



**STRATEGIC PLAN:
GOALS & OBJECTIVES 2018/19 MONITOR**

WE WILL PROVIDE EXCEPTIONAL QUALITY AND SAFE CARE WITHIN A COMPREHENSIVE COMMUNITY HOSPITAL

- % of Primary and Secondary care of Chatham-Kent residents delivered in Chatham-Kent
- Top quartile all provincial wait times
- Top quartile Hospital Standardized Mortality Ratio and/or other patient safety outcomes

Strategic Direction Goals	Objectives	Responsible	Start Date	End Date	Year	Status	Comments/Notes
1 Identify gaps and create strategies to improve access and coordination of comprehensive hospital care	Identify clinical services required by the community within CKHA through environmental scan and evaluation of statistics/data from other credible sources, such as LHIN and MOHLTC	CSP	September 2018	March 2019	1		<ul style="list-style-type: none"> • Benchmarking comparators presented to management team; program planning underway with priority initiatives identified for all Program Councils
	Leverage existing and build new partnerships to coordinate services that provide quality, well-coordinated care for all patient's needs at all stages of life	COS CNE	January 2019	October 2020	1		<ul style="list-style-type: none"> • Discussion underway with Erie St. Clair LHIN & Canadian Mental Health Association re: Withdrawal Management • Preliminary discussion with London Health Sciences Centre re: referral patterns
	Identify current gaps in service that could be provided by a medium community hospital and investigate implementation of these services where appropriate, e.g. Urology	CNE COS	May 2018	April 2020	1		<ul style="list-style-type: none"> • Gap analysis to be presented to Quality Utilization Review Committee (QUR) March 2019 • Business case specifically re Urology to be completed approved by Board for 2019/20 Q4 implementation
2 Partner with patients and families to provide the safest, most effective quality care possible	Engage Patients and Families in all Quality Improvement Initiatives identified in the annual Quality Improvement Plan (QIP)	CNE	April 2018	April 2021	1		<ul style="list-style-type: none"> • Majority of initiatives on QIP have patient advisors assigned & engaged for 2018/19. • Planning underway for 2019/20
	Engage with partners and patients to ensure transitions between providers, departments, and care settings are patient centered, coordinated, effective and safe e.g. Bundled Care	CNE	June 2018	April 2019	1		<ul style="list-style-type: none"> • Regional assessment centre (RAC) plan for implementation April 2019 • Providing "Bundled Care" currently and in contract in negotiation with Erie St. Clair LHIN/Rehab providers

Legend:

- Project on track for completion by due date
- Project slightly off track or in danger of becoming off-track
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2018/19 STRATEGIC PLAN DELIVERABLES

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	Develop and implement a response to Patient Safety Culture survey to nurture and support a culture of quality and safety	CNE	June 2018	Sept 2018	1	●	<ul style="list-style-type: none"> Plan developed and on target for completion by due date Plan to include annual education as per accreditation recommendation
	Adopt innovations and practices that provide good value for money identified through benchmarking with like organizations and the Advisory Board	CNE	May 2018	April 2020	1	●	<ul style="list-style-type: none"> Kick-off of Strategic Plan with Advisory Board completed in June 2018 with Leadership Forum and Physician Leads Advisory Board Presentation to Leadership Oct. 2018; High Reliability Organizations
	Partner with Patient Advisors to develop and implement a patient safety plan	CNE	June 2018	July 2018	1	●	<ul style="list-style-type: none"> Safety Plan complete Distributed and Posted
3 Provide Equitable Access to Care	Implement a model of care that provides the right level of care by the right provider for the right patient at the right time and in the right place.	CNE	June 2018	June 2020	3	●	<ul style="list-style-type: none"> Opportunity to implement model of care identified Complex Continuing Care (CCC) Mental Health Inpatient Program staffing levels adjusted to shift some resources from evenings to nights to provide better coverage
4 Monitor and evaluate the impact of the strategic plan on quality and safety outcomes	Develop scorecards with standardized and customized indicators to monitor effectiveness of all clinical programs/services.	CSP	June 2018	Dec. 2018	1	●	<ul style="list-style-type: none"> Scorecards for all clinical programs are completed and with programs for final evaluation; Service line scorecards for directors (outside of clinical) are in-progress for completion by March 2019

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WE WILL ENGAGE WITH PATIENTS, FAMILIES AND THE COMMUNITY TO DELIVER PATIENT CENTRED CARE

- Top quartile patient satisfaction scores
- Patient Experience Advisors and Community members meaningfully engaged in Programs and Services
- Evidence of Seniors' and Indigenous health strategies in programs and services across CKHA

