

Strategic

Dimension: **1.0 Optimize care within our Northern Communities**

Strategic Goal **1.1 Integration (*internally as well as with external partners*)**

We will redefine our clinical services through integration opportunities within our hospital (already underway) and with external partners. The goal is to improve efficiencies (workflow and cost sustainability), and to improve quality of services to our patients.

Objective 1.1.1 Re-define our role as a Hub Hospital within our Northern Communities:

- Identify our essential clinical services as a regional and district referral hospital
- Continue to work with NELHIN in the development of a stronger, more collaborative surgical model for the Cochrane Hub
- Work with the NELHIN in the proposed Health System Transformation (Bill 210, Patients First Act) including the transition of CCAC services

Objective 1.1.2 Seek new partnerships

- Improve collaboration with Timmins Palliative Care Resource Team as lead organization in planning improved palliative care for the community and district
- Continue to work with CCAC to implement shared care, home or outpatient physiotherapy model
- Collaborate with small community hospitals to explore opportunities to implement shared services and leadership roles
- Develop enhanced partnership with North East Specialized Geriatric Services in the Assess and Restore Collaborative Project and Cochrane District Specialized Geriatric Clinic
- Harness initiatives developed by Timmins Health Links in supporting ongoing system transformation and coordinated care planning for high needs patients

Strategic Goal **1.2 Advance the use of evidence based practices and education**

We will continue to adopt evidence based practices across all disciplines. We will be undertaking this activity with quality, patient safety, clinical efficiencies and partnership opportunities in mind. We will introduce new technological advances and provide appropriate training to foster the best from our people.

Objective 1.2.1 Implement and monitor quality based programming

- Develop and introduce Quality Based Procedures (QBPs) in concert with LHIN/MOHLTC Schedule
- Report QBP Measures
- Continue to participate in relevant LHIN/District QBP committees
- Continue to develop standardized order sets

Objective 1.2.2 Continue to enhance Child and Adolescent Mental Health Program

Success measure: Quality of Care, Access to Services, Staff Competence/Safety/Satisfaction, Physician/Corporate/Community Partner Satisfaction

Objective 1.2.3 Lead improvements in Rehabilitation Care

- Participate in system planning: Membership on NELHIN CCC/Rehab/ Assess and Restore steering committees, Lead Timmins Assess and Restore Collaborative
- Implement Integrated Stroke Unit with 6 day/week rehab services
- Participate in provincial stroke care pilot supporting discipline specific care competencies

Objective 1.2.4 Continue to align with provincially mandated reporting practices that support patient safety and quality programming

- Ministry-LHIN Accountability Agreement (MLAA)/Quality Improvement Plan (QIP)/Pay For Results (P4R)/Operating Room Benchmarking Collaborative (ORBC)/Cancer Care Ontario (CCO)/Ontario Renal Network (ORN)/Wait times/Senior Friendly/Quality Management Partnership indicators
- Membership in related NELHIN/provincial and local planning committees
- Safer Healthcare now initiatives
- Ensure continued compliance with Accreditation Canada standards

Strategic Goal **1.3 Enhance our culture of leadership for facilitating continuous quality improvement and change management**

We will implement programs that contribute to educational excellence. This will support the development of experts who will lead the improvement of health care outcomes.

Objective 1.3.1 Adopt a leadership philosophy and methodology

- Implement LEADS as per Canadian College of Health Executives model
- Undertake a management skills needs assessment
- Identify and provide additional management training

Strategic Goal **1.4 Increase patient and community engagement**

We will work with our patients and our northern communities to encourage/solicit their input when undertaking organizational and clinical decision making. The result will promote a culture that embraces, respects, and rewards the delivery of patient-and family-centered care.

Success Measures: Ongoing Patient satisfaction surveys (> 90% satisfaction)
Establish Patient Engagement Committee (Aug/2016)
Establish Community Engagement Committee (Aug/2016)
Post Discharge Patient follow ups (100% by Sept/2017)
Expansion of bed-side rounding to Stroke Unit (100% by Oct/2016)

Objective 1.4.1 Implement Patient Engagement Committee

Objective 1.4.2 Implement Community Engagement Committee

Objective 1.4.3 Expand bed-side rounding to Stroke Unit

Objective 1.4.4 Introduce patient discharge phone calls

Strategic

Dimension: **2.0 Maximize the potential of our people**

Strategic Goal **2.1 Transforming our work environment**

Our goal is to transform our current work environment to become a magnet organization, attracting and retaining exemplary health care professionals to the north. We will accomplish this by developing a supportive, safe, cost effective environment that fosters personal growth and staff engagement/collaboration.

