



ARH Strategic Plan: 2017 – 2020

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1. INTRODUCTION

1.1 Why a Strategic Plan

Strategic planning is recognized as a key governance responsibility for all health care boards by both funders and external accreditation bodies. Health care organizations benefit from having a strategic plan because:

- It keeps the organization focused on the future in addition to managing day-to-day affairs;
- It helps the organization to set priorities among competing demands for resources (budget and staff);
- Allows an organization to engage and be accountable to the community;
- It supports partnerships with other health service providers in order to create a more integrated health system; and
- It provides a framework for management reporting to the board on key strategic issues such as quality, program/services and human resources.

1.2 Building on Previous Accomplishments

ARH has always prided itself on proactively planning for the future. Our previous strategic plan approved in 2013 had the following five strategic themes/pillars:

- SERVICE – ***ARH will be recognized by patients, residents and clients for exemplary care***
- QUALITY – ***ARH will plan, deliver and evaluate quality health care across all programs and services***
- PEOPLE – ***ARH will create a culture that supports staff engagement and alignment with the corporate vision***
- FINANCE – ***ARH will have maintained (or improved) our financial strength by balancing service costs and revenues by making choices regarding alternate methods of service delivery and offerings***
- COMMUNITY – ***ARH will have established strategic partnerships for particular patient types, which will enable improved quality, coordination of care or cost***

In past years we set annual goals and performance targets for each pillar. Based on previous strategic planning frameworks, more recent accomplishments for our patients/residents/clients and staff include:

- ✓ Increasing the number of ER patients rating the quality of their care as ‘Excellent’
- ✓ Implementing strategies to reduce return ER visits for patients with mental health issues
- ✓ Creating integrated care strategies for our COPD and Diabetic patients in collaboration with our Rural Health Hub partners
- ✓ Increasing the number of staff rating their job satisfaction as ‘Satisfied’ or ‘Very Satisfied’
- ✓ Reducing the number of medications our residents at the Grove receive
- ✓ Improving the rating of clients attending our community programs and services

As part of continuous quality improvement, we are always striving to do better and will continue to build on these ‘success stories’.

1.3 Where We Are Today

As a progressive health care corporation, we are proud of the following:

- ✓ We are a single health care corporation offering multiple lines of businesses (acute, long term care, community services)
- ✓ We are the Lead for the Arnprior & Area Rural Health Hub (AARHH) in partnership with:
 - Arnprior Braeside-McNab Seniors at Home Program Inc.
 - Arnprior and District Family Health Team
 - Champlain Community Care Access Centre (CCAC)¹
 - Renfrew County and District Health Unit
- ✓ We are the Lead for the AROW Health Link which is developing coordinated care plans for our more complex patients
- ✓ We are planning for a Rural Seniors Healthcare Village involving multiple health service providers

¹ As of June 2017, the Champlain CCAC will be integrated with the Champlain LHIN

2. HOW WE DEVELOPED OUR NEW PLAN

2.1 Plan Development Process



2.2 Environmental Scan Highlights

With our partners, we are continuing to create a more integrated local health system. Research evidence from other jurisdictions tells us that we need to keep in mind and plan for the following dimensions of a of *high performing* health system²:

1. Focusing on Quality and System Improvement as Core Strategies
2. Developing Leadership Skills
3. Enhancing System Governance
4. Investing in Capacity to Support Improvement
5. Improving Accountability and Performance Measurement
6. Enabling Comprehensive Information Infrastructures
7. Strengthening Primary Care
8. Improving Integration and Care Transitions
9. Enhancing Professional Cultures and Engaging Clinicians
10. Engaging Patients, Caregivers and the Public
11. Attending to Access and Equity Issues
12. Considering Population Health and Chronic Disease Management in Care Management Strategies

² Baker, Ross and Dr. Renata Axler, "Creating a High Performing Health Care System for Ontario: Evidence Supporting Strategic Changes in Ontario", (University of Toronto), October 2015

In terms of measuring future ‘success’ in a high-performing health system, service providers and funders are increasingly using the Triple Aim³ as a measurement framework.