Strategic Direction Goals	Objectives	Responsible	Start Date	End Date	Year	Status	Comments/Notes
1 Implement framework for Patient Family Centred Care	Complete an assessment through Institute of Patient Family Centred Care and best practice review to determine governance structure, organizational framework and priority areas of focus	CCE	July 2018	November 2018	1		<ul style="list-style-type: none"> • Institute of Patient and Family Centred Care Self-Assessment of readiness completed by September 2018 and reviewed by Patient Experience & Community Advisory Council in October 2018 • Governance Framework to be presented to SLT December 2018 for approval • Framework now being disseminated
	Develop a PFCC education program for leaders, Board, physicians, staff and volunteers to renew cultural commitment to PFCC including model, common language, use of patient stories, tools etc.	CCE	January 2019	June 2019	2		<ul style="list-style-type: none"> • Preliminary discussion underway regarding education approaches
	Empower and collaborate with the Patient Experience and Community Advisory Council on a corporate-wide PFCC work plan to address gaps and opportunities identified through the assessment and assign patient advisors to all program councils, committees and key corporate projects	CCE	November 2018	April 2019	1		<ul style="list-style-type: none"> • Action plans to be created and reviewed by Patient Experience & Community Advisory Council • Assignment of Patient Advisors to all councils, working groups, orientations and other projects as needed

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WE WILL ENHANCE ACCESS TO HEALTHCARE FOR OUR COMMUNITY

- Clinical programs demonstrate improved access to care closer to home and a shift from bedded to ambulatory care
- >90% of medical residents who train in Chatham-Kent choose to practice in rural setting
- Engaged in research and/or program evaluation of rural health

Strategic Direction Goals	Objectives	Responsible	Start Date	End Date	Year	Status	Comments/Notes
1 Identify gaps and create a framework for delivery of healthcare across our community	Identify clinical services required by the community across the region through environmental scan and evaluation of statistics / data from credible sources, e.g. LHIN and MOHLTC.	CSP	September 2018	March 2019	1		<ul style="list-style-type: none"> • Benchmarking comparators presented to management team; program planning underway with priority initiatives identified for all Program Councils
	Introduce new programs/services based on assessment of community needs e.g. home dialysis	CEO	January 2019	March 2021	1		<ul style="list-style-type: none"> • Preliminary discussion with London Health Sciences Centre re: home dialysis, telemedicine
2 Develop new and enhance existing partnerships with various providers	Provide a platform for community partners to collaborate and engage with CKHA in provision of healthcare, with a focus on acute and chronic care services in the region.	CEO	September 2018	March 2021	1		<ul style="list-style-type: none"> • Discussion held with Windsor Regional Hospital and Bluewater Health re: referral patterns • Discussion under way with London Health Sciences Centre re: repatriation • Discussion underway with Canadian Mental Health Association re: mental health & addictions planning
	Develop and execute innovative service delivery programs in partnership with healthcare service providers in the community.	CEO	January 2019	March 2021	1		<ul style="list-style-type: none"> • Preliminary discussions re: expansion of COPD/CHF program & related technologies
	Strengthen and optimize the role of primary care providers by engaging them in the development of CKHA clinical programs and services	CEO COS	September 2018	March 2021	1		<ul style="list-style-type: none"> • Discussion underway with primary care through Rural Health Advisory Committee

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2018/19 STRATEGIC PLAN DELIVERABLES

Strategic Direction Goals	Objectives	Responsible	Start Date	End Date	Year	Status	Comments/Notes
	Leverage partnerships and existing facilities, structures and roles to create or enhance access to services beyond the hospital's walls by identifying services that can be safely offered in another location.	CEO COS	September 2018	March 2021	1		<ul style="list-style-type: none"> Discussion underway with primary care Family Health Teams and Community Health Centre through Rural Health Advisory Committee – review of “Mercy Virtual” hospital

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WE WILL LEVERAGE TECHNOLOGY AND INFRASTRUCTURE TO ENABLE CARE

- Implement new Health information System and exceed EMRAM 6 score
- Progress in capital project plan for both sites

