STRATEGIC PLAN 2011-2016

NorthHamilton Community Health Centre

RATIFIED: NOVEMBER 2011

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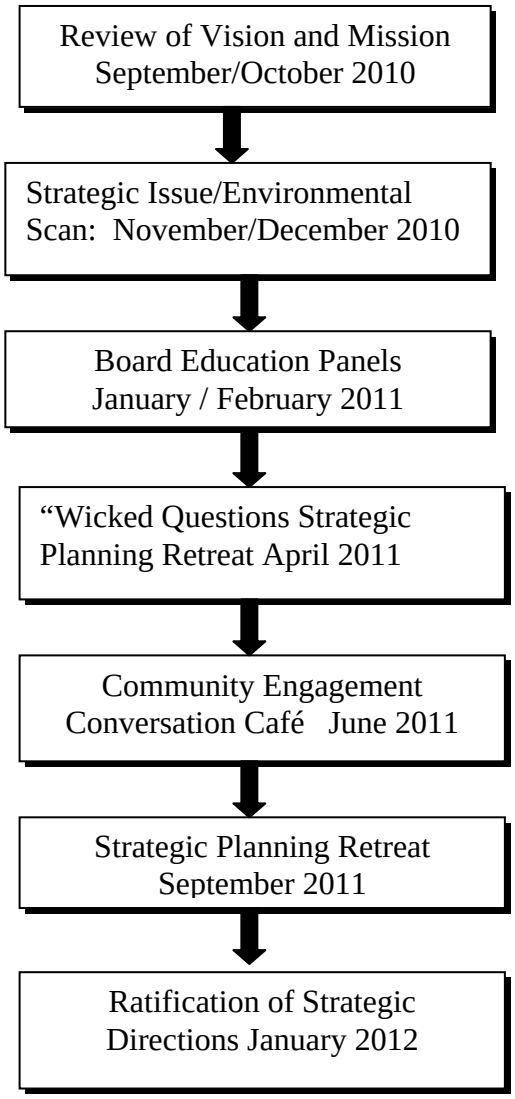
Introduction

In the September 2010, North Hamilton Community Health Centre's Board of Directors embarked on a path to develop a Strategic Plan for the soon to be relocated Health Centre through a process involving:

- Board Education including:
  - Ratification of Vision Statement, September 2010
  - Articulated a new Mission Statement, October 2010
  - Strategic Issues and Environment Scan to the Board November/December 2010:
    - CHC Model of Care
    - Models of Primary Care
    - Results Based Program Logic Model
    - Ontario's Poverty Reduction Strategy
    - Hamilton Roundtable for Poverty Reduction
    - E-Health
    - Green IT
    - Green Strategies
    - IHSP & Our Response to the HNHB LHIN
    - Ministry of Health Priorities and CDSM
  - Evolving/Transforming the Health Care System, January 2011 Board
  - Code Red Panel, February 2011 Board
- "Wicked Questions", Board Strategic Thinking Day: April 2011 including:
  - Appreciative Inquiry
  - Change Strategies and SWOT Analysis
  - Organizational EcoCycle
  - Wicked Questions
- Community Engagement, "Conversation Café" "Bold Initiatives", June 2011;
- Strategic Planning Retreat, September 2011
- Development of Strategic Work Plan, January 2012
- Development of Governance Balance Scorecard, March 2012
- Development of Strategic Work Plan, January 2012



Strategic Directions

1. WE WILL ADVOCATE, ENGAGE AND PARTICIPATE WITHIN OUR COMMUNITIES

2. WE WILL BE A STRATEGIC LEADER IN AN EVOLVING HEALTH CARE SYSTEM

3. WE WILL ENSURE WE HAVE SUSTAINABLE AND DIVERSIFIED RESOURCES TO ENABLE FLEXIBILITY AND RESPONSIVENESS TO THE NEEDS AND OPPORTUNITIES

4. WE WILL BECOME THE EMPLOYER OF CHOICE FOR STAFF WHO ARE FLEXIBLE, COMPETENT AND CLIENT FOCUSED

5. WE WILL PROVIDE SERVICES THAT ARE ENABLING

6. WE WILL INTEGRATE AND VALIDATE QUALITY AT EVERY LEVEL

7. WE WILL BE ACCOUNTABLE STEWARDS FOR OUR RESOURCES

8. WE WILL DEMONSTRATE EXCELLENCE IN ENVIRONMENTAL PRACTICES

Strategy

VISION

"A simple, evocative image of the preferred future it seeks to bring about for those it serves."

