

Haliburton Highlands Health Services Strategic Plan Review March 2009

Strategic Priority 1: <i>Building Partnerships</i>		
Strategic Direction:	Develop strategic partnerships in the planning and delivery of health services for Haliburton County.	
Strategies:	Evidence of Achievement:	Comments and/or Recommendations:
1.1 Engage the LHIN in planning for the needs of Haliburton County, and advocate for adequate health care resources. ACHIEVED	<ul style="list-style-type: none"> ▪ Regular participation of staff on CE LHIN planning tables and committees such as CEEC, CSP, HR, IT, and Haliburton Collaborative, among others. ▪ Advocacy for resources made through annual program funding requests. 	<ul style="list-style-type: none"> ▪
1.2 Explore mechanisms for collaboration/easier navigation of health/social services. ACHIEVED	<ul style="list-style-type: none"> ▪ Mental Health: Developed protocols for communication and serving the public seamlessly between Mental Health and hospital. ▪ HHHS participates on Regional Mental Health Advisory Committee for this purpose. ▪ Entered into partnerships with community based MH and Addiction Services to help with client navigation. 	
1.3 Work with the FHT to enhance access to primary care services. ACHIEVED	<ul style="list-style-type: none"> ▪ Provided space in Minden Hospital for FHT operations. ▪ CEO participates on FHT Board. ▪ Physicians provide services for both HHHS and FHT increasing awareness and referrals to primary care services. ▪ Introduction of PCNP role/services has improved access to primary care services. 	
1.4 Develop a centre of excellence in senior's services. NOT YET STARTED	<ul style="list-style-type: none"> ▪ We provide excellent service to seniors, but we have not established a centre of excellence. ▪ Requirement to determine new objectives. 	
1.5 Work with community partners to identify modes of transportation within the county. ACHIEVED	<ul style="list-style-type: none"> ▪ LHIN Collaborative funding secured. ▪ Study conducted; report completed in March 09 and will be released in April 09. 	

<p>1.6 Work with the Foundation, Auxiliaries and other potential sources to encourage volunteer opportunities and improve fundraising.</p> <p>ACHIEVED</p>	<ul style="list-style-type: none"> ▪ Complimentary and cooperative planning has increased dramatically over the reporting period. ▪ Collaboration has become a standard operating procedure with the Foundation and Auxiliaries. ▪ HHHS Board has expended considerable effort to attract new volunteer Board members. 	
<p>1.7 Strengthen and maintain direct relationships with hospitals and health services within the Central East LHIN and in other LHINs.</p> <p>ACHIEVED</p>	<ul style="list-style-type: none"> ▪ All HHHS senior leaders and managers engaged in regional programmatic, clinical, administrative, and financial networks supporting the development of integrated service systems. ▪ Networks are facilitated through CE LHIN, OHA, and Labour. 	
<p>1.8 Work with Ambulance Services and private transport businesses to best serve the needs of people using hospitals and health services.</p> <p>ACHIEVED</p>	<ul style="list-style-type: none"> ▪ Strong working relationship with EMS and private ambulance services established to facilitate patient transfers for health services out of region. 	

Strategic Priority 2: Effective Communication

Strategic Direction:	Strengthen HHHS profile within the local community and with regional and provincial partners.	
Strategies:	Evidence of Achievement:	Comments and/or Recommendations:
<p>2. Develop and implement a communication plan that makes available to the community clear and concise information about HHHS services and how to access them.</p> <p>ACHIEVED</p>	<ul style="list-style-type: none"> ▪ Circulate annual newsletter to community. ▪ Cottager publication – annual feature. ▪ Website maintained and updated. ▪ Brochures for programs circulated throughout the community. ▪ Regular media coverage of HHHS special events – has increased dramatically since arrival of new CEO. ▪ Services listed in all local directories and web directories (e.g., Haliburton County website). ▪ Community feels better informed. 	<ul style="list-style-type: none"> ▪
<p>Supports HHHS in listening to</p>	<ul style="list-style-type: none"> ▪ Communication Plan presented to Board in January 2009 	

