

Strategic Plan
Smooth Rock Falls Hospital
2007 – 2010

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Preamble

In 2003, the election of a new provincial government heralded a wave of change which would forever transform the provincial health system. In the four years that followed, the provincial government built the foundations necessary to reform the health system. This period saw the inception of the Family Health Team, the announcement that community health centres were to be created, the elimination of the regional offices of the Ministry of Health and District Health Council, and the amalgamation of Community Care Access Centres (CCAC). The most important change was of course the creation of a new cornerstone of the health system, the Local Health Integration Networks (LHIN).

As of April 1st, 2007, the fiscal responsibility of all health services agencies from the region has been transferred to the LHIN. The contacts between the LHIN and the agencies have increased rapidly. Each LHIN must now rapidly develop its infrastructure, in order to properly manage the region it serves.

Soon after its conception, the LHIN has prepared its strategic plan for the next three years. This strategic plan will have a tremendous influence on the development of our priorities as an institution within this latest provincial framework. It should also be noted that the new provincial government took into consideration francophone health care, and made it a priority. A provincial French Language Health Services board was established and moreover, each LHIN must include the Francophone population in its planning.

While the provincial government worked on these reforms, four Franco-Ontarian health networks also worked to develop the project *Setting the Stage*. The project is two-fold, with a provincial and a regional report to support the organization of primary health care in French, in order to improve access to these services for francophone communities in a minority setting.

As outlined in the regional report *Setting the Stage*, published by the Francophone Health Network of Northern Ontario, accessing quality health care in French in a minority setting is an on-going challenge, however, when one is ill, the ability to communicate and to be treated in one's own language is synonymous with quality of care.

The provincial report also outlines the significance of the correlation between linguistic or cultural barriers and access to quality health care. The literature and best practices records prove that when health professionals and organizations do not possess adequate cultural and language skills necessary to serve a given population, access to the services is poor, the quality of care tends to diminish and ultimately the state of health of the population suffers.

Socio-demographic Profile – Ontario Northeast and Cochrane District

The North is defined by its large surface area, the exceptional distance between cities or towns, the significant proportion of Francophones in relation to the total population, and by the great disparity in the health services accessible to Francophones, as compared to those available to the general population. In this region we have huge challenges due to distance and weather issues as well.

Language and culture play an essential role in the provision of health care services. Because approximately one-quarter of the population in north-eastern Ontario is Francophone, the Northeast LHIN has identified French language services as a priority.

Francophones in our immediate region are a significant presence. The Cochrane District is 49.1% Francophone; in fact there are more Francophones than Anglophones.

Total population of the Cochrane District: 84 295

Francophone population in the Cochrane District: 41 380

Therefore the Francophone population represents 49.1% of the total population

34 425 Francophones or about 82.35% of the Francophone population live in the North Cochrane region:

- According to the 2001 census, 138 585 Francophones live in the Northeast LHIN region. They account for 25.1% of the total population.
- The greatest proportion of Francophones in the Northeast may be found in the Cochrane and Temiskaming Districts, as well as significant Francophone populations living in the city of Greater Sudbury, in certain areas of the District of Sudbury, Nipissing West and North Bay.
- The Francophone population in the Northeast is slightly older and less educated than the overall population of Ontario.
- With respect to their state of health, Francophones in Ontario and in the Northeast are disadvantaged when compared to the entire population.

Generally, more people from this region report a way of life that is likely posing risks to both their current and future state of health.

Examples:

- Higher consumption of tobacco and alcohol.
- Lower consumption of fruits and vegetables.
- Less latitude for choice at work.
- Weak sense of belonging
- Less inclined to perceive their state of health as 'very good' or 'excellent'.
- Women are less inclined to undergo breast screening for cancer prevention.

Very few Northern communities have a complete range of primary health services. It is also important to note that the environment in our community is being transformed and the closure of Tembec's pulp and paper mill has been a blow to our economic base and to the population. This reality affects the hospital both directly and indirectly.

Methodology and Action Plan

In the fall, the hospital team decided to undertake a full strategic planning process for the next three years with the aim of adapting to the recent economic changes and events. The hospital is looking to orient itself, that it may be in accord with the priorities outlined by the LHIN. At the same time, the hospital wants to acquire the necessary tools to develop and maintain its services, taking into account the geographic, demographic and political realities of both the immediate region and the whole of Northeastern Ontario.

