GERALDTON DISTRICT HOSPITAL
STRATEGIC PLAN 2018-2022

Ontario
North West Local Health Integration Network

Disponible en Francais

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OPEXC

TABLE OF CONTENTS

FOREWORD	2
BACKGROUND & METHODOLOGY	3
ENVIRONMENTAL SCAN & STAKEHOLDERS CONSULTATION	4
MISSION, VISION & VALUES	9
STRATEGIC PILLARS & OBJECTIVES	11

FOREWORD

Serving the healthcare needs of our community is a privilege we take very seriously. Health care is constantly changing. To achieve the best possible health outcomes, our Hospital must continually seek innovative ways of delivering services, ensure value for money with our limited resources, invest in our people, engage our community, and collaborate with our health care partners.

Now is the time to set a new direction for our Hospital that will enable us to achieve continued success. Geraldton District Hospital's 2018-2022 Strategic Plan is guided by a new Mission, a Shared Vision and a strong set of Core Values. It is a comprehensive, long-range road map that takes a multi-pronged approach in transforming the Hospital to meet today's challenges and take advantage of tomorrow's opportunities. It is anchored on our commitments for quality, safety, transparency, and leadership. This Plan will allow us to continue to flourish as a community hospital and fulfill our mission of providing Quality, Coordinated, Patient and Family Centered Care.