the needs of the community. ACHIEVED	addresses this need. <ul style="list-style-type: none"> Multiple community stakeholder meetings with CEO in 2009 and community forums held to support attainment of this goal. 	
2.3 Informs the community and donors of the need for capital funds. ACHIEVED	<ul style="list-style-type: none"> Strengthened partnerships with HHHSF, and Haliburton and Minden Auxiliaries – significant work has been done here. Foundation and Auxiliaries represent HHHS’ primary strategy and mechanism to accomplish this goal. HHHS maintains a list of priorities for capital funds – priority list is shared with donors such as Foundation and Auxiliaries. HHHS supports Foundation and Auxiliaries with Public Relations as evidenced in media coverage and media releases concerning donations and appeals. 	
2.4 Informs the community about HHHS work to improve current services and develop new services. ACHIEVED	<ul style="list-style-type: none"> CEO communicates regularly with variety of local community groups to highlight services; e.g., speaking with service clubs and at community forums. As a result of community engagement, HCDC has included HHHS as a strategic priority for future funding opportunities to realize establishment of HER system in Haliburton. 	
2.5 Establishes clear channels and processes to communicate with and work co-operatively with the Central East LHIN as well as hospitals and health services within the Central East LHIN and in other LHINs. ACHIEVED	<ul style="list-style-type: none"> CEO has regular communication with LHIN CEO and Chair. Various staff members attend LHIN planning committees. Board Chair attends regular meetings for LHIN Board-to-Board Collaborative. Representation at area LHIN collaborative. 	

Strategic Priority 3: Information and Communication Technology (Formerly ‘State of the Art Information Networks’)		
Strategic Direction: Refine existing information networks and create new ways to use information and communication technology to provide coordinated health services.		
Strategies:	Evidence of Achievement:	Comments and/or Recommendations:
3.1 Develop an information and communication technology (IT) plan considering both clinical	<ul style="list-style-type: none"> IT Strategic Plan work initiated in fall 08 by Board. Project transferred to staff in 09. Plan to complete IT Strategic Plan presented to Board QC in March 09 with completion of plan 	

and management needs and emerging policy, directions and funding. IN PROGRESS	scheduled for October 2009.	
3.2 Invest in technology for greater focus on performance measurements, clinical, management and financial decision making. ACHIEVED	<ul style="list-style-type: none"> ▪ Technology for performance measures: <ul style="list-style-type: none"> • Software in place to collect data to produce the following: <ul style="list-style-type: none"> ▪ CIHI Data collected to report on performance measures. ▪ Quality and Risk reports prepared on a quarterly basis. ▪ Balanced Scorecard produced for high level review of organization. ▪ Technology for clinical management: <ul style="list-style-type: none"> • Implemented PACS for improved clinical management for DI. • CIHI Data used to report on patient utilization of services. ▪ Technology for financial decision making: <ul style="list-style-type: none"> • Software and data bases used to capture all financial reporting for all cost-centres. 	
3.3 Expand and promote telemedicine and teleconferencing. ACHIEVED	<ul style="list-style-type: none"> ▪ Teleconferencing and video-conferencing as well as telemedicine suites established at both hospital locations. ▪ Video-conferencing to be established at Mental Health office by July 09. Funding secured for this initiative. 	
3.4 Collaborate with the LHIN on the development and implementation of the E-Health strategy. ACHIEVED	<ul style="list-style-type: none"> ▪ Involved in working groups with LHIN on the development of Meditech EHR for region. ▪ Partnered with LHIN on implementation of the DI PACS network. ▪ Currently working with LHIN on Standards and HIS foundation work to support implementation of LHINs at a partnering site as a pilot project. 	
Strategic Priority 4: A Healthy Workplace		
Strategic Direction:	Establish a work environment that allows HHHS to attract and retain high quality staff and improve personal and organizational performance.	
Strategies:	Evidence of Achievement:	Comments and/or Recommendations:

<p>4.1 Use ongoing feedback from employees to update the human resource plan. (OLD)</p> <p>ACHIEVED</p>	<ul style="list-style-type: none"> ▪ Brock University Worklife Survey completed July 2006. ▪ Focus Groups held in each department in the Spring 2008. ▪ The Pulse Survey completed May 2008. ▪ Feedback from focus groups and survey used to develop action plans. Many items completed to date include (outlined in HHHS HR – Pulse Update, Nov. 2008). 	
<p>4.2 Engender an organizational culture of trust and fairness.</p> <p>ACHIEVED</p>	<ul style="list-style-type: none"> ▪ Increased visibility of CEO in all departments. ▪ Departmental staff meetings held each quarter, at minimum. ▪ Monthly Coffee Talks with the CEO are held for all staff. 	
<p>4.3 Recognize and reward innovation and excellence in team and individual performance.</p> <p>ACHIEVED</p>	<ul style="list-style-type: none"> ▪ Annual Christmas Party/Reward and Recognition Event held every November. Organized and run by the HR Committee consisting of staff and management. Service awards presented for completion of 5, 10, 15, 20, 25, 30 years of service, and retirements. ▪ Annual HHHS Staff Appreciation Week held in June; daily events/activities at both sites, facilitated by HR Committee. ▪ Departments have implemented informal recognition, e.g., beginning each staff meeting with “Compliments & Kudos”. 	
<p>4.4 Develop and implement a system that assesses workload and productivity, and provides for the implementation of changes where needed.</p> <p>IN PROGRESS</p>	<ul style="list-style-type: none"> ▪ Unions have workload measurement assessment tool that is used when employees have concerns about job workload. Results are shared with HR and management so that corrective action if required can be taken. ▪ Productivity is currently measured through performance review process. ▪ Managers completing Departmental Reports monthly that address workload and productivity, and reports are reviewed by CEO and corrective action taken where required. 	
<p>4.5 Create and reinforce a work environment that supports work-life balance, good health, and physical safety.</p> <p>ACHIEVED</p>	<ul style="list-style-type: none"> ▪ In January 2008, implemented an Infection Control/Occupational Health topic of the month. Includes educational information on a topic being posted, informal discussions on the topic and providing handouts to staff. ▪ Fall 2008, implemented “Wellness @ HHHS”, program consists of information sharing through bulletin boards on the following topics: healthy habits, healthy culture and healthy environment. ▪ Continuing to support the Employee Assistance Program including 	

	<p>the distribution of monthly newsletters on different EAP topics.</p> <ul style="list-style-type: none"> ▪ New ceiling lift system installed in both LTC homes as well as in Haliburton Hospital acute care to improve safety of staff, residents, and patients 	
<p>4.6 Use ongoing feedback to continuously improve workplace safety.</p> <p>ACHIEVED</p>	<ul style="list-style-type: none"> ▪ Based on The Pulse, each department has working groups established to review, identify and work on one area of concern. 	
<p>4.7 Assess the educational needs of employees, and invest in appropriate training and development.</p> <p>ACHIEVED</p>	<ul style="list-style-type: none"> ▪ Needs assessment of the Management Team was completed in April 2008. Based on feedback, Leadership Training was provided in June 2008 for the Management Team. ▪ Based on an assessment by the Management Team, a Customer Service Workshop was provided to all employees at Mandatory Education in November 2008. 	
<p>4.8 Include succession planning and career development in the staff development process. (NEW)</p> <p>ACHIEVED</p>	<ul style="list-style-type: none"> ▪ Career development needs evaluated and considered over the reporting period through completion by management of skills analysis inventory through HR. ▪ HR active in OHA and CE LHIN HR working groups developing a succession planning tool kit. ▪ Managers regularly review staff planning and staff development and report to CEO through monthly report. 	
<p>4.9 Create a culture of safety. (NEW)</p> <p>ACHIEVED</p>	<ul style="list-style-type: none"> ▪ 4-hour mandatory education session each year with topics such as Infection Control, WHMIS, Fire Safety, Back Wellness. ▪ Performance review document has been revised to include a section on safe work practices. ▪ Occupational Health position was expanded to 0.5 FTE in spring 2007. 	

Strategic Priority 5: Safe and High Quality Services

Strategic Direction:

Enhance HHHS capacity to provide high quality, timely and essential health services.