To accomplish the above, the administration and management team are undertaking the following steps:

- SWOT Analysis (Strengths, Weaknesses, Opportunities and Threats)
- Revision of the mission statement, vision and values
- Identification of the strategic objectives, according to the vision of the organization
- Identification of the categories of operations and programming
- Identification of the objectives which correspond to the strengths and weaknesses
- Ratification of these objectives by the Board of Directors
- Identification of short-term objectives
- Identification of medium and long-term objectives
- Development of strategies and/or projects

As a result, the Smooth Rock Falls Hospital has adopted the following three statements which henceforth, will define its direction, projects and priorities:

Strategic Objectives – Smooth Rock Falls Hospital

Mission

To promote and ensure optimal health care services adapted to our needs.

Vision

By encouraging well-being and the undertaking of personal responsibility in one's health, the HSRFH, through its leadership and holistic approach, commits to offering personalized, bilingual services, while taking into account the social and geographical realities of both the community and region.

You, your family, your friends, us, our hospital, our region...healthy together.

Value Statement

Every effort is made to ensure the values and principles of the organization are realized on a day-to-day basis. These values are:

- Respect
- Integrity
- Professionalism
- Excellence
- Accountability
- Dignity
- Equity
- Diversity
- Inclusiveness
- Transparency
- Confidentiality
- Innovation
- Ethics
- Personal Responsibility
- Promotion of Independence and Autonomy

Strategic Guidelines

From the vision may be derived four strategic guidelines or areas of operation through the following categories:

Leadership & Development

- French-language services
- Range of services
- Partnerships
- Planning and development

Marketing and Promotion

- Communications

Operations

- Human resources
- Training
- Technology

Adapted and personalized care and services

- French Language Services
- Long-term Care
- Accessibility

Guideline # 1 : Leadership and Development	
Categories	
French language services	<p>Objectives :</p> <ul style="list-style-type: none"> • Guarantee French and/or bilingual services for patients and the community of both Smooth Rock Falls and the surrounding region. • Assume a leadership role with respect to French-language services. <p>Proposed actions :</p> <ul style="list-style-type: none"> • Ensure the participation of senior executives and Board members in activities which will identify the HSRFH as a leader in providing health services in French. • <p>In relation to : LHIN Priorities # 6 & 7 – Priorities NETWORK # 1 (See appendix)</p> <p>Years 1, 2, 3</p>
Range of Services	<p>Objectives :</p> <ul style="list-style-type: none"> • Ensure a complete and ongoing range of services • Maintain the 24-hour emergency service • Develop or offer services which other hospitals are unable, or do not wish to offer (feasibility study) <p>Examples:</p> <ol style="list-style-type: none"> 1. A detox and rehab service, particularly for aboriginal peoples; 2. Colorectal examinations; 3. More diabetes education; 4. Develop a mandate to become a receiving site for other overburdened sites 5. More frequent psychiatric services 6. Teleconferencing services <ul style="list-style-type: none"> • Increase number of visits from specialists (gynaecologist, dieticians, etc.)

	<p>Proposed actions :</p> <ul style="list-style-type: none"> • Engage in discussions with the Northeast LHIN in order to recognize the HSRFH as an overflow centre for other hospitals in the region. Year 1 • Meet with the personnel responsible for the referral centre for Telehealth, in order to promote the HSRFH as an alternative site. Year 1 • Perform a minimum six month study to identify those medical specialists most accessed by the medical team and identify the possibility of retaining their services for our community. Year 1 <p>In relation to: LHIN priorities #1, 2, 7, 18 and 19 – NETWORK #1, 2, 3 and 4 (See appendix)</p>
<p>Partnerships</p>	<p>Objectives :</p> <ul style="list-style-type: none"> • Appeal to and urge the Health Unit to offer more services in the immediate region; • Encourage new partnerships, while augmenting existing partnerships; <p>Proposed actions:</p> <ul style="list-style-type: none"> • Organize a meeting with the regional leadership of the CCAC to identify and develop potential partnerships with our two agencies. Year 1 • Organize a meeting with the regional leadership of the Office of Public Health of Smooth Rock Falls to identify and develop potential partnerships between our two agencies. Year 1 • Be on the lookout for any potential partnerships which would solidify our place in the integrated system of North-Eastern Ontario. Year 1, 2, 3 <p>In relation to: LHIN priorities # 2, 6 and 7, 18 and 19 NETWORK #1 and 4 (See appendix)</p>

<p>Planning and Development</p>	<p>Objectives :</p> <ul style="list-style-type: none"> • Develop a long-term strategy; <p>Proposed actions:</p> <ul style="list-style-type: none"> • Hire a consultant in order to facilitate the establishment of a long-term strategy for our institution that will help to align the services offered at the HSRFH with the recommendations of the JPPC regarding the role of small hospitals in Ontario. Year 2, 3 <p>In relation to : LHIN priorities #1, 2, 6, 7, 9, 10, 13, 18 and 19 – NETWORK # 1, 2, 3 and 4 (See appendix)</p>
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Guideline #2 : Marketing and Promotion