THE TRIPLE AIM:

***The Best Care, for the Whole Population,
at the Lowest Cost***



Other key health system trends that we need to incorporate into our planning for the future include:

- Patient/Resident/Client Engagement and Patient-Centred Care
 - We have already starting using a Co-Design⁴ process with patients as part of our Rural Health Hub project and our Rural Seniors Health Village
- e-Health
 - As our seniors population grows, we need to leverage telemedicine and telehomecare technologies to reduce unnecessary travel and better support patients to manage their health at home
- Focus on Population Health
 - In order to bend the cost curve in health care, we need to increasingly look ‘upstream’ and tackle the determinants of health by investing more in prevention and health promotion
- Health System Funding Reform
 - We are proactively involved in ongoing discussions of the small hospital funding formula and are carefully monitoring the development of integrated funding models in pilot projects across the Province

³ Based on the work of the Institute for Healthcare Improvement (www.ihl.org)

⁴ **Experience-Based Co-Design (EBCD)** is an approach to improving healthcare services that combines participatory and user experience design tools and processes to bring about quality improvements in healthcare organizations. A ‘co-design’ approach entails staff, patients and caregivers reflecting on their experiences of a service, working together to identify improvement priorities, devising and implementing changes, and then jointly reflecting on their achievements.

We are also closely following the implementation of Bill 41 (*Patients First*) which was enacted in December 2016. It represents the first major structural changes in health care since the creation of Local Health Integration Networks (LHINs) in 2006. Two major changes that may have implications for ARH:

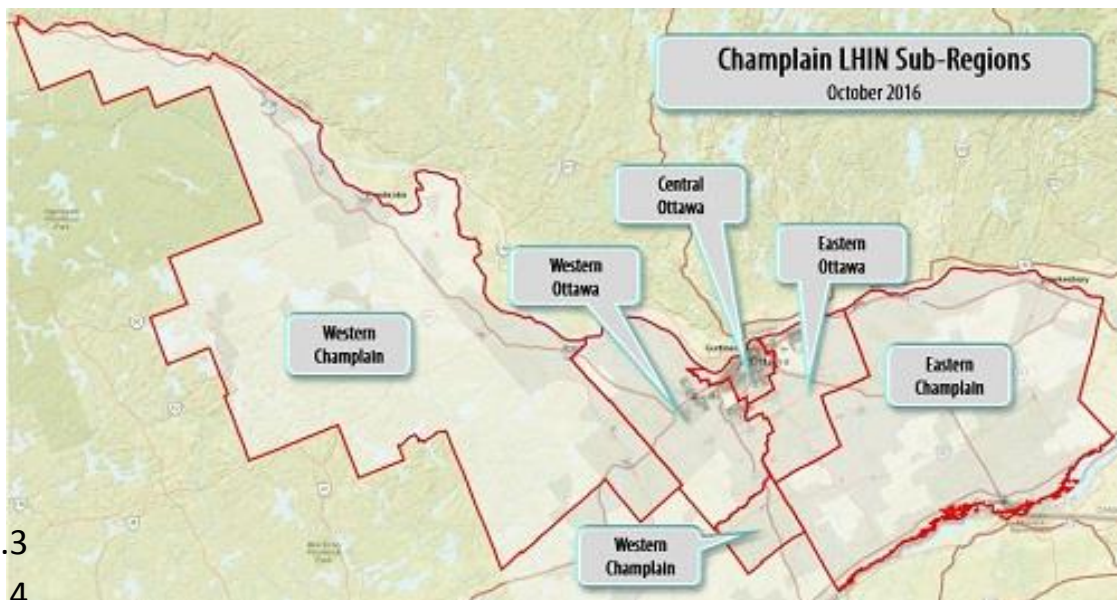
1. Integration of CCAC staff & functions into the LHIN.

- i. With the dissolution of CCACs, there is opportunity to re-think how home care services are funded and delivered at a local level

2. The creation of LHIN sub-regions.

- i. According to the LHIN, the sub-regions will serve as the focal point for integrated health service planning and delivery to:
 - Focus on population health needs and address health equity.
 - Enhance coordination of services in order to improve access, simplify navigation and smooth transitions of care.
 - Better leverage local community resources and knowledge.
 - Engage patients / clients and caregivers to ensure that services in each sub-region meet the needs of its population.
 - Enhance local accountability for population health and performance along the continuum of care.