Board Chair

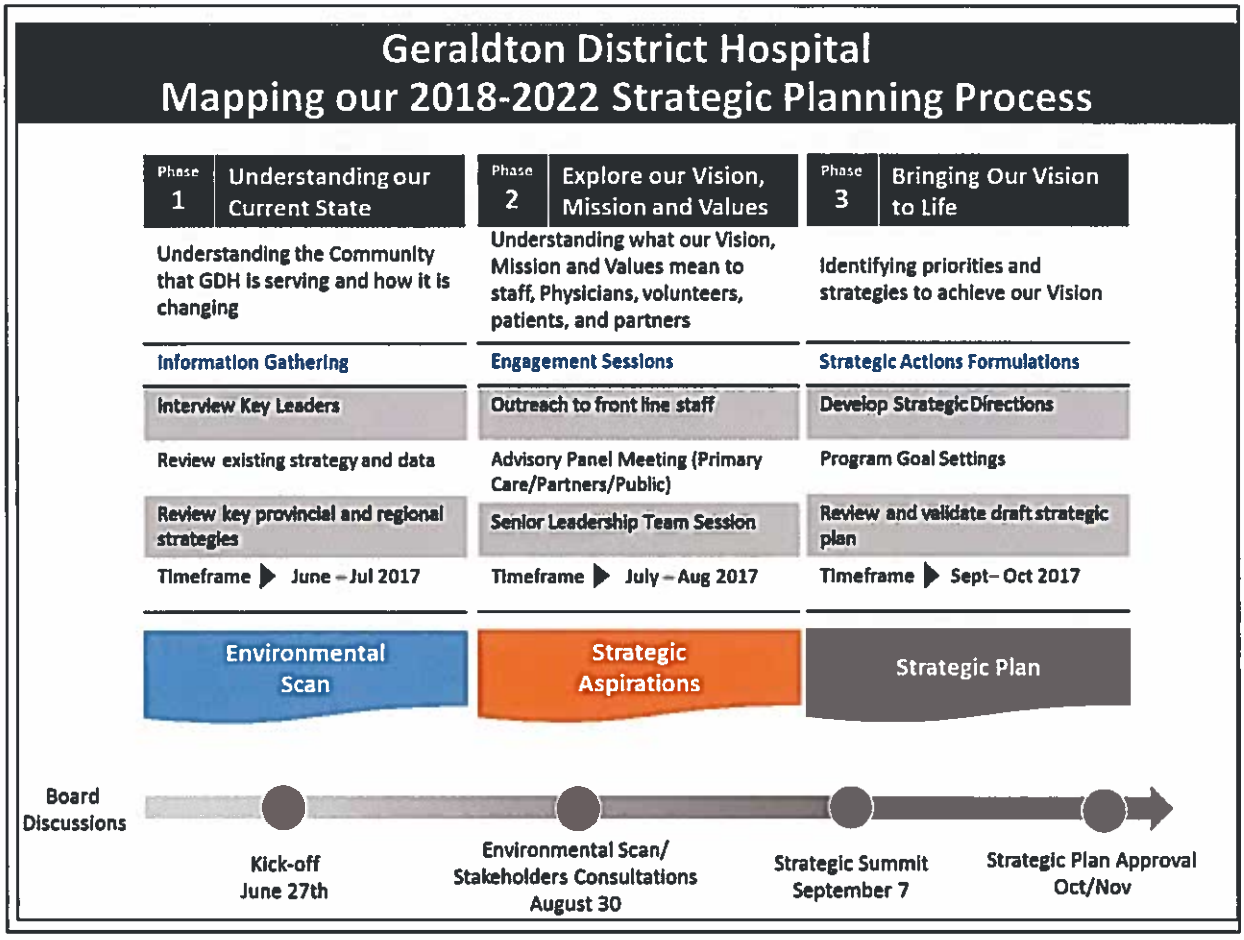
Jamie McPherson
Nov 2017

Chief Executive Officer

Lucy Bonanno
Nov 2017

BACKGROUND & METHODOLOGY

Geraldton District Hospital's (GDH) existing strategic plan deployed between 2014-2018 required an update to reflect the new realities inclusive of change in demographics and community service needs. The Hospital formally initiated the strategic planning process in summer 2017. The process was overseen by the Hospital's Board of Directors and Senior Management. The diagram below highlights the different phases of the process, activities, and timelines.



In the process, GDH initiated a review of the Mission/Vision/Values statement to ensure that the statements are consistent with community needs. Based on analysis and community consultation, GDH's management and board have updated the Mission, Vision & Values of the Hospital and have aligned on a strategic plan to guide decisions on priorities from 2018 to 2022.

ENVIRONMENTAL SCAN & STAKEHOLDERS CONSULTATION

The strategic planning is informed through an extensive environmental scan and stakeholder's consultation. The environmental scan involved analysis of internal and external factors. The stakeholder's consultation involved over 12 different engagement sessions conducted in Geraldton, Nakina, Longlac and three different First Nations Communities (Long Lake #58, Ginoogaming and Aroland). The sessions included a wide spectrum of Community members, Staff and Partners. The analysis of the environmental scan and engagement sessions highlighted the following opportunities and threats:

1. GDH has the opportunity to leverage the Integrated District Network (IDN) plan developed by the North West Local Health Integration Network (NW LHIN) to improve collaboration, partnerships and mergers to deliver safe, quality and consistent care to the Greenstone community;

2. GDH has the opportunity to lead Greenstone community organizations to implement the Rural Health Hubs model, leading the path for a shared vision, integration of activities, community engagement, and communication;

3. Demographic trends in the region add both a pressure for increased services to meet the needs of the senior's segment of the catchment area and a decline of the required workforce pool of clinicians and administrators;

4. The prevalence of chronic disease and mental health and addictions among the population that the hospital serves add a significant pressure on the clinical programs that the Hospital provides;

5. GDH has a strong foundation of existing relationships and partnerships with community organizations and health care providers within the Greenstone area;

6. The Hospital is innovative and flexible in delivering a wide spectrum of services to meet the community needs (e.g., Satellite Chemo, OTN services, Rehab, etc.);

7. GDH inpatient beds and emergency department provide care to many patients/ visitors that are best suited for community providers (Primary Care Physicians, Assisted Living, etc.); and

8. GDH has a mature clinical and administrative workforce that is committed to serving the community but is near retirement.

A summary of the environmental scan and community engagement findings is provided in the sections below:

OUR LHIN'S PRIORITIES

We have been actively engaged with the NW LHIN since the LHIN's inception and have worked hard to ensure our strategic priorities are aligned with NW LHIN integration goals. NW LHIN is promoting integrations to meet the unique needs of the region. The Health status of the NW LHIN residents continues to be less favorable than Ontario residents as a whole. Compared to the provincial numbers, the LHIN has a higher prevalence of chronic and mental disease resulting in lower life expectancy as shown in the table below.