<p>Categories</p>	
<p>Communications</p>	<p>Objectives :</p> <ul style="list-style-type: none"> • Heighten public awareness of HSRFH services, activities and projects • Clearly identify the HSRFH as an institution that offers services in French • Promote all of our services to all of the regional health suppliers • Improve internal communications <p>Proposed actions:</p> <ul style="list-style-type: none"> • Develop a communications plan. Year 1, 2 • Promote our French language services at every opportunity. Year 2, 3 • Reach every doctor and health institution in the region with a list of the services available at our institution. Year 2 • Develop an internal communications plan. Year 1, 2, 3 <p>In relation to: LHIN priorities #2, 6, 7, 9, 10, 18 and 19 – NETWORK #1, 3, and 4 (See appendix)</p>

Guideline #3 : Operations	
Categories	
Human Resources/ Recruitment and retention	<p>Objectives :</p> <ul style="list-style-type: none"> • Ensure recruitment and retention of human resources at the HSRFH • Increase the number of full-time nurses <p>Proposed actions:</p> <ul style="list-style-type: none"> • Actively recruit for all the categories of personnel where there is a shortage of personnel, and in collaboration with the board of directors, identify the necessary funds to be used as a financial incentive to attract professionals to our community. Year 1, 2, 3 • Reinstate the community recruitment committee. Year 1 <p>In relation to: LHIN priorities #8 and 10 – NETWORK # 1 and 2 (See appendix)</p>
Training	<p>Objectives :</p> <ul style="list-style-type: none"> • Guarantee ongoing training for hospital employees Example: Training in chemotherapy and other specialized services • Maintain a safety-minded organization Year 2, 3 <p>Proposed actions:</p> <ul style="list-style-type: none"> • Based on the proposed actions, implement a training program to ensure that we have the staff to deliver the additional or specialized services which will be identified. Year 1, 2, 3 <p>Through employee awareness programs, we will continue to be a safety-minded organization. Year 1, 2, 3</p> <p>In relation to : LHIN priorities #8 and 10 (See appendix)</p>

<p>Technology</p>	<p>Objectives :</p> <ul style="list-style-type: none"> • Ensure state-of-the-art equipment • Maximize the use of available information technology <p>Proposed actions:</p> <ul style="list-style-type: none"> • Update equipment inventory and identify the equipment to be replaced within the next three years as well as to identify any new equipment required in order to offer new services. Year 1 • Prepare staff immediately for the transition to a model of nursing care in a computer-based environment. Year 1 <p>In relation to: LHIN priorities # 13 and 15 – NETWORK # 1 and 4 (See appendix)</p>

Guideline #4 : Adapted and Personalized Services and Care	
Categories	
French Language Services	<p>Objectives :</p> <ul style="list-style-type: none"> • Make the community aware of services and activities at the HSRFH • Push for and develop all services in French; <p>Proposed actions:</p> <ul style="list-style-type: none"> • Develop a communications plan and a strategy to deliver services aligned with the LHIN priorities. Year 1, 2 <p>In relation to : LHIN priorities #2, 6 and 7 – NETWORK # 1, 2, 3, and 4 (See appendix)</p>
Long-term care	<p>Objectives :</p> <ul style="list-style-type: none"> • Guarantee services related to the needs of the region’s aging population Examples: Long-term care, diabetes education <p>Proposed actions:</p> <ul style="list-style-type: none"> • Compile an overview of the best regional practices and adapt the appropriate models in our organization. Year 1, 2, 3 <p>In relation to : LHIN priorities #1, 2, 6 and 7 – NETWORK #1, 2, 3, and 4 (See appendix)</p>

<p>Accessibility</p>	<p>Objectives :</p> <ul style="list-style-type: none"> • Guarantee access to health services in the catchment area and the Town of Smooth Rock Falls Example: local public transportation (visits, meetings, transport to other centres for patients and visitors) <p>Proposed actions:</p> <ul style="list-style-type: none"> • Coordinate a volunteer initiative to ensure transportation for patients to appointments. Year 1, 2 <p>In relation to : Priority NETWORK # 1 (See appendix)</p>
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Appendix A

NORTH EAST LHIN IHSP ACTION PLAN - 2007/2008 to 2009/2010

The following action plan identifies the main areas of focus for the NE LHIN over the next three years based on all of the issues and opportunities noted previously. In many instances, the outcome of work on the following items will support progress on other noted opportunities either concurrently or at a later date. It should be noted that the LHIN encourages groups to work on locally relevant opportunities that support the IHSP vision. As the action plan is implemented, the NE LHIN will be monitoring both its own and health service provider progress towards the achievement of this IHSP. The actions are numbered for ease of reference, not as a ranking of priority level.