Success Measures: *Annual staff satisfaction surveys (# of respondents increased by 10% annually)*
Annual staff satisfaction score improvement by 10%
Average sick days reduced by 2% annually
Reduction in incidences of violence (5% per year)
Staff participation in social committees increase by 5%

Objective 2.1.1 Improve staff morale

We will run a staff survey to create a baseline that we can then measure our successes moving forward. Based on outcomes, we will develop various action plans to measurably improve staff satisfaction each year.

Objective 2.1.2 Establish a healthy workplace program

We will create a program designed to promote employee wellness. This will be undertaken through a more active social committee that focuses on the emerging trends/issues/concerns of our staff.

Objective 2.1.3 Strengthen our HR Advisory Committee

Create a strong, accountable voice for employees to express their concerns and discuss Hospital's behaviours to address these concerns.

Objective 2.1.4 Reduce the risk of work place violence

We will be working to ensure our workplace is as safe from violence as possible. Reducing these risks will have a positive impact on staff satisfaction and our desired image to be viewed as an employer of choice. To that end, we will begin to track all incidents, measure their severity and response times.

Objective 2.1.5 Strengthen our Workplace Diversity programs

We are committed to creating and maintaining an inclusive and collaborative workplace culture. A diversity strategy that encompasses acceptance and respect. An understanding that each individual is unique, and recognition of our individual differences. We are committed to leveraging the diverse backgrounds, experiences and perspectives of our people to provide exemplary care to the equally diverse northern communities which we serve.

Strategic Goal 2.2 Investing in our people

We will be taking a greater interest in all of our people to ensure we have improved access to training programs and all are working to understand and adopt quality programs that foster continuous professional growth within our people.

Success Measures: *Performance Appraisals completed for all Employees (Yr1: 75%, Yr2: 85%, Yr3: 100%)*
Management participation in all LEAN/process improvement training (Yr1: 75%, Yr2: 85%, Yr3: 100%)
Annualized updated succession plan
Increase in number of volunteers by 5% annually

Objective 2.2.1 Improve our employee succession plan

Evaluate current and future key staffing vacancies/short falls. Identify high performing staff members that merit additional training/work training opportunities. Form an employee succession planning committee that will create long term vision matching key roles with high performers.

Objective 2.2.2 Annual staff performance evaluation

Undertake annual performance evaluations for all employees, specifically focusing on continuous improvement, succession planning and training

Objective 2.2.3 Process improvement training

Management and key support staff will be exposed to process improvement methodologies such as LEAN.

Objective 2.2.4 Expand/strengthen volunteer programs

- **Volunteerism:** Expansion and redefinition of volunteer programs to assist staff and patients throughout the hospital.
- **Pastoral Care:** Increase the number of pastoral events and enhance existing programming throughout the year to better serve the patients and family needs during their stay at our facility.

Strategic Goal 2.3 Integration/collaboration with our health care partners

We will strive to lead/participate with integration and other collaborative initiatives with our northern healthcare partners to improve HR policies, process/procedures and best practices.

Success Measures: *New collaborative initiatives that are mutually beneficial to TADH and its partners.*
New revenues
Percentage time serving outside agencies

Objective 2.3.1 Establish a Regional Best Practices Working Group

Team will focus on emerging challenges within the north and seeking means to share insights and program benefits.

Objective 2.3.2 Extending TADH HR services to other facilities

Team will focus on creating opportunities to offer HR services to other facilities.

Strategic

Dimension: **3.0 Achieve Financial Sustainability**

Optimizing the management and allocation of our financial resources is critical to our continued ability to provide exemplary care to Northerners.

Strategic Goal **3.1 Bending the cost curve**

It is clear that both from a Provincial and local perspective, Hospitals must develop more cost-efficient operations to be able to be successful in the management and balancing of budgets while addressing increasing service demands, increasing investment requirements in new and better infrastructure and technology and decreasing opportunities for funding.

Success Measures: *Maintain/improve Health-Based Allocation Model (HBAM) Efficiency Indicators*
Maintain/improve Base Funded Expense %
Number of internal/external educational opportunities on finance participation in educational opportunities on finance
Progress with Financial Budgeting Plan for Managers

Objective 3.1.1 Improve or maintain HBAM efficiency performance

Overall cost efficiency can be measured in a number of ways. The primary measure is currently HBAM Unit Cost performance. All decisions on spending have an impact on these results. We want to ensure that our decisions do not negatively impact our HBAM efficiency. Significant spending decisions must be considered in light of their impact on HBAM efficiency. Decision makers must be aware of the necessary mitigation that may be required.

