary care physicians with a focus on specialty services	<b>Success Measure:</b> Sessions completed; New referrals from family physicians
<b>Objective #2.6:</b> Utilize wait time management strategies to improve access to specialty services outside those already captured under provincial initiatives	<b>Success Measure:</b> Corporate monitoring processes developed for all clinical areas

<b>Patient Goal #3: <i>Optimize Access for All Residents to a System of Care</i></b>	
<b>Objective #3.1:</b> Develop a corporate ER model responsible for sustainable emergency services at all our hospitals consistent with local needs and evolving Ministry policy	<b>Success Measure:</b> Corporate model developed and approved
<b>Objective #3.2:</b> Increase access to specialty services at our small hospitals through telemedicine	<b>Success Measure:</b> # of telemedicine consults
<b>Objective #3.3:</b> Determine the role our small hospitals can play as hubs for local health care delivery	<b>Success Measure:</b> See community partnership goal #3
<b>Objective #3.4:</b> With provincial and community partners, create an efficient and cost-effective non-urgent transportation system for patients and their families	<b>Success Measure:</b> Cost sharing arrangements between patient and transport sponsor; Time to transport

<b>Human Resources Goal #1: <i>Support Grey Bruce as a Community of Choice</i></b>	
<b>Objective #1.1:</b> Work with community leaders to develop a comprehensive recruitment strategy	<b>Success Measure:</b> Improvements in vacancy rates
<b>Objective #1.2:</b> Encourage and support local students to pursue health care careers	<b>Success Measure:</b> # of initiatives to promote health care careers for students
<b>Objective #1.3:</b> Develop a medical manpower plan which forecasts the number and type of future physicians needed, based on health care needs and planned retirements	<b>Success Measure:</b> Plan developed followed by proactive recruitment strategies
<b>Objective #1.4:</b> Pursue flexible and creative strategies for bringing medical expertise to GBHS	<b>Success Measure:</b> # of innovative solutions

<b>Human Resources Goal #2: <i>Be the Employer of Choice for Current and Future Staff</i></b>	
<b>Objective #2.1:</b> Implement initiatives to promote staff as valued, respected and know they make a difference	<b>Success Measure:</b> Staff satisfaction survey results
<b>Objective #2.2:</b> Implement a component of the staff satisfaction survey to address departmental issues	<b>Success Measure:</b> Action taken on survey results
<b>Objective #2.3:</b> Develop a management/leadership training program	<b>Success Measure:</b> # of staff who have completed training; # staff promoted from within GBHS

<b>Human Resources Goal #3: <i>Foster an Environment of Continuous Learning</i></b>	
<b>Objective #3.1:</b> Implement a talent management/succession planning program	<b>Success Measure:</b> % of internal recruits
<b>Objective #3.2:</b> Equitable distribution of training opportunities and/or funds	<b>Success Measure:</b> % of training/education hours per employee per dept
<b>Objective #3.3:</b> Develop department-specific education/training plans	<b>Success Measure:</b> # of depts. with annual education/training plans
<b>Objective #3.4:</b> Encourage and support staff to profile best practice innovations	<b>Success Measure:</b> GBHS awards and recognition; # staff presentations at conferences

<b>Community Partnership Goal #1: <i>Be a Strong Partner and Integration Leader in Support of Comprehensive Care for our Community</i></b>	
<b>Objective #1.1:</b> Strengthen GBHS as a collaborative health care leader locally and regionally	<b>Success Measure:</b> # of strategic alliances supported and/or led by GBHS
<b>Objective #1.2:</b> Improve patient access to care through continuing community partnerships with the CCAC and new partnerships with an initial focus on primary care and family health teams	<b>Success Measure:</b> New services developed in collaboration with FHTs; Reduction of non-urgent cases in the ER
<b>Objective #1.3:</b> Continue to work with community partners to develop community-based long term care options for our ALC patients	<b>Success Measure:</b> Reduction in ALC days over time
<b>Objective #1.4:</b> Support patient transitions across the continuum of care through education and empowerment of patients and families in partnership with the CCAC	<b>Success Measure:</b> Continuity of care indicator (from patient satisfaction survey)

<b>Community Partnership Goal #2: <i>Develop a Strong Profile to Achieve GBHS Mission</i></b>	
<p><b>Objective #2.1:</b>            Develop a comprehensive communications strategy based on identified target audiences, key messages and appropriate communication channels</p>	<p><b>Success Measure:</b>            Implementation of strategy;            Feedback reflects that audience understood and is acting on message</p>
<p><b>Objective #2.2:</b>            Work with partners and community champions on collaborative advocacy strategies</p>	<p><b>Success Measure:</b>            # sessions held with partners on collaborative advocacy</p>
<p><b>Objective #2.3:</b>            Strengthen alignment between the goals of our 5 Foundations and GBHS' capital planning and fund development needs</p>	<p><b>Success Measure:</b>            Coordinated fundraising efforts linked to proactive infrastructure and equipment renewal plan</p>