2.3
2.4



2.3 Stakeholder Engagement

We held our annual strategic planning retreat on November 19, 2016 (see Appendix A for retreat agenda). For the first time, we invited key stakeholders to join us and were pleased to have representation from:

- ARH Foundation
- ARH Patient and Family Advisory Council
- AROW Health Links
- Champlain CCAC
- County of Renfrew EMS
- Grove Family Council
- Local municipal representatives

At the retreat, in partnership with external stakeholders, we established the context for our new strategic plan by reviewing health system trends (including Ministry and LHIN priorities) and accomplishments from our previous plan. We then established revised strategic goals and measures of success for ARH based on a facilitated small group process. As a result of stakeholder input at our retreat, *Partnerships* is a key theme of our new plan.

In addition to stakeholder participation at our planning retreat, we have been working closely with four key partners in 2016-17 as part of the Arnprior and Area Rural Health Hub project. With funding support from the Small, Rural and Northern (SRN) Hospitals Transformation Fund, the goals of the Health Hub project are:

- **SHORT TERM (Mission):** *To improve the experience and outcomes of patients with chronic diseases (starting with Diabetes and COPD)*
- **LONGER TERM (Vision):** *Successful collaboration between the 5 partner organizations to create a healthier rural community through health promotion and disease prevention strategies that target the upstream determinants of health*

We have already learned much from our partners and have identified the following shared values to support our ongoing collaboration:

- ***Patient-centric*** – staying focused on what’s best for the patient/client/resident
- ***Commitment to Excellence***
- ***Respect for each other***
- ***Innovation*** – willingness to try new things; charting new territory
- ***Accountability*** – to the patient/client/resident, to the community and to each other
- ***Collaboration (in the short term) and Teamwork (in the longer term)*** once trust is developed

3. STRATEGIC OUTPUTS

3.1 Our Revised Vision and Mission

VISION	<i>Together, we create a healthy community.</i>
MISSION	<i>As your partner in health, we deliver compassionate, quality care each day.</i>

3.2 Our Values

Our corporate values remain unchanged. We have **HART**:

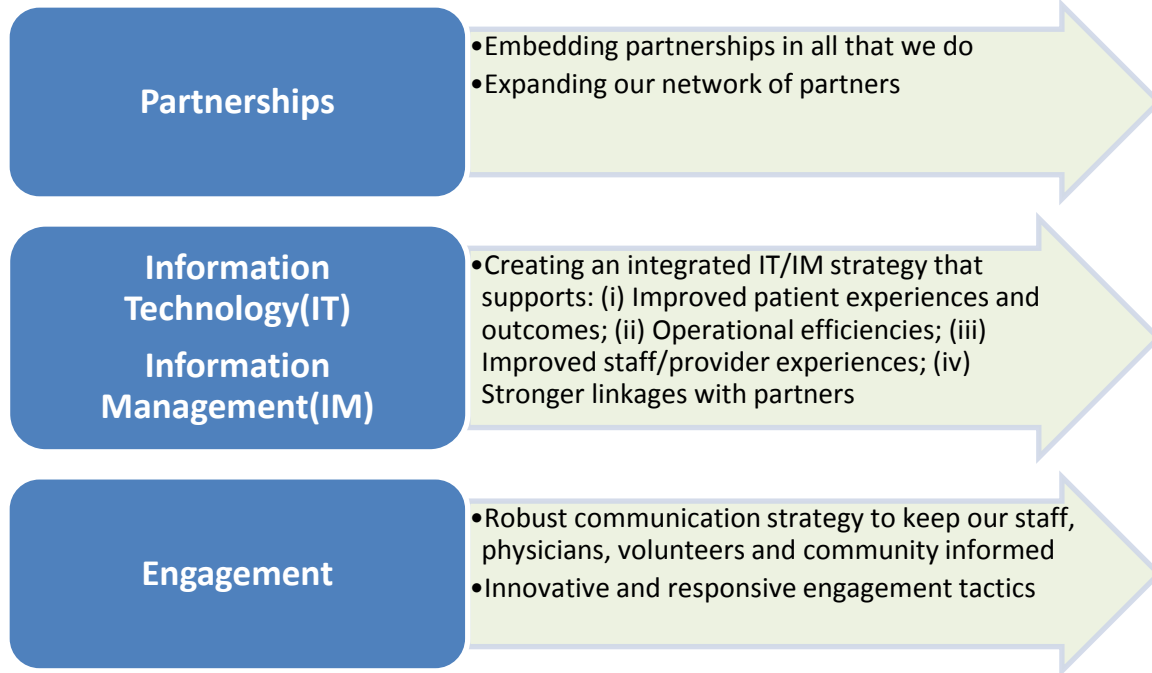
- **Honesty**
- **Accountability**
- **Respect**
- **Teamwork**