MISSION

"The specific contribution NHCHC makes to achieve its Vision."

VISION

No Obstacles to Health.

MISSION

To Enable Health Through Healing, Hope and Wellness.

Core Values

We commit to reflecting the following values and principles into our work:

Recognize *diversity* as a strategic asset.

Ensure *accountability* is an everyday priority that is transparent and timely.

Encourage, support and coach *self advocacy*.

Contribute to an environment of *collaboration* and *cooperation*.

Create and sustain an environment of *Innovation*.

Support environmental *sustainability* at every level of the organization.

VALUES

"The guiding principles that NHCHC believes must be reflected in all of its work in order for it to fulfill its Mission. They are the distinguishing characteristics that we seek to be known by as a Centre and which we hold one another accountable to."

What We Learned

1. Who We Serve

Through 2006 census data we learned who lives in the North Hamilton catchment area and that who we serve reflects the profile and needs of our community.

The Centre provides service to all age groups, predominantly those of low-income with special needs. We have specialty programs focused at different age groups such as children and teens. The Centre serves individuals and families as well as communities as a whole.

- North Hamilton population has decreased by 4% since the last census (2001)
- 6% of North End residents are 0-4 years; 20% are youth; and 11% are 65 years of age or older
- 29% of families in the North End are lone parents, compared to 18% in Hamilton
- 30% of individuals in the North End are "Foreign-Born" compared to 25% in Hamilton
- 41% of North Hamilton residents, aged 15+, have less than a high school education, compared to 22% in Ontario; 28% of residents aged 35 to 44 have less than a high school education, compared to 22% in Ontario
- Individuals experiencing unemployment was listed as 7%, compared to 4% for Hamilton
- Income levels for families in the North End were listed as $38,420, compared to $64,021 for Hamilton; lone parent families in the North End was listed as $22,675, compared to $31,330 for Hamilton; and $18,766 for unattached individuals, compared to $26,404 for Hamilton.

In summary, the NHCHC catchment area has a slower population growth compared to the rest of the city and the province. The North Hamilton community reports a high level of immigrants, lower level of education, and a higher incidence of low-income.

(From July 2008 "Community Demographic Trends in the North-Hamilton Community", SPRC)

The Health Centre provides service to all age groups, with half of our clients between the age of 22 and 65. There is a predominance of low-income and complex health needs. Forty eight percent of our clients speak another language other than English.

Age Breakdown of Active Clients

Age	# of Male	# of Female	%
0 – 6	296	305	10
7 – 11	208	206	7
12 – 16	156	153	5
17 – 21	133	159	5
22 – 55	893	1375	39
56 – 65	385	381	13
66 - 75	239	253	9
76+	259	383	12
TOTAL	**2569**	**3215**	

Top 5 Languages Identified as Spoken at Home

Language	# of Clients	%
English	2993	52
Spanish	1751	30
Turkish	435	8
Albanian	403	7
Italian	202	3
TOTAL	**5784**	

**identified more than one language*

2. What Our Clients Say (from the 2010 client satisfaction response)

- 84% of clients who responded to the survey indicated that they like the "team model" approach to service delivery.
- 84% of respondents indicated they were very happy with their caregivers (physicians, nurse practitioners, nurses).
- 78% were satisfied or very satisfied with the services provided by physician assistants.
- 100% of respondents indicated they were very happy or happy with Health Promotion Programs
- 84% of respondents indicated they were satisfied with the amount of time caregivers spend with them
- Bad weather, parking, limited bus service, and high cost of car and gas and distance to Health Centre, were the top barriers to accessing the Health Centre.
- 59 % of respondents indicated they would like Saturday appointments, particularly for physician and nurse practitioner services.
- 76% of respondents requested eye care, 74% requested dental services and 19% requested senior support