Strategic Direction Goals	Objectives	Responsible	Start Date	End Date	Year	Status	Comments/Notes
<p>1 Identify gaps and opportunities to create a digital roadmap that aligns to the provincial digital health plan</p>	Improve network infrastructure – meet HIS, Staff Alarm/Safety, equipment tracking, and other wireless needs – such as Telemetry, nurse call system integration, and improved cell coverage	CFO	June 2018	Apr 2019	1	●	<ul style="list-style-type: none"> • Capital approved for expenditure in 2018/19 • RFP development in progress
<p>3 Achieve a new Health Information system at EMRAM 6 level of automation</p>	Standardize workflows to extent possible, to avoid errors and less efficient work around solutions such as handling paper and duplicate entry of information	CFO CNE	April 2018	April 2019	1	●	<ul style="list-style-type: none"> • KPMG engaged in regional workflows
	Implement HIS (Cerner) for comprehensive core system and initiate ancillary plan for non core systems to support regional HIS delivery approach	CFO	September 2018	October 2019	1	●	<ul style="list-style-type: none"> • Implementation tentative Nov. 2019 • Comments on MOU due by Dec 12 2018 to Transform
	Enable system improvements that require less reliance on specialized staff for routine work that can be avoided or done by others on the team	CFO CNE	June 2018	Dec 2020	1	●	<ul style="list-style-type: none"> • KPMG engaged to review workflows • Assigned clinical lead in summer 2018
	Auto generate needed data from the system to report, plan and manage at a patient care, hospital and system level	CFO CSP	June 2018	Dec 2019	1	●	<ul style="list-style-type: none"> • Assessment with all programs underway • Cerner capabilities to be explored
<p>4 Optimize the physical environment across sites</p>	Develop staged facility improvement plans along with planning partners (including patient representatives) to improve functionality, infection control measures and patient experience at both sites	CFO	April 2018	Dec 2019	1	●	<ul style="list-style-type: none"> • Dialysis and Oncology renovations underway • Power plant in Wallaceburg stage 3.2 submission Nov 2018
	Complete Master plan and Master program for future development	CFO	June 2018	Dec 2020	1	●	<ul style="list-style-type: none"> • Master Plan, Master Program submitted to the Ministry pending review

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2018/19 STRATEGIC PLAN DELIVERABLES

WE WILL OPTIMIZE OUR CULTURE AND PROVIDE A SAFE ENVIRONMENT FOR OUR PEOPLE TO BE THEIR BEST

- Top quartile staff and physician engagement scores
- Reduced lost time due to injury, absenteeism & incidents of workplace violence

Strategic Direction Goals	Objectives	Responsible	Start Date	End Date	Year	Status	Comments/Notes
1 Build a culture of trust, transparency and inclusiveness	Promote interdisciplinary and inter departmental collaboration and knowledge sharing across the organization by implementing the Experience CKHA recommendations	CHO	August 2018	March 2019	1	On Track	<ul style="list-style-type: none"> • Planning with program services and department underway • To start acknowledging programs each month starting with Quality, Risk & PP in March and every month following that another Program to showcase their program.
	Implement Reward and Recognition working group recommendations to build a culture of appreciation.	CHO	May 2018	January 2019	1	Off Track	<ul style="list-style-type: none"> • Implemented recommendations to the Annual Perfect Attendance Program. • Implemented amendments to Alliance Awards process • Delayed - thank you card to be printed And refresh for You Make a Difference Program to be ready for 2019/20 fiscal
	Monitor and respond to staff/physician/volunteer satisfaction results including annual corporate level action plan developed with WeRCKHA and departmental plans focused on greatest opportunities	CCE CSP	February 2019	June 2019	1	On Track	
	Enhance inclusion of Patient Advisors in human resources practices including the physician and staff orientation program, policies and interviews.	CHO	August 2018	August 2019	1	On Track	<ul style="list-style-type: none"> • Non management, non union interviews Patient Advisors are included in interviews where appropriate • Personnel Policies now reviewed by Pt. Advisor (where applicable) • Pt Advisor included in Workplace Violence Prevention Committee • Enhanced Pt Advisor participation and Pt Story in orientation program
						On Track	•

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2 Provide a safe and healthy workplace	Adopt and implement the National Standards for Psychological Health and Safety in the Workplace	CHO	May 2018	March 2021	1		<ul style="list-style-type: none"> Implementation plan developed Developing plan to work on identified gaps – CSIM AOB flagging policy
	In collaboration with partners, develop and implement a Wellness Strategy to improve mental health in the workplace and raise awareness/promote the benefits of good nutrition and physical activity	CHO	August 2018	December 2019	1		<ul style="list-style-type: none"> Coordinating manager training reoffering certification in mental health first aid training Mindfulness Mondays, Walking Wednesdays and Farmers market Fridays Submitted some ideas for funding through Innovation Grants – funding granted Opening of Serenity Centre Feb/Mar 2019
	Enhance access to the tools (equipment), techniques (processes and methodologies) and training for employees, physicians and volunteers to perform their best (e.g. conflict training and difficult conversations)	CHO	March 2019	March 2020	1		
	Create a workplace free of violence, harassment and safety hazards through the development of corporate-wide and department specific work-plans	CHO	May 2018	August 2019	1		<ul style="list-style-type: none"> Flagging Acting Out Behaviours of patients approved and in process of training/implementation Staff duress system approved in Capital 2018/19 and going to RFP Critical incident training/debriefing Crisis prevention intervention for all staff Developed Zero Tolerance signage for interior use
	Research best practices in health human resource planning and revise the current Health Human Resource Plans to adopt leading practice and implement strategies to ensure sufficient and highly skilled workforce	CHO	May 2018	Sept 2018	1		<ul style="list-style-type: none"> Completed and approved by Board