3.3 Strategic Pillars & Enablers

FOUR STRATEGIC PILLARS:



And THREE STRATEGIC ENABLERS:



3.4 Our New Strategic Goals, Objectives & Performance Metrics

PILLAR #1: EXPERIENCE – <i>Achieving an Exemplary Experience for Patients⁵ and Families</i>	
<p>STRATEGIC GOALS: ('The What')</p> <ol style="list-style-type: none"> 1. Community consistently chooses ARH because of excellent reputation and positive patient experiences 2. Patients experience seamless transitions of care and better management of disease 	<p>OBJECTIVES: ('The How')</p> <ul style="list-style-type: none"> • Create a more compassionate culture using a person-centred holistic approach for patients • Use multiple methods for getting patient feedback including new patient experience questions • More review/analysis of negative experiences as part of quality improvement • Use a co-design model with patients/families to improve patient experiences • Create care pathways that include pre and post hospital care and measure patient experiences across continuum • Educate patients and staff about benefits of prevention and early intervention • Support patients and staff to make healthy choices
<p>Performance Metrics:</p> <ul style="list-style-type: none"> ✓ Increased market share over time ✓ Improved patient experience scores over time on new question dealing with transitions of care ✓ Care pathways developed that include pre- and post-hospital care and include prevention strategies 	

⁵ We use the term 'Patients' to be inclusive of clients and residents – all of the individuals and their families that we look after each day

PILLAR #2: QUALITY – *Enhancing the Quality and Safety Journey at ARH and Beyond*

STRATEGIC GOALS: ('The What')

1. A comprehensive system that supports a culture of continuous quality and safety improvements at ARH
2. System-wide quality and safety improvement plans with our partners
3. Driving quality and safety through engaging patients & families
4. With our partners, create a stronger emphasis on disease prevention and health promotion strategies

OBJECTIVES: ('The How')

- Make quality everyone’s shared responsibility and embed a structured approach to quality improvement
- Focus on learning opportunities for staff to support increased accountability for quality
- Create regular improvement feedback loops through processes like PDSA⁶
- Create common quality indicators & targets with our partners, that support the patient’s journey across the continuum of care
- Create better process and outcome indicators that go beyond Ministry requirements

Performance Metrics:

- ✓ Hospital-wide strategy for continuous quality improvement
- ✓ Multi-sector QIP supported by key partners that includes a focus on population health
- ✓ New process and outcome indicators

⁶ The PDSA Cycle (Plan-Do-Study-Act), also known as the ‘Deming Wheel’ (for Dr. Edwards Deming), is a systematic series of steps for gaining valuable learning and knowledge for the continual improvement of a service or process

PILLAR #3: PEOPLE – *Supporting our Workforce to be the Best It Can Be*

STRATEGIC GOALS: ('The What')

1. Engaged staff, physicians and volunteers contributing to improvement initiatives and innovative, patient-centric solutions
2. ARH as an 'employer of choice'

OBJECTIVES: ('The How')

- Develop and implement a comprehensive employee engagement strategy that:
 - promotes staff recognition/rewards
 - regularly celebrates successes
 - supports professionals to practice to full scope
 - improves physical work environments
 - creates opportunities to brainstorm new ideas
- Support physicians to be more engaged by supporting work-life balance
- Implement succession planning processes for key leadership roles (management and clinical)
- Partner with academic institutions to increase student mentoring opportunities
- Pursue opportunities for shared hiring across partner organizations

Performance Metrics:

- ✓ Increased engagement scores for staff and physicians
- ✓ Improved staff retention rates over time
- ✓ Successful physician recruitment strategies
- ✓ Increased student placements

PILLAR #4: RESOURCES – *Innovation Through Financial Stewardship*

STRATEGIC GOALS: ('The What')