CULTURAL INTERPRETATION

2003	2006	2010
69% Spanish 21% Turkish 10% Albanian	49% Spanish 15% Turkish 12% Albanian 12% Italian 4% Bengali 4% Arabic 4% Chinese	39% Spanish 31% Albanian 15% Arabic 8% Turkish 7% Italian

KNOWLEDGE OF PRIMARY CARE TEAM

	2003 Yes (%)	2006 Yes (%)	2008 Yes (%)	2010 Yes (%)
Ability to identify family doctor?	**57**	**76**	**86**	**95**
Knowledge of R.N. (E.C.) Nurse Practitioner role	**32**	**64**	**68**	**72**
Knowledge of Triage Nurse Role			**42**	**51**
Knowledge of Physician Assistant Role			**31**	**56**

- Wait time to get an initial appointment has not changed significantly since 2008 for most services. Most clients can get an appointment within three weeks of initial contact for the majority of services, However, family physicians, nurse practitioners and chiropodists still have enough flex in their schedule to for more complex clients, responding to triage assessment results or practice patterns.
- 88% of respondents indicated they felt their health care provider clearly spoke with them about their health conditions and treatment options
- 91% of respondents indicated their health care provider listened carefully and responded to questions/concerns
- 88% of respondents indicated that their health care provider clearly told them how to manage their health issues.
- 58% of the respondents indicated they were aware of our after hours on-call service.

TIME SPENT WITH CAREGIVERS

	2003 Yes (%)	2006 Yes (%)	2008 Yes (%)	2010 Yes (%)
Satisfaction with the amount of time your health care provider spends with client	**86**	**98**	**93**	**84**

WAIT TIMES

	2003	2006
Perceived waiting times for medical appointments were good to excellent	**71%**	**92%**
Actual wait times to see Primary Care provider within 10 minutes	**59%**	**60%**

3. What Our Employees Say (from the 2012 employee satisfaction survey response)

Health and Safety

Respondents rated Health and Safety at an average satisfaction rate of 95%, up from 87% in 2009.

A new section was added in this survey to meet the legislative requirements under the Violence in the Work Place portion of the Occupational Health and Safety Act. These questions specifically ascertained understanding/knowledge of the Feeling Safe at Work, Dealing with Escalating Clients, Health Centre's Management of Safety, and Self-reported Knowledge of the Health Centre's Violence Prevention Policy. The Average understanding/knowledge was 89%. Since this was the first Employee Satisfaction Questionnaire that ascertained this self-knowledge around Safety at Work, there is no historical data to provide a benchmark.

Organization Direction

An average satisfaction rate of 95% was up slightly from 92% in 2009. Of particular interest:

- "I know how the work of my department supports the goals of the organization" was at 98.7%;
- The Health Centre is making the changes necessary to be successful." was 94%;
- "I feel good about the future of the organization." was 94%; and
- "Policies and procedures allow me to serve the client" was 95%

Contribution

An average satisfaction rate of 96% was up slightly from 94% in 2009. Of particular interest:

- In my day-to-day work, I believe I am in partnership with the Health Centre in providing a productive workplace" 96%.

Leadership

An average satisfaction rate of 96% was up slightly from 91% in 2009. Of particular interest was:

- "I know who I report to" 100%
- "Senior Leadership ensures that the strategic directions of the organization are carried out" 96%; and
- "All in all, I am confident of the leadership team" 95%.

Respect and Concern for People

An average satisfaction rate of 96% was up significantly from 87% in 2009. Of particular interest:

- "I am able to openly address issues and concerns about work." rose from 75% in 2009 to 92% in 2012;
- "People at NHCHC cooperate to get work done." was rose to 100%, the same as 2009;
- "At the Health Centre peoples differences in peoples background, age, race, educated, etc., are respected and valued was 100%; and
- "I am proud to work at the Health Centre." was at 97%.

Development

An average satisfaction rate of 93% was up significantly from 83% in 2009. Of particular interest was:

- "The Health Centre places a high priority on helping employees reach their potential." was 89%, up slightly from 87%, in 2009; and
- "I am given opportunities for training and learning new skills" was 89%, up significantly from 83% in 2009.