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3 Cultivate a highly skilled, engaged and diverse workforce	Clarify roles and performance expectations by reviewing and updating all job descriptions and review and revise current performance evaluation and feedback tools to enhance timely and appropriate feedback.	CHO	June 2018	October 2019	1		<ul style="list-style-type: none"> On track for completion for job description component 100% complete for Leadership Job descriptions and 95.4% complete for all other job descriptions
4 Support and Enhance Leadership	Adopt and Implement Leadership Development Framework for Leadership Forum and Medical Advisory Committee members	CHO	May 2018	June 2019	1		<ul style="list-style-type: none"> Adopted the LEADS framework, Initial training provided to Senior Leadership, Directors, Medical Directors 2 leaders completing 5 day LEADS Learning Series workshop Same 2 leaders will attend 3 day LEADS Facilitation training in December. Managers to receive training on LEADS framework in October 2018 As a final step the 2 Leaders above are developing a session on LEADS Framework for presentation within 6 months to become a Certified Internal Facilitator for LEADS.
	Enhance Leadership/New Manager & Emerging Manager training by leveraging the Harvard Manager Mentor Program	CHO	November 2018	December 2019	1		<ul style="list-style-type: none"> On track - Working with Harvard Manager Program Introduce to Managers at Leadership Forum (LF) Nov 15 and then do Engagement sessions at LF aligned with LEADS Domains also self directed modules

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	Develop and implement a Talent Management Strategy to strengthen existing leadership development and create a leadership pipeline for succession planning at all levels of organization	CEO	September 2018	September 2019	1		<ul style="list-style-type: none"> Initial discussion with vendor(s) to understand scope RFP development next step with goal to accelerate Senior Leadership Team, Medical Leaders and Directors to be complete by end of March 2019 followed by Managers. RFP closed Jan 22, to be awarded wk of Feb. 4

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2018/19 STRATEGIC PLAN DELIVERABLES

WE WILL ENSURE VALUE AND OPTIMIZE OUR OPERATING PERFORMANCE

- Total Margin >0
- Budget includes capital allocation 2%
- Line of credit limit <\$5 million

Strategic Direction Goals	Objectives	Responsible	Start Date	End Date	Year	Status	Comments/Notes
1 Optimize planning and performance processes, tools and use	Develop an annual planning and performance cycle at the corporate and program/service level including planning, monitoring and reporting expectations and mitigation strategies based on results	CSP	July 2018	December 2018	1	●	<ul style="list-style-type: none"> • Annual planning and performance cycle complete; monitoring, reporting and mitigation process for key indicators (balanced scorecard) in place • Program level planning and monitoring tools (via Councils) complete
	Engage Patient Advisors in Program and Service annual plans and in developing the associated budgets	CSP	October 2018	March 2019	1	●	<ul style="list-style-type: none"> • Program Goals/Objectives to be validated at Program Councils
2 Entrench the concept of choosing wisely across all operations	Implement the “Choosing Wisely” campaign in areas where best practices are established e.g. diagnostics	COS	September 2018	September 2021	1	●	<ul style="list-style-type: none"> • Commitment by program leaders through strategic plan engagement sessions
	Implement strategies to reduce or eliminate waste in processes, resources and time across the organization to improve performance compared with benchmarks	CSP	October 2018	January 2020	1	●	<ul style="list-style-type: none"> • Benchmarking underway • PPMO assigned to support discovery in key priority areas
3 Identify and capitalize on opportunities to generate more revenue	Partner with the CKHA Foundation to increase donations to support investment in equipment and infrastructure	CEO	July 2018	December 2018	1	●	<ul style="list-style-type: none"> • Approved capital list for 2018/19 • Foundation provided with priorities for potential donors
	Optimize data collection and coding through education and automate to extent possible	CSP	September 2018	September 2019	1	●	<ul style="list-style-type: none"> • On track with education ongoing; Tic sheet optimization project complete in January
4 Ensure the capital and operating budgets align to the strategic plan	Focus on small meaningful investments in the physical environment that improve the staff and patient experience	CFO	September 2018	September 2020	1	●	<ul style="list-style-type: none"> • Braille added to elevators buttons as per Accessibility Council tour observations\ • Explore wayfinding signage at Wallaceburg Campus • Innovation grant applicants with facilities improvements identified and approved e.g. Mental Health

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