NW LHIN and Ontario Population Health Key Statistics

Population Health Characteristics	NW LHIN		Ontario
Rate of heavy drinking	25.2%		17.2%
Obesity rate (age 18+)	27.2%		17.9%
Rate of Arthritis	22.0%		17.7%
Prevalence of high blood pressure	22.8%		18.5%
Mental illness hospitalization (2011-2012)	1,098/100,000		444/100,000
Injury hospitalization (2012-2013)	725/100,000		407/100,000
Permature Mortality (before age 75 for 2009-2011)	346/100,000		224/100,000
Life Expectancy (2007-2009)	Males	76.2	79.2
	Females	81.1	83.6
Proportion of population with a regular medical doctor	87.3%		94%

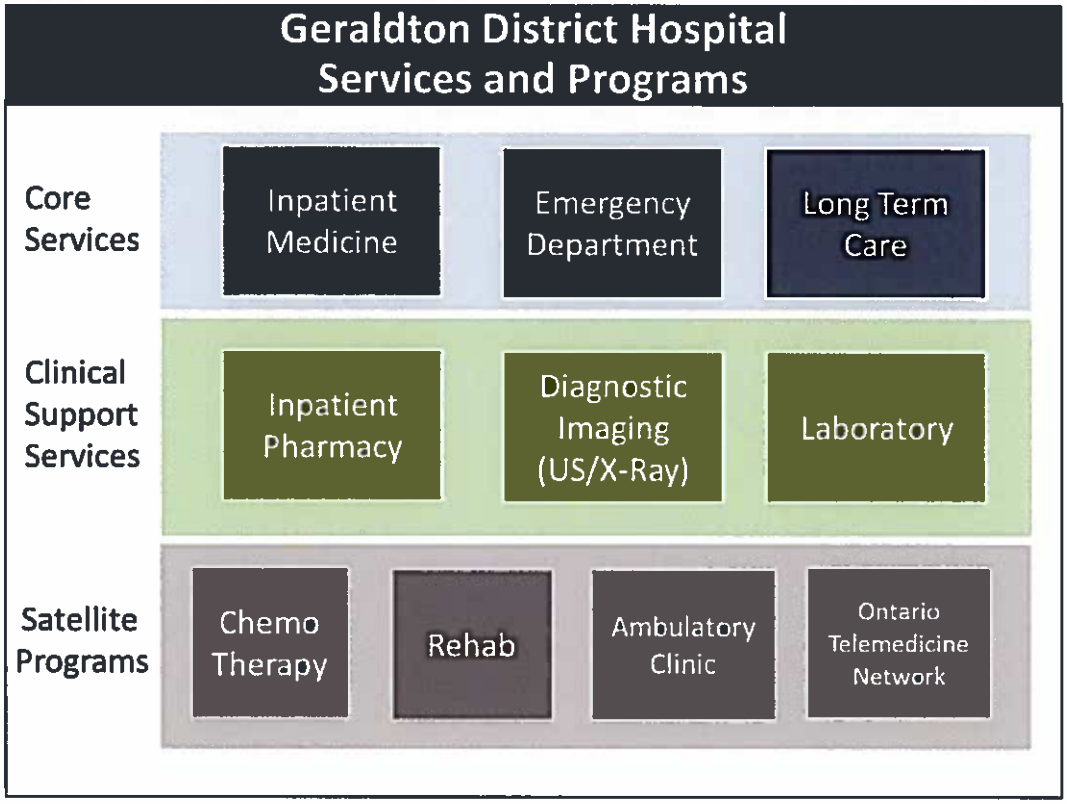
The LHIN has laid the foundation for health system transformation in Northwestern Ontario through several planning documents, most importantly the North West LHIN's Health Services Blueprint. The Blueprint is a 10-year plan, ongoing until the end of 2022 to reshape, integrate, strengthen, and sustain the health care system in Northwestern Ontario by transforming and building an integrated health system. The plan has forty-four (44) recommendations that the NW LHIN owns. There are sixteen (16) recommendations in the Blueprint that are directly relevant to GDH and that fall into one of the three categories: System Integration, Thunder Bay District Network Transformation, and Backoffice Integration. Future GDH Strategic Planning needs to be informed and aligned to the Blueprint.

OUR LOCAL AND REGIONAL PLANNING CONTEXT

GDH is located in Greenstone, Ontario as part of the NW LHIN District of Thunder Bay Integrated Health Network. The District of Thunder Bay is the least populous IDN of the LHIN with a population of 17,800 people (7.7% of the LHIN population). The District of Thunder Bay has the highest percentage of Francophone and second highest proportion of Indigenous people. The district has four hospital corporations providing services in five different sites: Nipigon District Memorial Hospital in Nipigon, North of Superior Healthcare Group which includes the Wilson Memorial Hospital in Marathon and McCausland Hospital in Terrace Bay, Manitouwadge General Hospital 'Manitouwadge Health' in Manitouwadge, and Geraldton District Hospital in Greenstone.