Performance and Rewards

An average satisfaction rate of 85%, up significantly from 80% in 2009. Of particular interest:

- "My roles and responsibilities have been clearly communicated to me." came in at 97%, up significantly from 88% in 2009;
- "I receive all the information necessary to be effective in my job." was significantly higher at 90% from 85% in 2009;
- "I have a clear understanding of how my job performance is evaluated." was up slightly at 81% from 79% in 2009;
- "My salary equitably reflects the value of my position" was up significantly at 71% from 65% in 2009. This is still below our 75% satisfaction benchmark;
- "My salary and benefits package are competitive with similar positions in our sector." was 75%, up significantly from 60% in 2009, but still below our 75% satisfaction benchmark; and
- "I have a clear understanding of volume expectations" was down significantly at 85% from 92% in 2009.

Findings and Recommendations

- Overall, the average satisfaction rate was 94%, up significantly from 87% in 2009.
- Two areas were found to be below benchmark at 71% & 75%, were "My salary equitably reflects the value of my position." & "My salary and benefits are competitive with similar positions in our sector." respectively.

4. What Our Partners Say (from the 2010 partnership survey response)

Wants and Needs

- 100% of the respondents agree or strongly agree that NHCHC delivers programs and services at accessible locations
- 91% of the respondents agree or strongly agree that we have instituted other mechanisms to make programs and services accessible
- 100% of the respondents agree or strongly agree that our building is accessible to people with disabilities
- 82% of the respondents agree or strongly agree that our hours match the needs of the community
- 100% of the respondents agree or strongly agree that we communicate regularly with the community
- 100% of the respondents agree or strongly agree that NHCHC has well-established links with the community
- 91% of the respondents agree or strongly agree that NHCHC involves the community it strives to serve in the life of the organization
- 100% of the respondents agree or strongly agree that NHCHC involves other organizations and groups in its planning
- 100% of the respondents agree or strongly agree that NHCHC has demonstrated a capacity to successfully respond to changes and issues within the community and acts as a change agent

Continuity and Coordination of Programs & Services

- 91% of respondents agree or strongly agree that NHCHC strives to ensure coordination and continuity of client service
- 100% of respondents agree or strongly agree that NHCHC offers a range of programs and services that respond to the needs of our community
- 91% of respondents agree or strongly agree that NHCHC advocates for individual clients.

OVERALL IMPRESSION

100% of respondents indicated that NHCHC is known for its excellence in service and high regard in the community. All respondents believe that our organization is an effective partner. We will continue to work with our clients, community members and partners to ensure that we uphold our standards of excellence in service using the broad determinants of health framework.

5. The Environment We Work In

ECONOMY

- Ontario's Budget 2012, Liberal Minority
- Drummond Report, 2012

HEALTH CARE IN ONTARIO

- Ontario's Action Plan for Health 2012
- Excellent Care For All Act, 2012/13
- Baker Report: Continuum of Care, November 2011
- Walker Report: Aging Population and Alternative Levels of Care, August 2011

REGIONAL HEALTH

- Hamilton Niagara Haldimand Brant Local Health Integration Networks Integrated Health Service Plan, 2009
- HNHB Strategic Planning Process, April-October 2012
- Emergency Department Usage, Alternate Levels of Care

HEALTH POLICY DEVELOPMENT/ADVOCACY

- Health Quality Ontario – 9 Attributes of a High Performing Health Care System
- Strategic Directions for Strengthening Primary Care in Ontario
- Social Determinants of Health Framework

ECONOMY

Ontario's $14 billion deficit in 2010–11 was equivalent to 2.3 per cent of gross domestic product (GDP), the largest deficit relative to GDP of any province. Net debt came to $214.5 billion, 35 per cent of GDP. The *2011 Ontario Budget* set 2017–18 as the target year to balance the books — at least three years behind any other province – Drummond Report

Spending is neither out of control nor wildly excessive. Ontario runs one of the lowest-cost provincial governments in Canada relative to its GDP and has done so for decades. –Drummond Report

To prevent the $30.2 billion deficit that the Drummond Report projects in their Status Quo Scenario for 2017–18, the government can raise taxes, cut the rate of spending growth, or do some of both. – Drummond Report

HEALTH CARE IN ONTARIO

"Better patient care through better value from our health care dollars".