Objective 3.1.2 Enhance management's access to and knowledge of financial budgeting and reporting

Current tools to assist Managers in accessing financial information are not widely adopted and are somewhat cumbersome. The Hospital will seek out an automated, integrated set of tools that clearly identify key departmental financial and operational indicators that are critical to the success of positive financial performance.

A plan will be developed to increase the level of Management input in the development of annual operating budgets. In a similar vein, the Hospital will develop a structured annual management education plan that focuses on the key elements of financial reporting.

Objective 3.1.3 Develop and monitor cost/operational efficiency benchmarks

Improvements to cost and operational efficiency will lead to better outcomes for funding allocations and direct patient care resource allocation. We will develop a series of critical benchmarks that we will measure ourselves against on a regular basis. Action plans will be developed to improve performance in areas where required.

Strategic Goal **3.2 Strengthen long-term budgeting processes**

*Success Measures: Completion of long-term operating projections
Completion of review and revision of capital plans
Improvements to working capital and debt ratios*

Objective 3.2.1 Annual revision of 5-year financial operating projections

Despite limited confirmed information regarding future funding, it is critical that the Hospital addresses potential operating deficits as quickly as possible. A five-year outlook on finances will provide an early heads-up and allow the Hospital to take the necessary steps to mitigate potential deficits.

Objective 3.2.2 Increased focus on Financial Health

For too long, our budgeting efforts have focused on balancing our operating budget for a single year. Along with Objective 3.2.1, budgeting must be enhanced to focus on the long-term financial health of the Hospital with all efforts being made to increase working capital, reduce reliance on our operating line of credit, reduce long-term debt and achieve an optimal debt ratio while at the same time increasing capital investment.

Objective 3.2.3 Semi-annual coordinated review and annual revision of 5-year Hospital and Foundation Fundraising Plans

The Hospital's Foundation plays a key role in assisting the Hospital to outfit the Hospital with new equipment to meet the needs of staff and patients and to aid in the recruitment of future staff. The alignment of the efforts of the Hospital and the Foundation must be renewed on a regular basis.

Strategic Goal **3.3 Getting ahead of budget reforms**

*Success Measures: Attendance at Funding Education Sessions
Participation in Provincial Committees
Early completion of future year funding projections*

Objective 3.3.1 Continue to enhance future funding projection models

While funding continues to be reformed, the Hospital must ensure it is keenly aware of the available tools to be able to confidently predict funding changes. Modeling that is internally developed can be validated through available externally developed tools.

Objective 3.3.2 Participate in funding education sessions

The Hospital must take advantage of all funding education sessions.

Objective 3.3.3 Participate in Provincial Funding Methodology Development Committees

Participation by the Hospital in Provincial Committees will provide further insight into the thinking behind the various funding methodologies.

Strategic

Dimension:

4.0 Harness & Advance Technological Enablers

There are a great many clinical, administrative and support activities throughout the hospital that have benefited or could benefit from the introduction of new technologies to enhance quality, throughput and/or reduce time and costs. Over the next five years, as we strive to improve clinical outcomes, increase quality and reduce time and costs, we will be examining and seeking to adopt various technologies that can facilitate the attainment of these goals.

Strategic Goal

4.1 Expansion and adoption of the electronic chart

There are a number of strong reasons for TADH to identify the expansion and adoption of the electronic chart as a key strategic goal, but in summary, it is fair to observe that the expansion to a fully electronic patient chart is an enabler to achieving the other strategic dimensions as it can facilitate operational efficiencies, can help increase patient safety and quality and attract qualified staff.

Success Measures:

- 100% nurse adoption of Emergency Department Module (EDM)* (Fall/2016)
- Decommissioned Electronic Print on Demand (ePOD) system* (Fall/2016)
- 100% physician adoption of EDM* (Spring/2019)
- 100% adoption of Timmins physicians to Physician Office Integration (POI)* (Spring/2019)
- Implementation of barcoded patient armbands* (Fall/2016)
- configuration of Electronic Medication Administration Record (eMAR)* (Fall/2017)
- Procurement/configuration/implementation of Bedside Medication Verification (BMV)/Transfusion Administration Record (TAR)* (Spring/2018)
- Standardised Patient Order Sets (in support of Computerised Physician Order Entry - CPOE)* (Fall/2018)

Objective 4.1.1 Implement and adoption of EDM

The hospital has already purchased the Emergency Department Module (EDM) from Meditech. We have been configuring this module since 2014 to reflect TADH workflow needs. We need to now launch this module and finalise the configuration. This will enable us to decommission our existing ePOD system, enabling the EDM module to present this decision support functionality from within our electronic chart.