ACTION	YEAR		
	1	2	3
<i>EQUITY and ACCESS</i>			
1) Organize three regional summits to develop frameworks and workplans to address the issues of access in the following areas: <ul style="list-style-type: none"> • seniors' health; • mental health and addiction; and • alternate level of care (ALC). 	√		
2) Implement a process to further define the role of small hospitals in North East Ontario.	√		
<i>ABORIGINAL HEALTH SERVICES</i>			
3) Establish First Nations Planning Reference Groups (with on- and off-reserve representation) to: <ul style="list-style-type: none"> • assist First Nations representatives to frame their vision for health services in North East Ontario; and • identify measures to improve the health status of Aboriginals. 	√	√	

<p>4) Establish Métis Nations Planning Reference Group to:</p> <ul style="list-style-type: none"> • assist Métis representatives to frame their vision for health services in North East Ontario; and • identify measures to improve the health status of the Métis Nation. 	√	√	
<p>5) Provide support to the Weeneebayko Health Ahtuskaywin/James Bay General Integration Project.</p>	√		
<i>FRENCH LANGUAGE HEALTH SERVICES</i>			
<p>6) In collaboration with the Réseau de santé en français du Moyen-Nord de l'Ontario and the Réseau francophone de santé du Nord de l'Ontario:</p> <ul style="list-style-type: none"> • develop and confirm a process for the identification of French services (year 1); • facilitate the creation of a French language health care services directory (year 1); and • develop a formal interpretation /translation service (years 2 and 3). 	√	√	√
<p>7) Together with key Francophone health service providers and the Francophone communities in the planning areas of North East LHIN: facilitate the development of culturally and linguistically appropriate health promotion and disease prevention programming; and create an environment that fosters enhanced access to health services in French.</p>			√
<i>HEALTH HUMAN RESOURCES</i>			
<p>8) With the seven planning area networks/planning tables, develop a joint process for a comprehensive North East Health Human Resources Plan. The process will include:</p> <ul style="list-style-type: none"> • the collection of health human resource data; • the identification of gaps; linkages to the wait time strategy and associated performance; • development of recruitment and retention strategies; • the development of a "portal" to facilitate broad interactive communications about the Regional Plan (e.g. real time listing of all vacancies for health professional throughout the North East); and • the establishment of two task groups to focus on First Nations and Francophone health human resources respectively. 	√	√	

9) Support the implementation of the regional health human resources strategies outlined in the North East Ontario Laboratory Region Strategic Plan.	√	√	
10) Promote joint strategies and a shared approach to: employee health and safety; recruitment and retention; staff development and education; performance appraisal processes and formats; shared administration and human resource functions; information management; standardized position descriptions and workload measurement; change management; and monitoring of key human resource indicators.		√	
<i>INFORMATION AND COMMUNICATION TECHNOLOGY/INFORMATION MANAGEMENT</i>			
11) Maintain a leadership role in the Northern Ontario Information and Communication Technology Planning Project (ICT Blueprint) - Phase 2	√		
12) Complete a regional e-health tactical plan with the goal of implementing an electronic medical record across the primary care sector in the NE LHIN. The tactical plan will also address the issues required for enhanced Chronic Disease Prevention and Management outcomes in the following areas: <ul style="list-style-type: none"> • patient self-management; • population health monitoring; and • access to diagnostics and treatment (wait times). 	√		
13) Implement the tactical plan working with ICT stakeholders. This will include the development of LHIN-wide ICT standards, requirements for interoperability and best practices.	√		
14) In collaboration with the ICT stakeholders, support the development of system level ICT cost/benefit analysis models and guidelines for provider/LHIN/MOHLTC funding to offset reasonable incremental ICT costs.		√	
15) Collaborate with the North East Local Data Management Partnership to: <ul style="list-style-type: none"> • explore the transfer of knowledge from this partnership to other health service sectors in North East Ontario; and • develop a linkage between ICT projects and information management activities. 	√		
<i>CHRONIC DISEASE PREVENTION AND MANAGEMENT (CDPM)</i>			