- Closer to home
- Seamless coordination
- Shift resources to those most in need
- Right place, right time, right provider
- funds to where evidence shows value for money

Shift to the Community

- Build capacity in the community
- Bring services closer to home

Patient Centric to People Centered Care

- Shift from provider delivery system to a patient care system
- Self management
- Patient and caregiver experience surveys

- Move away from illness focus to wellness focus
- Need to shift to People Centered Care
- Where Individuals, families and communities are served by and are able actively participate in trusted people and community centered health systems
- Partnership with person, family and care team.

Full Scope of Practice

- All professionals exercise full scope of practice
- Shift care to 'lower cost' providers
- Inter-professional teams are central to our models.
- YET not all our Centres have teams that work to full scope.
- Nor have the resources to hire some key gaps in the teams (i.e. pharmacists, medical receptionists)

Care Co-ordination Government:

- Primary Care to help patients navigate system especially those with multiple complex conditions
- Coordination across continuum of care
- Need for 'clerical system navigators', and require clarification of system navigation and care coordination
- CCACs are increasingly picking up this role especially for frail seniors.

REGIONAL HEALTH

Comprehensive services across the care continuum

- Cooperation between health and social care organizations
- Access to care continuum with multiple

Points of access

- Emphasis on wellness, health promotion and primary care.

Integration

- Care to be designed for patients not providers
- Health system needs to be organized, connected, work together to provide high quality care
- Centralize all back office (IT, HR, Funding and Procurement)
- Reduce # of agencies
- Feel CHCs should be leaders in social services integration.
- CHC integration assessment: KPMG report 2009:
  - CHCs do well with partnerships with Social Services
  - Need to improve with health system integration and partnerships

LHIN Health Services Integration Act

- LHSIA (Act that governs LHINs) is being opened in 2012/13
- Will see an increase in powers to the LHINs
- LHINs feel voluntary integration has not worked and will reduce the number of agencies
- LHINs are developing a common statement on Integration
- Multi service hubs are seen as positive

Primary Care as the Foundation of the Health Care System

- No Primary Care System Plan
- Current primary care system is provider centric
- 1% that use the system the most
- Need to plan for vulnerable populations
- Community Governed PHC needs to be positioned as part of the solution to meet the needs of the over 20% of vulnerable Ontarians
- ICES Complexity of Care Report:
  - CHCs see complex, vulnerable populations
  - CHC clients use Emergency room less than expected

Primary Care and LHINs

- LHINs to be responsible for planning and accountability for the full patient journey
- Integrate family care under LHINs
- Each LHIN hired a primary care lead – all physicians
- ECFAA in 2012-13 for PC
- Recommend accreditation

Health Policy / Advocacy:

The Ontario Health Quality Council reports directly to Ontarians on access to services, health human resources, consumer and population health status and system outcomes within the publicly funded health system. By talking to Ontarians, the OHQC has found they want a health system that is accessible, effective, safe, patient-centred, equitable, efficient, appropriately resourced, integrated and focused on population health. These have been defined as the nine attributes of a high-performing health system which will form the framework for OHQC's research.

The Primary Healthcare Planning Group (PHPG, The Planning Group) was established in the fall of 2010 with a mandate to draft and build consensus on a strategy for strengthening primary care in Ontario. In establishing the priorities for the primary care sector, the Planning Group proposed a Preliminary Framework for Strengthening Primary Care in Ontario. This framework specified improvements in Quality, Access, and Efficiency as goals for the primary sector, enabled and reinforced by Governance and Accountability mechanisms. This was reported at the Trillium Research Day.

