



Perth and
Smiths Falls
District Hospital

2018-2021: Strategic Plan



Motivated, Engaged, Inspired

Introduction:

Perth and Smiths Falls District Hospital (PSFDH) is a two-site acute care hospital organization, the geographic hub of Eastern Ontario. It is part of the South East LHIN and part of its catchment area is located in the Champlain LHIN.

Our Strategic Plan, (2018- 2021), provides a three year vision of the critical achievements we will strive towards through *engagement, motivation and inspiration*.¹ The attainment of our strategic goals will position the organization to further center care with patients and families, partner and engage with all of our stakeholders effectively and will also build upon an organizational foundation of stability and sustainability. This plan builds on the strengths of our 2014–2017 Strategic Plan and will provide our broad community with outstanding hospital services now, and in the future.

Broad Trends and Regional Context:

- *Patients First* and Health Minister's Mandate
 - ✓ provision of timely access to the right care
 - ✓ delivery of co-ordinated and integrated care in the community and closer to home
 - ✓ provision of education, information and transparency to support informed decision making
 - ✓ decision making based on value and quality to sustain the health care system for generations to come
 - ✓ Closer links with primary care and public health
- Health Care Funding and Funding Reform
 - ✓ unique volatility of the funding formula with respect to medium sized hospitals
 - ✓ promise of funding investment
 - ✓ evolution of quality based procedures where some remuneration will be based on quality , not just volume and efficiency (unless it is solely quality)
 - ✓ the requirement for capital funds for PSFDH moving forward is estimated at 2.5 to 3 million dollars per year
- Provincial Guidelines for Health Information Systems (HIS)
 - ✓ requirement for Ministry of Health and Long term Care approval of a standardized Values Based Analysis prior to HIS acquisition
 - ✓ formation HIS clusters based on patient flow and communities of practice
 - ✓ formalize HIS communities of practice
 - ✓ standardized total cost of ownership

¹ See Appendix 1 for the planning process for *Our Strategic Plan* 2018-21

2 See Appendix 1 for the guiding principles for *Our Strategic Plan* 2018-21

- Patient and Family Centered Care
 - ✓ foundational to all care and service
 - ✓ based on dignity and respect, information sharing, collaboration and participation
 - ✓ expectation that it will be core to mission, vision values and objectives
- Transparency, accountability and legislative reform
 - ✓ *PHIPA ,2004* and Bill 119 amendments have significant impacts for health care professionals, institutions and organizations
 - ✓ increased focus on disclosure and accountability regarding patient safety incidents
 - ✓ executive compensation reform
- LHINs
 - ✓ The South East LHIN is a large geographic area with one of the lowest populations in a LHIN in Ontario
 - ✓ PSFDH serves a number of people who reside in the Champlain LHIN given its geographic location
 - ✓ The SE LHIN Chief Hospital Executives, CCAC Executives, LHIN Executives and the Dean of Medical Health Sciences at Queen's University meet regularly. Collaboration and Integration form the primary agenda items
- Evolution of Sub Regional LHIN Model
 - ✓ established to help the South East LHIN focus on smaller geographic planning regions to better understand and address patient needs at the local level
 - ✓ integrated planning, better coordination, and improved care at the community level will better reflect the unique needs of patients
 - ✓ mandate from the Minister of Health- LHIN sub-Regions will have accountability for performance improvement through the patient continuum of health care including –primary, community, and hospital
- Integration
 - ✓ recognition that systems integration is expected and essential to improve patient care and the patient journey
 - ✓ addictions and mental health redesign in the South East LHIN
 - ✓ programmatic moves/consolidations due to critical mass and best practice
 - ✓ increased attention on collaboration and integration from the patient journey perspective
 - ✓ active participation in Rideau Tay Health Link
- Health Care Tomorrow
 - ✓ collaboration between the Hospital organizations in the South East LHIN, Shared Services Southeastern Ontario (3SO), the South East Community Care Access Centre (CCAC), Queen's University Faculty of Health Sciences

- ✓ the goal is to design a system to deliver access to high quality care and making their hospital experience seamless, integrated and excellent

Mission:

Providing high quality patient- and family-centered care built on collaboration and partnerships