<b>Community Partnership Goal #3: <i>Support the Development of Healthcare Campuses at our Small Hospitals</i></b>	
<b>Objective #3.1:</b> Inventory services/resources available in all communities	<b>Success Measure:</b> Inventory to be completed
<b>Objective #3.2:</b> Develop discussion paper for integrated community health care hubs for review with our community partners (clients, community reps, other service providers, LHIN)	<b>Success Measure:</b> Community partners want to work with GBHS on further development of hub models
<b>Objective #3.3:</b> Create local steering committees to develop community-specific service plans with accompanying business plans	<b>Success Measure:</b> Committees developed with community support
<b>Objective #3.4:</b> Develop strategy for Grey-Bruce integrated hub model as a provincial model of integrated rural health care	<b>Success Measure:</b> LHIN/Ministry support
<b>Objective #3.5:</b> Continue to develop shared information systems among partner organizations in support of creating shared electronic health records	<b>Success Measure:</b> # partners with access to shared record

<b>Supporting Goal #1: <i>Improve Facilities and Equipment to Meet Patient and Staff Needs</i></b>	
<b>Objective #1.1:</b> Develop multi-year capital improvement plan based on needs and priorities	<b>Success Measure:</b> Plan implemented
<b>Objective #1.2:</b> Establish sustainable funding plan in collaboration with foundations and other community and business partners	<b>Success Measure:</b> Improved capital planning process; More capital funding available
<b>Objective #1.3:</b> Develop a Green Plan to reduce GBHS environmental 'foot print'	<b>Success Measure:</b> Green plan developed; successes highlighted
<b>Objective #1.4:</b> Ensure alignment between operating and capital budget processes to improve the effectiveness of facility and systems renewal	<b>Success Measure:</b> Re-aligned planning cycles so approval comes prior to budget year

<b>Supporting Goal #2: <i>Focus on Technologies that Enhance Patient and Staff Experiences and Improve Efficiencies</i></b>	
<b>Objective #2.1:</b> Complete electronic charting and device implementation	<b>Success Measure:</b> Eliminate duplication between paper and electronic systems
<b>Objective #2.2:</b> Create mechanisms to share information to support a seamless care experience for the patient and to improve system efficiency	<b>Success Measure:</b> # physicians receiving electronic information
<b>Objective #2.3:</b> Extend the life of systems by upgrading software before obsolescence	<b>Success Measure:</b> IT plan developed and approved

## Corporate Values

Through teamwork we will:

Care for those we serve

- advocate for our patients as they are the focus of our care
- work collaboratively to improve the patient experience and overall care
- ensure quality and patient safety are a priority in all we do

Approach our work with honesty, integrity and respect for others

- be honest and truthful in our communications
- treat each other with dignity
- be accountable for our actions
- maintain confidentiality

Be innovative in how we work

- empower people to explore new ideas
- encourage and support people who lead change
- continuously improve our knowledge and our work processes and practices

Provide an environment in which people thrive

- provide opportunity for development and advancement
- strive to provide meaningful and fulfilling work
- recognize achievement

## 10. Next Steps

The adoption of this new strategic plan represents the beginning of our next 5-year journey as a multi-site corporation. To ensure the successful implementation of the plan, there are a number of required activities and processes that we need to put in place:

### 1. Public release of the plan

We need to develop a communication strategy to support the public release of the plan. This includes the production of a user-friendly and visually appealing executive summary in both print and electronic formats.

### 2. Partner and community engagement

Consultation with community partners was a key part of developing this plan and we need to develop strategies for ongoing engagement of those same partners. Their ongoing support will be critical as we work collaboratively on the many challenges and opportunities that lie ahead.

### 3. Development of a detailed implementation strategy

The senior team in collaboration with middle managers will need to develop a detailed implementation strategy to support GBHS' strategic goals and objectives. The implementation strategy should include realistic timeframes and action plans, and where appropriate should be linked to both team and individual performance goals.

### 4. Performance monitoring and plan review

The new plan includes measures of success for each new strategic objective. We need to ensure that a progress reporting schedule is developed that links these measures, where appropriate, with our corporate scorecard reporting strategy. We should also review the entire plan on an annual basis to determine if course corrections are necessary in light of new health system developments: at the local, regional and provincial levels.

## **APPENDICES**

The following appendices are available as a separate report:

Appendix 1	Highlights of Strategic Issues Workshop Held January 14, 2011
Appendix 2	Phase 2 - Environmental Scan
Appendix 3	Phase 2 - Data Analysis Highlights
Appendix 4	Phase 3 – Stakeholder Consultation Highlights
Appendix 5	Phase 4 – Retreat Agenda, Participants and Highlights