The Greenstone population has declined 1.9% from the 2011 to 2016 census. The Greenstone working age demographics has dropped 5.5% from 2011 to 2016 while the senior's segment has increased by 26% during the same period. This demographic trend is impacting both the demand for services and supply of health care professionals to serve the community.

GDH serves a catchment area population of about 5,790 people inclusive of 1,065 Indigenous peoples. The Hospital operates a medical clinic in Nakina. The clinic is 65 km North East of the GDH site. The Hospital services can be summarized by clinical core services, support services, and satellite programs as shown in the GDH's Services and Program diagram.



It is important to note that GDH is the closest Hospital for the proposed 'Ring of Fire' mine development. The 'Ring of Fire' is a collection of rich greenstone-hosted chromite (Iron-Chromium Oxide) and nickel-copper-platinum group metal (PGM) deposits around McFaulds Lake in Northern Ontario, Canada. Discovered relatively recently in 2007, the region has been hailed as the economic equivalent of Alberta's oil sands. However, although chromite is used as a key ingredient for making stainless steel, development in the area has stalled in recent years due to dropping commodity prices and a range of land access and development issues. The Ontario government estimates the Ring holds $50-billion in chromite and $10-billion in nickel, copper and other metals. Development of the mine would have significant implications on the region's demographic trends and the Hospital's services.

THE VOICE OF OUR COMMUNITY

Through the community engagement sessions, we collected over 200 different responses to our questions relating to the services and interactions of GDH with the community. The community had the opportunity to provide feedback on areas or features of hospital services they like, areas where they prefer to see

more services or features, and on areas of improvements. The feedback analysis resulted in grouping into three main themes:

Patient & Family Centered Care (Quality Care) – 55 Relevant Responses

- Communication related to waiting times, diagnostics, treatment options, and care pathways
- Access to Francophone and Indigenous cultural competent staff
- Patient's information transfer among providers

Working with Others (Partnerships) – 102 Relevant Responses

- Strengthen partnership to improve or expand services offered to the community
- Improve the transition of care from community to hospital and vice versa
- GDH as a bridge for services among community providers

Access to Care – 62 Relevant Responses

- Provide more care closer to home
- Focus on retention and recruitment of clinical and administrative staff
- Improve coordination of care delivery among community and regional providers

The voice of the community and the environmental scan highlighted the critical role that GDH plays within Greenstone. Both analyses aligned on the need to strengthen partnership with the patients, families, staff, and service providers locally and regionally as a critical part of GDH's future vision.

MISSION, VISION & VALUES

The analysis of the environmental scan and community engagement resulted in the revitalization of our Mission, Vision, and Values:

The strategic plan starts with a revitalized Mission

Mission: We are committed to delivering Quality, Coordinated, Patient and Family Centered Care

Fulfilling our Mission means shifting the nature of health care delivery by transferring the balance of care from a provider-centric care model to patient & family-centric care that empowers people through education and self-management. The Hospital will work towards improving the interaction beyond the Hospital walls to facilitate patients' care delivery across local and regional health providers.

Vision: Partnering for a Healthier Community

To support the achievement of our Mission, the GDH community must continually advance the way we interact with, care for and treat patients. The partnership

with patients will be complemented through a formal and informal partnership with community organizations and service providers. By creating new ways to interact with people, and encouraging patients to co-design successful models of care that are convenient and easy to access, we will create care options which can be replicated throughout our organization, community and beyond.

Values:

Respect: We respect and promote the dignity of each individual

Our workplace respects and promotes the dignity of all patients, community members, and staff. GDH nurtures a culture of respect to the diversity of the communities we serve. GDH's patient & family-centered care approach reflects the diverse communities we serve by delivering respectful care to all patients. We leverage the breadth of skills and experiences of our staff, physicians, and volunteers at GDH, and we value individual perspectives. We respect our colleagues and work together to achieve GDH's goals.