1. Piloting New Funding Models
2. Increased Community Responsibility for Healthcare through Partnerships
3. Sustainable and Expanded Healthcare Resources for our Community
4. More community supports for seniors and patients with mental health and/or substance abuse problems
5. Up-to-date Facilities and Equipment

OBJECTIVES: ('The How')

- Develop an ongoing community engagement strategy for determining evolving needs of our community
- Work with Ministry/LHIN on improving the funding model for small hospitals
- Work with Ministry/LHIN on implementing an integrated funding model
- Investigate opportunities for public-private partnerships for new programs/services
- Create a community culture of philanthropy in partnership with the Foundation
- Organize collective fundraising through a common campaign
- Investigate opportunities for pooling of resources with our partners for certain programs and patient groups
- Develop with local and regional partners a community mental health strategy
- Redevelopment of the Grove as part of a future Seniors Healthcare Village

Performance Metrics:

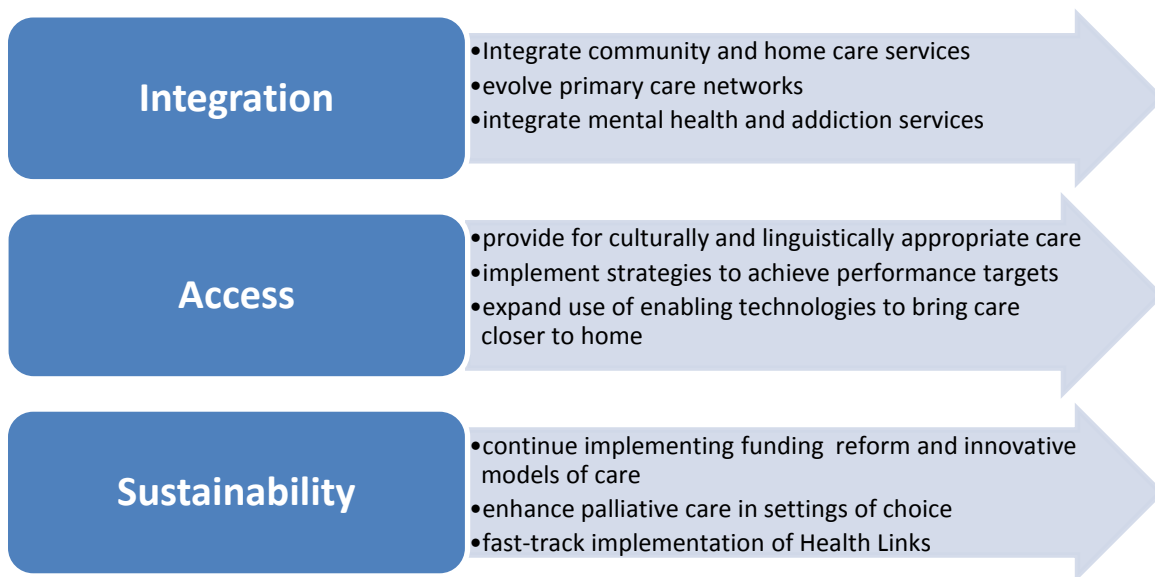
- ✓ ARH approved as pilot site for new funding model(s)
- ✓ ARH and Foundation launch a new community education campaign
- ✓ AARHH partners successfully combine resources (staffing, budget) to better support certain patient groups
- ✓ Additional community supports/services for seniors and individuals with mental health and/or substance abuse problems

3.4 Alignment with Champlain LHIN Priorities

To ensure that our strategic goals are consistent with ongoing health system planning in the Champlain region, we went through a planning alignment process. The current strategic pillars and person-centred goals of the Champlain LHIN are as follows:



Within these three strategic pillars, their 2016-2019 Integrated Health Services Plan identifies the following strategic goals:

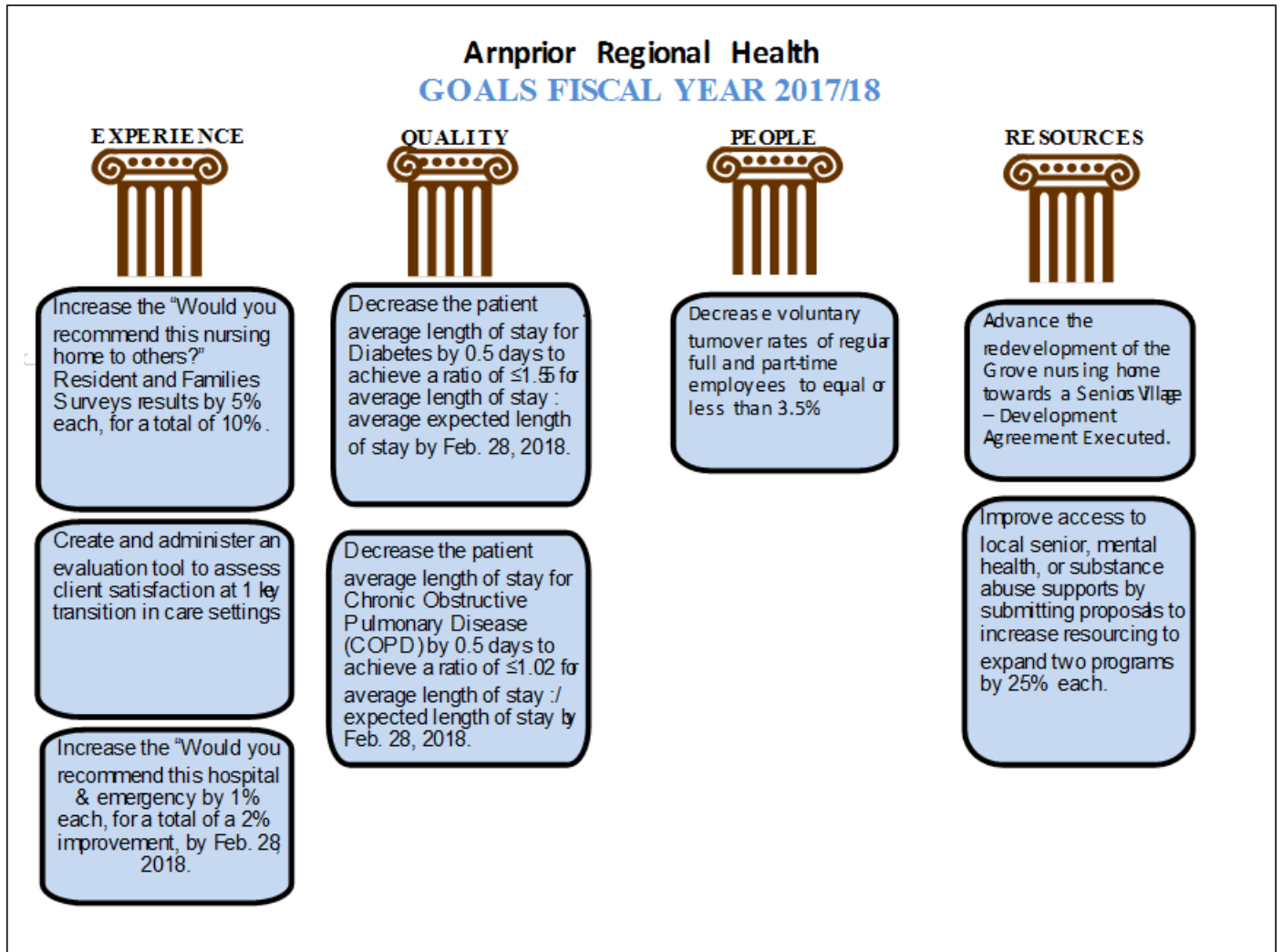


Our new strategic plan aligns well with the strategic priorities of the Champlain LHIN:

LHIN Priority	ARH Strategic Goals
Integration	<ol style="list-style-type: none"> 1. Lead Organization for Arnprior & Area Rural Health Hub 2. System-wide quality and safety improvement plans with our partners 3. With our partners, create a stronger emphasis on disease prevention and health promotion strategies
Access	<ol style="list-style-type: none"> 1. Community consistently chooses ARH because of excellent reputation and positive patient experiences 2. Patients experience seamless transitions of care and better management of disease 3. More community supports for seniors and patients with mental health and/or substance abuse problems
Sustainability	<ol style="list-style-type: none"> 1. Lead Organization for AROW Health Links 2. Piloting New Funding Models 3. Sustainable and Expanded Healthcare Resources for our Community 4. Up-to-date Facilities and Equipment