Objective 4.1.2 Admissions to discharge med reconciliation

A contiguous tracking of a patients' medication, from arrival to discharge, ensures patient safety/quality remains high during their stay and successfully back into the hands of their primary care provider:

- Bedside Medication Verification (BMV)
- Electronic Medication Administration Record (eMAR)
- Transfusion Administration Record (TAR)

Objective 4.1.3 Physician Office Integration (POI)

This LHIN funded initiative has created a central patient event data repository that physicians and nurse practitioners can obtain patient data (resulting from hospital stays) and download directly into their office EMRs. This would eliminate all the paper/faxing they now receive from hospitals upon patient discharge. Both hospitals and family physicians save time and costs

Objective 4.1.4 Paper chart scanning and print suppression

Now that the Meditech system retains online access to historical data, and given the goals of objective 4.3, TADH is working to reduce the printing of chart contents and to scan any paper generated patient documentation into the electronic chart. With recent upgrades to our IT infrastructure, we are increasingly capable of offering clinicians and physicians a fully expanded and integrated electronic patient chart. Over time, costs associated with printing will reduce and the need to pull charts will reduce, resulting in less labour costs over time.

Objective 4.1.5 Expansion of PCS (Patient Care System) adoption across the Hospital

Although PCS is widely employed by nursing across the hospital, there continues to be a few areas where manual documentation continues. Over the next three years, it is TADH's intent to ensure that PCS is used across the entire facility.

- PCS adoption in ICU
- PCS use of Plans of Care/Patient Care Paths
- PCS adoption in other out-patient areas

Objective 4.1.6 Computerised Physician Order Entry (CPOE)

This is a very complex project that will require 3 to 5 years to implement and must be aligned with HSN & other NEON partner hospitals to roll out. TDH will begin this project this fall (specific delivery timeframes subject to the greater NEON project). The main components are:

- Standardised Order Sets
- Physician Order Entry
- Physician Documentation
- Notification of patient changes in condition

Strategic Goal 4.2 Improve IS/IT Support Services

TADH has just undertaken a major investment in computing and telecommunications infrastructure that is designed to serve the hospitals' needs for the next 5+ years. We have out-right replaced all network switching, servers, desktops and phone systems with the most current technologies we could afford.

Success Measures:

| | | |
|--------------------------------------|---------------------|----------------------|
| Network availability 99.999% | beginning Sept/2016 | (Reported Quarterly) |
| Desktop availability 99.999% | beginning Jan/2017 | (Reported Quarterly) |
| Reduction of helpdesk tickets by 10% | | (Reported Quarterly) |
| % systems documented | beginning Jan/2017 | (Reported Quarterly) |

Objective 4.2.1 Maintain a high availability environment

Work will continue to ensure that all appropriate system patching, maintenance and monitoring is performed in such a manner to ensure a high availability environment exists for our client groups at the hospital as well as to our clients at other facilities. High availability will be defined as 99.999%.

Objective 4.2.2 Create/maintain Comprehensive System Documentation

With a completely new system, comes the need to create, update and/or delete system support documentation and processes to reflect the new environment. As the system is still being implemented as this document is being written and as the entire environment has been changed, it will take our small team the balance of the next 2 years to complete all system/support documentation.

Objective 4.2.3 Develop a support "run book" for all environments

Our new environment will be supported using appropriate change management practices that schedules changes routinely, providing adequate notice to users and vendors alike. As a result, the team will work to establish maintenance windows for every component in our environment.

Objective 4.2.4 Improve our desktop support services

Finally, to tie off our efforts to provide high quality services to our client groups, we will be looking to ensure that our desk top support is also improved over time. We will be undertaking various initiatives to ensure users are confident in using the applications on their desktops and are well trained to trouble shoot their own issues. As a result, the number of desk top tickets should reduce.

Strategic Goal 4.3 Expand the use of new technological solutions within our facility

With this new/current telecommunications backbone, we are now in a position to look to emerging technological trends that may contribute to operational efficiencies, patient safety and/or placing new data or tools in the hands of our staff to better serve our patients.

Over the next 3 years, IT will work with clinical and support departments to identify the needs and develop a solid budget plan for delivery. Armed with this information, the hospital will be in a good position to begin to triage the various needs and align with future Hospital capital/operational budgets.

Success Measure: *Completion of financial support RFP*

Objective 4.3.1 Decision Support Tools

Work will continue to ensure that all appropriate system patching, maintenance and monitoring is performed in such a manner to ensure a high availability environment exists for our client groups at the hospital as well as to our clients at other facilities. High availability will be defined as 99.999%.