Excellence: As a team we provide quality inspired and seamless care to our patients, residents and their families

At GDH the goal of our staff, physicians, and volunteers is to provide patient-inspired care to patients and their families. Our focus is excellent, seamless care for all: exceeding the expectations of our patients and their families. GDH fosters an environment of learning and continual improvement. Employees are encouraged to contribute their ideas and express concerns in a respectful way and to challenge the status quo, without fear of blame or retribution. Individuals are recognized and rewarded for actions that contribute to GDH's Mission and Vision.

Accountability: We are accountable to the communities we serve through ensuring that available resources are utilized efficiently and appropriately

GDH is accountable to our patients and their families, our staff, physicians, leaders, volunteers, donors, and the communities that we serve. We ensure resources are utilized efficiently and appropriately. We develop and support competent and motivational leaders who do the right thing for the right reason; whose actions are fair, transparent and ethical.

STRATEGIC PILLARS & OBJECTIVES

By reviewing our past, assessing our current performance and examining the environmental factors which we will face in the years ahead, GDH has developed three Strategic Pillars to guide and focus our activities and resources over the next four years. Each of our pillars has specific goals, objectives, and success measures.

Strategic Pillar # 1: Patient & Family-Centered Care (PFCC)
Building on the foundation of our focus on service excellence, we will continually work along-side those we serve to create ideal experiences that are inspired by our patients. We will rethink and invent fresh, new ways to connect and interact with patients and their families to better meet individual needs and ensure that patients get the right care at the right time in the right place. We will improve how we communicate with patients and families, before, during and after every interaction and, more importantly, we will listen to what they are telling us and take action so that we can better serve their needs.

Strategic Goals	Objectives
1.1 Patient and Family Positive Interactions with Clinicians and Staff to Understand Care Pathways, Diagnosis, and Treatment Options	1.1.1) Understand patient preferences and provide patients with information at their point of entry into the hospital
	1.1.2) Provide meaningful and timely patient communication before scheduled patient visits and upon discharge to all services inclusive of diagnostics, OTN, and rehab visits
	1.1.3) Involve front line staff in the delivery of a consistent patient experience through the definition of standard principles and care pathways
1.2 Patient's Seamless and Timely Transfer Across Regional and Local Providers. Seamless Patient	1.2.1) Use a Patient Navigator approach to facilitate transfers across providers and transitions of care
	1.2.2) Develop, implement and communicate protocols to gain access to services locally and regionally

Information Flow to Providers	1.2.3) Access best available processes or technology to facilitate information sharing with patients and providers
1.3 Providing Access to French Language and First Nations Cultural Resources to Facilitate Care Delivery and Coordination	1.3.1) Provide visible staff identifications, so patients know name/role/language
	1.3.2) Early screening for language translation requirements and access to culture competent resources across the continuum of patient care
	1.3.3) Access to bilingual forms and around the clock French language translation services

Over the next four years, we will measure our progress toward PFCC through:

- Improved patient satisfaction with care experiences across all areas of the organization
- Staff commitment to standard care processes to contribute to excellent patient experiences
- Number of initiatives implemented involving the use of a Patient Navigator
- Progress towards MoHLTC and NW LHIN recognition as a Patient Experience Centre of Excellence for Rural Health Organization

Strategic Pillar # 2: Working with Others (Partnership)

Expanding and renewing our relationship with community providers locally and across the region will be integral to better manage the demand for health care services, and ensuring timely access to specialty services for members of our community. Not only will we work closer with community providers, but we will also develop local planning tables, enable sharing of patient information and foster permanent, formal relationships with community practices to build system capacity to dramatically improve care. We will have the courage to seek bold new ways of collaboration that have yet to be discovered.

Transforming how we work with our partners will lead to improved access to health care services across our region and facilitate seamless transitions. Together we will promote healthy living to help individuals live independently in their homes and to prevent or manage chronic conditions.

Redefining the meaning of 'hospital' and transforming our relationship with partners will enhance care delivery in our region and transcend traditional boundaries of the hospital, community, and at-home care. We will all be connected in the pursuit of improving health.