Strategies:

Evidence of Achievement:

Comments and/or Recommendations:

<p>5.1 Support a climate of continuous quality improvement. (NEW)</p> <p>ACHIEVED</p>	<ul style="list-style-type: none"> ▪ HHHS participates in and has adopted Accreditation Canada program as its Quality management Program. ▪ Quality Report now produced quarterly for the organization focusing on a variety of quality indicators. ▪ Board approved a definition of “Quality” to guide operations. 	
<p>5.2 Monitor and measure patient care and patient satisfaction to meet safety, quality improvement and accountability goals.</p> <p>ACHIEVED</p>	<ul style="list-style-type: none"> ▪ Developed & implemented rights & responsibility brochure for patients in acute care. ▪ Document & analyze & report to board incidents. ▪ No Adverse Incidents in last 18 months period. ▪ Medication dispensing process in LTC analyzed and changes made to reflect more current practice in LTC settings. ▪ Medication reconciliation process implemented in Hyland Crest & currently being reviewed in Highland Wood to improve the process. ▪ Medication reconciliation is yet to be implemented in Acute care but the team is working on this. ▪ Drug distribution system in acute care has been reviewed & changes made. ▪ Standard order sets through Open Source Orders have been purchased. 	
<p>5.3 Develop and implement a system that identifies and reduces the incidence and severity of adverse events.</p> <p>ACHIEVED</p>	<ul style="list-style-type: none"> ▪ Sentinel event policy developed 2006. ▪ Sentinel event policy reviewed & revised under the new disclosure legislation in 2008 – now called disclosure policy. ▪ No significant adverse events in the last 18 months. 	
<p>5.4 Cultivate innovation in new technology for diagnosis and/or treatment, health information, diagnostic imaging and education. (FORMERLY IN ‘STATE OF THE ART INFORMATION NETWORKS’)</p> <p>ACHIEVED</p>	<ul style="list-style-type: none"> ▪ Establishment of DI PACS achieved. ▪ New diagnostic equipment purchased for ERs, e.g., Glidescope. ▪ HHHS interfaces electronically with Med 2020 which produces data on all core clinical functions and is exported to CIHI for trending and analysis which allows for statistical reporting e.g., Population Health. 	
<p>5.5 Support a no-blame approach</p>	<ul style="list-style-type: none"> ▪ Implemented in 2005 based on the Ross Baker study. 	

to error reporting. ACHIEVED	<ul style="list-style-type: none"> ▪ Incident form revised to reflect no blame policy. ▪ Incidents include mistakes, near misses and sentinel events. ▪ Incident form under revision in 2009. ▪ Saw marked increase in incident reporting including near miss since the no blame approach has been taken. 	
5.6 Commit adequate resources to infection control strategies and emergency preparedness and planning. ACHIEVED	<ul style="list-style-type: none"> ▪ Funding provided for a .5 ICP. ▪ Full time IPC / Occupation Health Nurse implemented in 2007 when the previous .5 ICP resigned. ▪ Pandemic planning undertaken by the IPC with community partners. ▪ Mandatory education includes sessions on infection prevention & control as well as WHMIS, Fire safety annually. ▪ Outbreak management policies to manage infectious / viral outbreaks to reduce severity, morbidity & mortality related to outbreaks. 	
5.7 Use available resources to ensure progress towards quality improvement (OLD) ACHIEVED	<ul style="list-style-type: none"> ▪ Monitor and report complaints and compliments. ▪ All complaints are investigated and responded to through the office of the CEO. ▪ Compliments/complaints reported to the Board through the balanced scorecard. ▪ Implemented the balanced scorecard. 	
Strategic Priority 6: Focus on Core Service Delivery		
Strategic Direction:	Provide effective and efficient health service delivery.	
Strategies:	Evidence of Achievement:	Comments and/or Recommendations:
6.1 Assess and evaluate clinical services, diagnostic tools and human resources and their ability to meet current and emerging health service needs of the community. ACHIEVED	<ul style="list-style-type: none"> ▪ Services assessed regularly in management meetings. ▪ All service stats for all departments are collected, reviewed and forwarded to CIHI. ▪ DI, Labs, LTC audited annually. ▪ Physio subject to external audits. ▪ All clinical staff are monitored to ensure competencies are 	