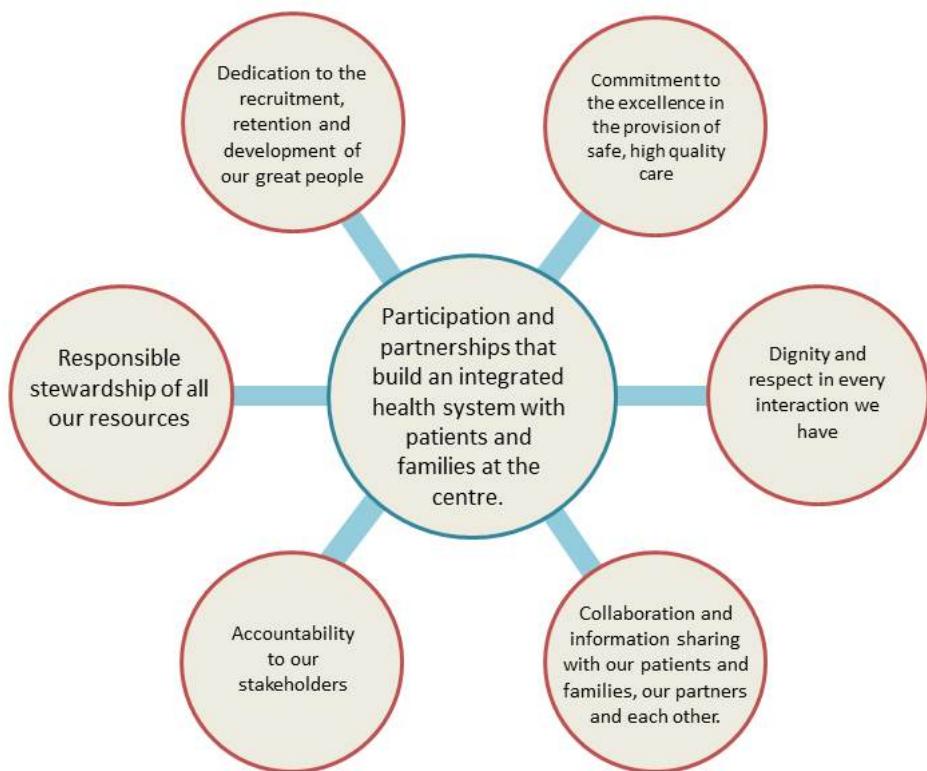
Vision:

Exceptional care and patient experience

Every Patient - Every Time

Values:

Enabling an environment where there is:



Strategic Approach and Priorities:



Strategic Aims:

- I. Patient and Family Experience
- II. Quality and Safety
- III. Sustainability
- IV. Engagement

The following identifies specific goals that fall from the strategic objectives:

I. Patient and family experience:

- **Implement a system of “Supportive” technology (HIS/MIS)** that engages patients and families directly in the process of care by facilitating information access and communication with their caregivers.
- **Improve Transition and continuity** in terms of information that will help patients care for themselves away from a clinical setting, and improve coordination, planning, and support to ease transitions
- **Increase Collaboration.** Patients and families are also included on a hospital wide basis. Health care leaders collaborate with patients and families in policy and program

development, implementation, and evaluation; in health care facility design; in organizational development; and in the delivery of care.

II. *Quality and safety*

- Engage patients, families, care providers and the community to support the design of programs and services which meet their informed needs
- Continually improve processes and procedures which are evidence-based to improve patient safety
- Design care and programs that meet the quality benchmarks for quality based procedures

III. *Sustainability*

- Explore the potential of appropriate clinical services/programs that would increase or stabilize market share and improve funding stability
- Decrease debt through the annual surplus budget
- Look for opportunities to partner appropriately and promote integration from the patient journey perspective

IV. *Engagement*

- Engaging Physicians to promote a collaborative environment and encourage physicians to remain involved in hospital services and to participate in creating seamless health care transitions for patients and families
- Engaging our employees to support the goal of being a work place of choice
- Engaging our patients, families and community through proactive interactions and commitment to our goal of being a renowned patient and family centred environment
- Effective engagement of partners in relationships that support capital fundraising and enhance the hospital's image in the community

Appendix 1

1) Planning Process:

Our planning has been an evolutionary process, embedded in all that we do and it has factored in the successes and challenges of the 2014-2017 Plan. In many ways , 2018-2021 may be considered planning revitalization. The attainment of our goals and objectives over the past three years was achieved through the dedication of our team, our partners--including our Patient and Family Advisory Council (PFAC), and our relentless approach to monitoring, measuring and course correcting when required. Our “Plan” truly became a living document, becoming our fundamental guide.

Key stakeholder engagement for 2018 – 2021 occurred through various means. Our Directors of the Board are continually engaged and also surveyed through one-on-one meetings semi-annually. A pivotal planning session in October, 2016 with Board Members, Physicians, Partners and Key Staff took place. This session included an environmental scan report, critical broad themes and the development of guiding principles. Staff and Physician engagement occur both through town hall style forums, during Gemba walks and departmental discussions regarding quality and patient safety. A mass electronic feedback strategy was also employed to gauge the resonance of our updated Mission, Vison and Values and the overall planning priorities. Feedback from important partners like the foundations and auxiliaries led to a ten year capital and operational horizon document that has also proved a critical underpinning for future planning.

2) Guiding Principles:

The guiding principles that are paramount to strategic planning at PSFDH include:

- All pillars of Patient and Family Centered care must be embedded
- Mission, vision and values will respect our legacy but look to the future
- Our plan will be achievable and supported from the top down and the bottom up (filter down and percolate up approach)
- Our plan will be aligned with other plans for example the Quality Improvement Plan
- Our PFAC will be integral in planning and approvals
- Our plan will be tracked and monitored through a dashboard so all objectives will include measures to assess success