A study conducted by the Institute for Clinical Evaluative Sciences (ICES) completed in 2011 compared the performance of Ontario's primary care models and demonstrated Ontario's Community Health Centres (CHCs) are the most effective model keeping people out of emergency departments – even though the populations they serve have more complex health care needs. The study investigated seven models which have different methods for compensating family physicians. The study zeroed in on differences in demographics of the populations served, as well as well as how often their patients/clients used the emergency department. Meanwhile emergency department use by people served by other models was higher than expected. In contrast, the study's demographic analysis confirmed CHCs are proactively connecting services with populations who have traditionally faced barriers accessing primary care and whose living circumstances leave them vulnerable to poor health. According to the study: "CHCs served populations from lower income neighbourhoods, had higher proportions of newcomers and those on social assistance, had more severe mental illness and chronic health conditions…." http://www.ices.on.ca/webpage.cfm?site_id=1&org_id=68

Critical issues

Primary Care Department

Code Red

In 2010, the Hamilton Spectator ran a series *CODE RED* that uncovered disparities in poverty and health care between people living in different areas of Hamilton. The next year, the second series *BORN: A Code Red Project* explored the link between poverty and the health of mothers and their babies. According to the series, in parts of the lower city including the North End, poverty is deeply entrenched, where neighbourhoods can live with Third World health outcomes and Third World life spans. The North End community showed a 16-year reduction in life expectancy from the Canadian average and a 21-year reduction from the neighbourhood with the highest life expectancy. From the series it was also noted that the neighbourhoods we serve in the North End also have higher rates in the City of low birth weight babies, hospital admission rates and emergency room visits (trauma, respiratory, cardiovascular and psychiatric –related).

From: Code Red, Hamilton Spectator http://www.thespec.com/topic/codered

Emergency Department Usage

Inappropriate Emergency Department (ED) visits are costly to the health care system; the cost of an ED visit is 2 to 5 times higher than the cost of receiving care in an alternate setting. The Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) has stated that 1% of the LHIN's population is using 34% of the Health Care resources. Our client demographics include individuals who experience language/cultural barriers, high unemployment, low education levels, as well as complex medical and social issues; thereby many representing the 1% high users of the Health Care system. It is also estimated that 1 out of every 11 ED visits by seniors is for a chronic condition that could potentially be managed in the community. As Primary Health Care providers in the community we need to look at how we can impact the system by ensuring individuals receive the right care in the right places.

From: Hamilton Niagara Haldimand Brant LHIN Strategic Planning Documents

Health Wellness Department

Amputation and Diabetes

The latest information from the Institute for Clinical Evaluative Sciences (ICES) shows that people living with diabetes are 50 to 70 times more likely to need an amputation procedure than the general population and that there is significant regional variation with respect to amputation rates in the Province. Adjusted amputation rates for age and sex in Hamilton were recorded at 182 per 100,000 which are considered moderately high. Higher rates of 231 per 100,000 were recorded for the Niagara district. Literature shows that 15 per cent or 345,000 of Canadians living with diabetes will develop a diabetic foot ulcer in their lifetime and that a diagnosis of diabetes makes an individual 23 times more likely to be hospitalized for a limb amputation than people without diabetes. It is estimated that diabetic foot ulcers cost the Canadian healthcare system more than $150 million annually. The literature also indicated that Canadians living with diabetes who see a healthcare professional at least three times per year are 33 % less likely to undergo amputation.

Diabetes on the Increase

A report released in April 2012 by the Institute for Clinical Evaluative Sciences (ICES), addressed the rising prevalence of diabetes in Ontario and called for enhanced prevention and better access to care and service to minimize the burden of this disease on society and individuals. The findings of the ICES report pointed toward a rapid rise in diabetes prevalence in Ontario which is the highest in Canada and also alluded to geographical inequities around accessing diabetes programs and services. It was estimated that nearly 1.2 million people in Ontario are living with diabetes (8.3 per cent of the population) and this is expected to rise to nearly 2 million (11.9 per cent of the population) by 2020. The costs associated with Diabetes are expected to rise from $4.9 billion in 2010 to in excess of $6.9 billion by 2020 a 42% increase. Population growth, an aging population, rising obesity and overweight rates, sedentary lifestyles and changing demographics were identified as major contributors to rising prevalence.

Social Determinants of Health

It is well understood that income levels, education levels, social isolation, language barriers, equity, housing all contribute to an individual's level of health. As demand grows for health resources, as chronic disease increases in the population and as the population ages, it is critical for self management, health wellness and illness prevention approaches are utilized as part of the full client care plan.