3.5 Next Steps

The ARH Board has approved the revised, multi-year strategic pillars and goals and has established the following performance targets for 2017-18:

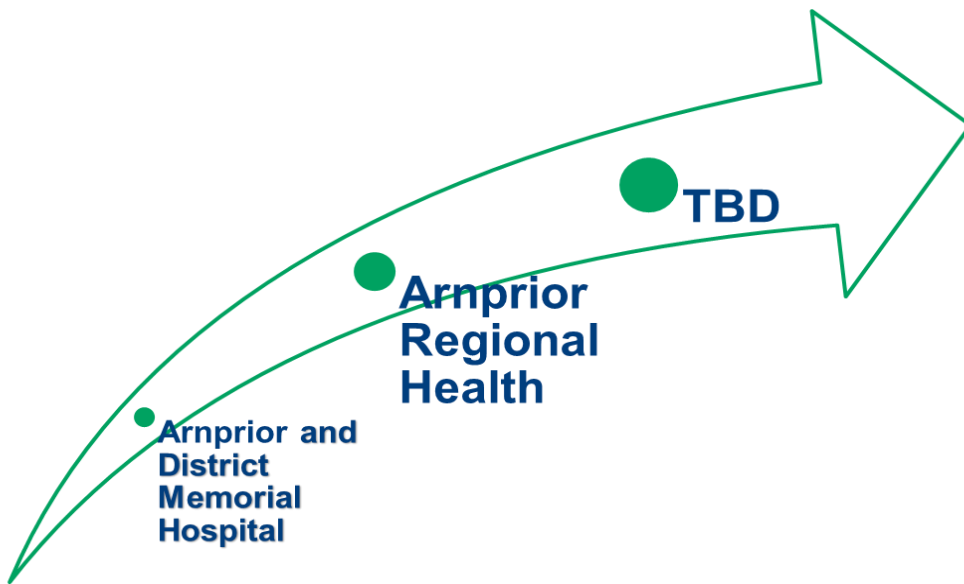


We don't know exactly what the future holds but we DO KNOW that we will:



- ✓ Regularly monitor the implementation of this revised strategic plan;
- ✓ Engage our patients/residents/clients in the planning, design and evaluation of the healthcare services we provide
- ✓ Continue to offer high quality services to our patients, clients and residents; and
- ✓ Continue to build a more integrated health system with our partners.

Despite the challenges of health system reform, we remain excited about the future and the potential opportunities for creating a better system for our patients, clients and residents.



APPENDIX A - ARH Strategic Planning Retreat Agenda

WHEN: Saturday, November 19, 2016, 8:30 AM – 3:00 PM

WHERE: Quality Inn, Arnprior

TIME	AGENDA - Activity
8:30 – 9:00 a.m.	<i>continental breakfast</i>
9:00 – 9:15 a.m.	Welcome and Introductions; Review of Agenda
9:15 – 9:45 a.m.	Presentation: <i>Setting the Context for a Revised Strategic Plan (CEO, Facilitator)</i>
9:45 – 10:00 a.m.	Presentation: <i>Key Accomplishments from Current Plan (CEO)</i>
10:00 – 10:15 a.m.	Facilitated Discussion: <i>What do we need to do to position ARH for future success? What are the big things we need to ‘get right’ in the next few years?</i>
10:15 – 10:30 a.m.	<i>break</i>
10:30 – 11:30 p.m.	Small Group Exercise #1 – Defining Success – <i>What do we want ‘success’ to look like for each of 5 strategic themes?</i>
11:30 – 12:00 p.m.	Small Group Reports
12:00 – 12:45 p.m.	<i>Lunch</i>
12:45 – 1:30 p.m.	Small Group Exercise #2 – Creating Strategic Goals – <i>Given our definition of ‘success’, what should our strategic goals be for the next 3 years?</i>
1:30 – 2:00 p.m.	Small Group Reports
2:00 – 2:30 p.m.	Plenary Discussion – Mission/Vision Review – <i>Does our MVV language still make sense in light of revised goals?</i>
2:30 – 3:00 p.m.	Retreat Wrap-Up & Next Steps