Strategic Goals	Objectives
2.1 Partnership to Provide Timely and Effective Access to Services Beyond GDH's Scope	2.1.1) Improve access to care closer to home through expanded services such as palliative care, telederm, and renal services.
	2.1.2) Develop partnerships with community organizations to improve access to Mental Health services
	2.1.3) Lead the coordination of chronic disease education and prevention programs within GDH communities and service providers
2.2 Access to Supportive Living to Transition Care from Hospital to Home	2.2.1) Collaborate with the NW LHIN to Develop local protocols and policies to manage Home Care tailored for the Greenstone community needs
	2.2.2) Work with the LHIN and community providers to increase the amount and scope of rehab home visits
	2.2.3) Partner with local community organizations and Greenstone Municipality to increase

	supportive housing options so that seniors can stay home longer
2.3 Hospital as a Conduit to Improve Collaboration Among Service Providers, and Between Clinical and Community Services	2.3.1) Leverage existing community forums (e.g., HCAC) to create an integrated service plan and coordinate initiatives across organizations
	2.3.2) Use the Hospital as a volunteer hub to coordinate community services
	2.3.3) Collaborate with services providers to improve service provided to the area's Indigenous population

Over the next four years, we will measure our progress toward Partnership through:

- Quality of care measures shared by GDH, NWLHIN and key partners that focus on social determinants of health
- Decrease in non-urgent ED visits and increased scheduled visits to Primary Care physicians
- Reduced Hospital lengths of stay
- Reduced number of patients waiting for Alternate Level of Care (ALC) and Long Term Care (LTC) Beds

Strategic Pillar # 3: Access to Care

Building on the tradition of delivering safe and high-quality care, and leveraging the collective talents of staff, physicians, and volunteers we will review and refine our programs and services. We will strive to meet the changing and increasing needs of our community and maximize our human and fiscal resources.

Through GDH programs, we aim to promote healthier communities, deliver an integrated and coordinated approach to care, enable proactive treatment for individuals living with chronic conditions, enhance timely access to hospital services, and to support the sustainability of service delivery. Tailoring our service offerings and leveraging our existing core services of the Emergency Department, Inpatient beds, and Long-Term Care beds will allow our community to continue to access services that they need most for episodic care and LTC close to home. At the same time, it will allow GDH to continue to extend health care delivery to the diverse geographical community of Greenstone.

Our focus on clinical best practice will extend across all areas of the organization to provide standardized clinical pathways to improve patient outcomes while allowing us the flexibility to improve access to care across our community. We will endeavor to maximize the capacity of our health care professionals by encouraging full scope of practice for nurses and extending our clinical competencies to include patient experience. We will also provide the tools and education to promote faster clinical decision making at the bedside to improve safety and quality of care. We will put the best tools in the best hands for the best outcomes.

Strategic Goals	Objectives
3.1 Coordinated Recruitment and Retention Plans to Maintain Access to Clinical, Operational and Management Talents	3.1.1) Coordinate the development of a talent **recruitment** plan with local and regional providers and the NW LHIN
	3.1.2) Establish a **retention** plan for clinicians and staff within the hospital
	3.1.3) Develop talent **succession** planning across clinical, administrative, management, and board levels at GDH
3.2 Continually Refine Services to Meet the	3.2.1) Identify means to repatriate patient services to GDH and community providers (e.g., Dialysis, Dermatology, and CT/MRI, etc.)

Needs of Target Populations	3.2.2) Expand current infrastructure to meet the diverse and complex needs of the community (e.g., ED Redevelopment Project)
	3.2.3) Enhance the management of chronic disease in collaboration with our patients and partners
3.3 Optimize Patient Access and Flow	3.3.1) Utilize collaborative planning and shared governance metrics for targeted care processes/outcomes (e.g., ALC Reduction, Non-Urgent ED Visits)
	3.3.2) Update processes to focus on 'home first' philosophy for Alternate Level of Care (ALC) patients
	3.3.3) Develop and maintain focus on Access and flow through the annual Quality Improvement Plan (QIP)

Over the next four years, we will measure our progress toward Access to Care through:

- Improvements in Employee Survey results related to drivers of retention (e.g., Job Satisfaction)
- A comprehensive recruitment and succession plan
- Increased number of services provided closer to home
- Increased collaborations and planning across the community providers
- Hospital Clinical and Adminstrative positions are filled within target days from the time the need is identified

Our three strategic pillars and the goals that we established are consistent with what we heard from the community and are aligned with the findings from the environmental scan, and the NWLHIN objectives. The strategic planning is inclusive of stretched goals that require a high degree of collaboration with the community organizations to improve the health of our community.