	<p>maintained in each program area.</p> <ul style="list-style-type: none"> ▪ Complaints reviewed and addressed by senior management. ▪ Diagnostic tools status and requirements assessed through capital planning process and by line managers on an ongoing basis. Requests for new equipment forwarded to senior management as identified and required. ▪ Human resources assessed by organization through HR Director in consultation with Senior Management and line managers. ▪ Quarterly Quality and Risk management Reports produced for organization. 	
<p>6.2 Ensure tools are in place to deliver high quality primary care.</p> <p>ACHIEVED</p>	<ul style="list-style-type: none"> ▪ Both ERs are fully equipped to meet all primary care needs. ▪ FHTs have been implemented in Haliburton and Minden increasing local access to primary care. 	
<p>6.3 Review the effectiveness, efficiency, and relevance of existing programs/services.</p> <p>IN PROGRESS</p>	<ul style="list-style-type: none"> ▪ Programs under constant review by managers and CEO. ▪ Management now providing CEO with monthly departmental reporting. ▪ Quality and Risk management Reports used to assess services at Board Level. ▪ Balanced Scorecard used to provide high level overview of key indicators of effectiveness and efficiency. ▪ Relevance of current programs acknowledged through annual program funding renewals. 	
<p>6.4 Evaluate financial systems to improve timeliness, accuracy and ease of reporting.</p> <p>ACHIEVED</p>	<ul style="list-style-type: none"> ▪ New Board reporting format implemented. ▪ Review of financial systems is ongoing; to date, investigations show no value for money to justify switching products. Great Plains system is recommended by LHIN for community sector. ▪ Materials management is moving to a central procurement agency which is using the McKesson materials management system; it will remain an external feed to the HHHS system. Implementing McKesson would be expensive. ▪ No hospital financial system currently incorporates a LTC module, so LTC will also continue as an external feed to any hospital 	

	<p>system.</p> <ul style="list-style-type: none"> ▪ Meditech GL is currently under review; cost is approx. \$70,000, but does not meet HHHS needs; has been passed on by other CE-LHIN hospitals. This system has benefits (integrates AR with the GL) and drawbacks (centralized system means less control over cash influx and customer billing issues). This system would still require an external data feed for payroll, materials management, and LTC. ▪ Purchased Profix budget software package in 2007 which was put on hold due to MOH requirement to adopt a budget system for case costing. HHHS has opted out of the case costing project for 5 years. Implementation of Profix can now proceed when time allows (summer of 2009). 	
<p>6.5 Assess and implement financial incentives related to education, capital investment/purchases, and recruitment.</p> <p>ACHIEVED</p>	<ul style="list-style-type: none"> ▪ Small amounts for incentives are allocated for the Rewards and Recognition budget. ▪ Difficult to implement incentives when hospital is running a deficit. ▪ HHHS does provide an annual contribution to the county recruitment committee and we administer the expenses for this committee. ▪ There is a HHHSF endowment that provides educational funding for HHHS nursing staff. 	
<p>6.6 Explore opportunities for new funding to improve and expand core services.</p> <p>ACHIEVED</p>	<ul style="list-style-type: none"> ▪ Focus over the reporting period was on maintaining core services, however, with changes in Administration HHHS has become more outward looking and is actively establishing partnerships and looking for opportunities to expand programs and services to meet community needs. ▪ HHHS submitted the following Health System Improvement Pre-proposals (HSIP) to the LHIN: <ul style="list-style-type: none"> • Supportive Housing Wilberforce – approved. • Non-Urgent Transportation – no LHIN response as yet. • Geothermal Energy – no LHIN response as yet. • Laboratory services – no LHIN response as yet. ▪ The physicians have arranged for some visiting specialists from time to time; these arrangements are fairly cost-neutral and may require minimal staff time for booking appointments and directing 	

	<p>patients.</p> <ul style="list-style-type: none">▪ HHHS led the drive to obtain a FHT for Haliburton. This has expanded services for the County, and although this does not impact the hospital directly, it has expanded our partnership opportunities.	
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