Pathways To Education Department

Responding to Changes in Hamilton's Job Growth

The landscape for career opportunities in our city has changed dramatically over the past decade. Traditional areas for employment and job growth have shifted from Industry and Manufacturing to Professional, HealthCare, Technical and Construction. From 2001-2011 the growth of jobs in Manufacturing has shown a negative growth of -30.8%. Health Care and Social Assistance has shown a positive growth in jobs up 32.1% as has Professional, Scientific and technical (up 34.1%) and Construction (up 38.4%). The top 3 employers 20 years ago were Dofasco, Stelco and Proctor and Gamble—all manufacturing jobs. Today, the top 3 employers in Hamilton are Hamilton Health Sciences, McMaster University, and the City of Hamilton – all knowledge based jobs. We need to understand the most comprehensive ways to respond to these changes, through education, advocacy and opportunity to equip our students with the necessary tools to thrive in the new economy.

From: http://workforceplanninghamilton.ca/publications/231

Youth Confidence in School, Community and the Future

According to a recent study on Youth Confidence in School, Community and the Future in Hamilton, many of our youth do not feel engaged, supported and enabled in shaping their school and home communities. Only 47% reported that they had opportunities to make their communities a better place (e.g. safer, more environmentally friendly, more welcoming). Less than half of the participants (49%) believed they could make a difference in relation to issues such as poverty, pollution and crime. Even fewer participants (45%) identified that they have opportunities to improve their communities. In response to both these questions, over 30% of participants indicated that they were unsure of their abilities to create change.

Only 54% of the study participants indicated that the 40 hours of community service were a worthwhile learning experience. Only half (51%) of Hamilton participants believed they have opportunities to make their school a better place while almost a third (30%) are unsure if such opportunities are available. 57% identified the belief that teachers in their school valued students' opinions about their classes. 38% of participants expect improvements in their city or country in the next five years.

From: Youth Confidence in School, Community and the Future in Hamilton
Social Planning and Research Council of Hamilton, May 2012

Health Information Technology Department

Increasing Demand for Accurate, Real Time Client Data

The Ontario health care sector increasingly relies on information to guide policymaking, program design, management, evaluation, and service provision decisions.

The ability for health care providers within the organization to communicate client information to make the best care plans possible is critical to improving health outcomes. The ability to get client information from outside specialists, hospitals, long term care, is imperative to create seamless transitions for the client. Electronic Medical Records are now becoming the norm, and present tremendous opportunities for improved patient care.

Accountability

As demand increases on health resources, there comes a higher expectation on accountability for those resources. Good quality data enables:

- prioritization of the most prudent use of resources,
- offering the highest quality of services possible, and
- enables the use of evidence-based practice, evaluation and research in all decision-making

Quality and Safety

It is expected that electronic medical records will be a driver for:

- better use of evidence-based practice due to easy access
- fewer errors due to handwriting, pharmaceutical tracking
- better opportunity to track chronic disease and health maintenance checks
- new opportunities to learn from near misses or errors

Strategic Work Plan 2012/2013

Strategic Goals (Final Version)	**Yr1 January 2012 ACTIVITIES**	**Measurable Result**	**Leadership**
We will advocate, engage & participate within our communities	Conduct board education on advocacy	☐ Board Education Completed **Year1**	Chief Executive Officer
We will be a strategic leader in an evolving health care system	☐ Hold a leadership / LHIN Committee "think tank" to brainstorm opportunities for leadership in the evolving health care system **Winter 2012**	☐ Leadership/ LHIN committee think tank held **Year 1**	LHIN Committee and Leadership Team
We will ensure we have sustainable and diversified resources (People, Money and Infrastructure) to enable flexibility and responsiveness to needs and opportunities.			Board of Directors
We will become the employer of choice for staff who are flexible, competent and client focused	☐ Strategy created for each of physicians, nurses, PT/OT, dieticians, regarding attraction & retention. **Spring 2012** ☐ Develop a learning passport for employee development **Summer 2012** ☐ Engage with the AOHC Compensation Strategy **Summer 2012**	☐ Strategy created & documented, **Fall 2012** ☐ Learning Passport implemented, **2012** ☐ Hay Salary Review Report received, **Fall 2012**	Strategy-Health Wellness Director, Primary Care Director, CEO Passport – CEO and Executive Assistant CEO and AOHC