16) Establish a North East LHIN Chronic Disease Prevention and Management Advisory Panel to: <ul style="list-style-type: none"> • clarify role of all agencies and groups involved in CDPM; • consult with, and provide support and advice (as appropriate) to, existing disease/service networks and committees; and • develop a cost/benefit analysis models that include chronic disease considerations. 	√		
17) Develop a partnership with the Workplace Safety and Insurance Board (WSIB).			√
<i>WAIT TIMES</i>			
18) Establish a North East LHIN Wait Times Strategy Medical Expert Advisory Panel to: <ul style="list-style-type: none"> • monitor North East wait times performance statistics; • assess surgical repatriation potential for the region; • investigate North East-appropriate surgical service models; • develop an inventory of all inpatient and outpatient surgical capacity; and • make recommendations for programmatic changes. 	√		
19) Examine referral and access processes along the continuum of health care services to identify areas for improvement and services that could benefit from more centralized approaches to wait time monitoring and management.	√	√	

Appendix B

Constats provinciaux : les axes stratégiques

Réseau de services de santé en français

« Préparer le Terrain – Soins de santé primaires en français en Ontario – Rapport Provincial »

Rapport provincial préparer le terrain – Soins de santé primaires en français en Ontario

Les lieux d'accès – 1^{ère} recommandation

Créer, maintenir et développer des lieux d'accès de services de santé primaires qui soient culturellement et linguistiquement appropriés pour les francophones de l'Ontario.

Les lieux d'accès visent :

- *la création d'un environnement francophone complet dans la continuité des services, dans le cheminement du patient ;*
- *la multidisciplinarité et l'interdisciplinarité*
- *l'intégration des technologies de pointe tant au niveau de l'offre de services que de la gestion de l'information ;*
- *l'offre de soins de santé primaires reflétant les réalités géographiques ;*
- *une approche globale de la santé, c'est-à-dire intégrant la promotion et la prévention jusqu'au services curatifs; et*
- *une approche populationnelle, visant plus particulièrement les francophones.*

Conditions de succès

Les lieux d'accès doivent :

- être gouvernés par des francophones ;
- être gérés par des francophones ; et
- être portés par un engagement fort de la communauté.

Les ressources humaines – 2e recommandation

Assurer la présence de ressources humaines francophones compétentes là où sont les besoins. Ceci inclut un volet formation et un volet planification des ressources humaines.

Conditions de succès

La formation des ressources humaines doit :

- comprendre une offre complète de programmes collégiaux et universitaires en français dans les différents domaines de la santé (tant au niveau des professionnels de la santé que des gestionnaires) en fonction des besoins ;
- comprendre des programmes de formation continue en français offerts auprès des ressources ciblées ;
- collaborer avec les CNFS ;
- être soutenue par une coordination des programmes de formation continue en français offerts auprès des ressources ciblées ;
- être soutenue par une évaluation constante des besoins en formation de base et continue pour les francophones ;
- comprendre un volet visant la compétence culturelle des ressources humaines ; et
- assurer la présence suffisante d'une relève par l'entremise de programmes de promotion des carrières en santé en français auprès des jeunes.

L'organisation des ressources humaines doit être soutenue par :

- Une évaluation complète des besoins en ressources humaines incluant une identification des professionnels de la santé parlant français ;
- Une planification à moyen et long terme des ressources humaines ; et
- Des stratégies de recrutement et du maintien en poste des professionnels francophones par les organismes et les communautés.

La promotion et la prévention - 3e recommandation

Développer et mettre en œuvre des programmes de promotion en santé culturellement et linguistiquement adaptés qui mettent l'accent sur les déterminants de la santé afin d'améliorer l'état de santé de la population francophone.

Conditions de succès

Ces programmes de promotion et de prévention doivent :

- s'inspirer d'une vision globale de la santé ;
- développer et offrir des programmes qui s'inscrivent dans un partenariat avec les communautés et les acteurs clés ;
- être développés et offerts avec une meilleure coordination entre les acteurs clés ;
- offrir des programmes développés pour les populations francophones en milieu minoritaire ; et
- bénéficier de ressources suffisantes.

La planification des services – 4e recommandation

Assurer la planification et la coordination des ressources et des services francophones par l'entremise d'une structure gérée et gouvernée par des francophones, en tenant compte des besoins des individus et des communautés ainsi que de la disponibilité des ressources.

Conditions de succès

La planification des services de santé en français doit :

- découler des politiques et de règlements gouvernementaux ou la réalité des francophones est un élément constitutif ;
- être soutenue par l'accès à des données probantes issues de l'utilisation du système de santé et de l'état de la santé ;
- être basée sur un partenariat gouvernements-prestataires de services –communauté ;
- être issue d'un plan global de services en français pour la province qui tient compte des besoins/réalités régionaux ;
- inclure des mesures d'imputabilité pour les organismes qui doivent offrir des services en français ; et
- être faite en partenariat avec d'autres organismes de planification dans la province.