Strategic Goals (Final Version)	Yr1 January 2012 ACTIVITIES	Measurable Result	Leadership
We will provide services that are enabling	☐ Inventory of programs / services that are deliberate in client goal planning Summer 2012 ☐ Understand client usage of Emergency Department **Winter 2012** ☐ Complete the goal planning pilot from our evaluation framework **Fall 2012**	☐ Inventory of program completed, **Summer 2012** ☐ Final Report Emergency Department Usage tabled at Board, **Winter 2012** ☐ Goal Planning Pilot Report tabled to Board, **Fall 2012**	Client Advocates Primary Care Director Health Wellness and HIS Director
We will integrate and validate quality at every level	☐ Development of Board of Directors Safety and Quality Committee **March 2012** ☐ Identify Benchmarks with other CHC's where possible **December 2012**	☐ Safety and Quality Committee is established , **March 2012** ☐ Benchmarks Identified **December 2012**	Board Leadership
We will be accountable stewards for our resources	☐ Conduct an Organizational Risk Assessment **October 2012** ☐ Identify Gaps based on Risk Assessment **December 2012**	☐ Risk Assessment Completed **October 2012** ☐ Risk Gaps Identified **December 2012**	Board Board
We will demonstrate excellence in environmental practices	☐ Establish a monthly standing agenda item for environmental practises **January 2012** ☐ Develop an Environmental Management Plan **Fall 2012** ☐ Have a measurement that will go on balanced score cards **Fall 2102** ☐ Complete the LEED's designation **Spring 2012** ☐ Participate in environmental awareness programs – 2 in a year **Summer 2012** ☐ Reduction of biohazordous waste **Spring 2012**	☐ Monthly agenda item takes place **January 2012** ☐ Environmental Management Plan Developed **Fall 2012** ☐ LEEDs Designation Received **Spring 2012** ☐ 2 environmental events per year with 80% percentage of staff that participate, **Year 1, 2, 3, and 4** ☐ Reduction of biohazadous waste by 50%, **Spring 2013**	Board Leadership Board Health Wellness Leader Primary Care Director

Conclusion

This newly developed Strategic Plan is map that will lead to mission achievement. It is a process that answers the question of how is the best, most likely way to be successful as defined by our stakeholders, "allowed" by our clients and embraced by our employees. One important distinction to be made--there is a difference between strategic planning, or the work being done, and strategic thinking, or the creative, intuitive input. The planning element involves the data collection, goal setting, expectation definition, and statement of direction. Strategic thinking includes the intuitive and creative elements. It comes from the experience or "gut feel" for our clients and communities, environmental knowledge, and the intuition and creativity of our board members, leadership, staff and volunteers.

The Health Centre acknowledges that for strategic planning to be of real long-term value, it must be treated as an ongoing business process, evolving and changing to reflect a transforming health care landscape and changing economic conditions. We believe that effective strategic planning can institutionalize a culture of continuous improvement, effective decision making, and disciplined change. Strategic Planning, when treated as a work in progress, rather than as a binder on a shelf or a file in the computer, provides the Health Centre with a responsive competitive advantage. It will help determine and direct the quality of relationships with clients, employees, funders, partners and volunteers.

A full companion document to this plan is available and provides details on the results of the review processes undertaken, including:

- "Wicked Questions", Board Strategic Thinking Day: April 2011 including:
- Community Engagement, "Conversation Café" "Bold Initiatives", June 2011;
- Strategic Planning Retreat, September 2011
- Development of Strategic Work Plan, January 2012
- Development of Governance Balance Scorecard, March 2012

Post-Strategic Plan Inputs

- Development of Governance Balance Scorecard, March 2012
- Board Education Panel on Advocacy, panellist Scott Wolfe, Adrianna Tetley, Axelle Jancurz, April 27, 2012
- Board Committee Review Report – 2WA, May 2012
- Community and Client Input into Client Declaration of Values, June 21, 2012
- Staff and Board Input into Health Centre Values and Principles, June 21, 2012
- Board Renewal Day, Ratification of New Committee Structure & Terms of Reference, September 28, 2012
- Board Education on LHIN ACTION Plan, October 26, 2012

Revision History

- Revision of Health Centre Values and Principles, September 28, 2012