



espanola
regional hospital and health centre
hôpital régional et centre de santé
d'espánola



STRATEGIC PLAN 2014-2019

Prepared by:  WHALEY & CO.

Approved by the Board of Directors: June 25, 2014

Section 1 – Introduction

Espanola General Hospital (EGH) was incorporated as a hospital in 1948. Originally situated on Sheppard St., EGH eventually moved to a new building on Tudhope St. in 1954. The hospital redeveloped a “state of the art” facility at its current site on McKinnon Dr. in 1988.

In 1998, EGH undertook a major reconfiguration of space, including relocation of 30 ELDCAP beds into the main part of the hospital. The area vacated by the ELDCAP beds created space for 19 assisted-living units now known as Queensway Place. A new 32-bed nursing home was added in 2004 and a new Family Health Team (attached to the hospital) opened in 2007.

In 2009 EGH changed its name to *Espanola Regional Hospital and Health Centre (ERHHC)* to better reflect the health care campus model that has been successfully developed over many years. Today, ERHHC is home to a 79-bed health campus which includes 15 acute care beds, 2 chronic care beds, 30 ELDCAP (nursing home) beds and 32 long-term care beds, and includes a 19-unit assisted living complex, a 24-unit seniors’ non-profit housing complex, a Family Health Team, a 6-bed sleep lab and the local CCAC office on site.



While we are proud of our integrated health campus model, we cannot rest on our laurels because the health care system is continually evolving and the needs of our catchment population are changing over time. Partnerships with other service providers have never been more important as we strive to improve the patient experience and at the same time, find operational efficiencies.

Small rural and northern hospitals (like ERHHC) face a unique set of challenges related to funding and the recruitment and retention of health care professionals but there are also new opportunities related to advances in technology, quality improvement and the philosophy of “care closer to home”. All of this means that we must proactively plan for the future as we continue to **Put Patients First**. This new strategic plan sets out where we are headed in terms of key strategic directions for the next five years.

Our Mission, Vision and Values

Our Vision

- *A leader in health care and gateway to services*

Our Mission

- *To provide excellent health care programs and services to all we serve*

Our Values

- Patients First
- Integrity
- Caring and Compassion
- Quality Improvement
- Respect and Dignity
- Contribution of All
- Effective Communications

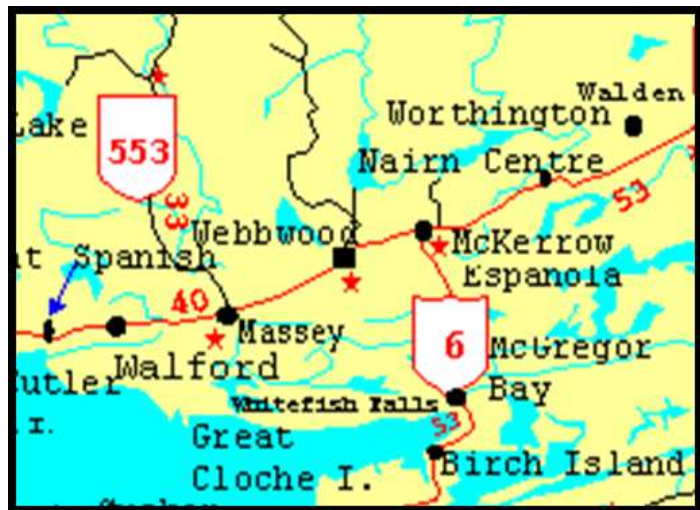
Our current Vision, Mission and Values were created as part of our 2006-2009 Strategic Plan and they reflected our organizational culture and needs at that time. As part of the 2014-2019 Strategic Plan, these statements will be reviewed by staff, managers and the Board to determine if they are still relevant or if changes are needed within the context of health system transformation.

Section 2 – The Context for Our New Plan

2.1 Our Catchment Population

ERHHC serves a population of about 13,500 with a catchment area that includes the Town of Espanola and Townships of: Nairn & Hyman, Sables-Spanish Rivers and Baldwin. Like many northern communities, our catchment area is aging rapidly. One in five of our residents are now over age 65 and this proportion of seniors is expected to grow significantly. In terms of the health status of our catchment population, compared to the provincial average, we have:

- Higher proportion of seniors and aboriginals
- Higher rates of unemployment, smoking, obesity and binge drinking
- Lower levels of education and income
- Higher rate of single parent families
- Higher death rates due to injuries, poisoning and suicide
- Higher rate of teenage pregnancy (and lower birth weight)
- Higher morbidity and mortality (with reduced years of life from various cancers, respiratory illnesses, cardiovascular disease, accidents and suicide).



These health status factors lead to higher rates of Emergency Department (ED) use. The hospital's 24-hour Emergency Department has a volume of approximately 13,000 ED visits each year which is considered high for a rural area.

2.2 North East LHIN Priorities

Our North East LHIN released its Integrated Health Services Plan in 2013 and has been working on the following four priorities to improve health care in Northeastern Ontario:

- **Priority 1:** Northerners want increased primary care coordination
- **Priority 2:** Northerners want enhanced care coordination and transitions to improve the patient experience.
- **Priority 3:** Northerners want mental health and substance abuse treatment services to be more accessible.
- **Priority 4:** Northerners want health care priorities to reflect the cultural diversity of our region's population, including Aboriginal/First Nation/Métis and Francophone people.

The LHIN is also looking at a number of integrated care models that would support greater collaboration between service providers. These include:

<p>Health Link (formally launched as a Ministry of Health strategy in Dec. 2012)</p>	<ul style="list-style-type: none"> • Provides coordinated, efficient and effective care to patients with complex needs • Focus is on ‘high needs, high use’ patients where identified patients will have an individualized, coordinated care plan • Recommended for catchment populations greater than 50,000
<p>Health Hub (concept developed by the OHA and released as a discussion document in May 2013)</p>	<ul style="list-style-type: none"> • Local integrated health service delivery model with a single funding envelope and single accountability agreement • Based on local health campus models already developed by a number of small hospitals (including Espanola) • Improves patient access and coordination by having one lead organization responsible for managing the health of population • Applicable for smaller rural and northern communities
<p>Community Network</p>	<ul style="list-style-type: none"> • Includes health and non-health service providers with stronger link to community care partners • Focus is building care pathways based on needs of residents in the community • Partners in a network have agreement to manage local health care and are accountable to each other

Both the Health Hub and Community Network models have applicability for ERHHC as we further develop our campus model and strengthen our linkages with other non-campus health care partners.

We are also paying close attention to a recent *Clinical Services Review* report prepared for the NE LHIN which has recommended models of care for different types of patients including:

1. Medical patients with COPD, CHF and Stroke
2. Surgical patients with Cataracts, Joint Replacements and Hip Fractures

This analysis was driven by the government’s new funding formula for larger hospitals which includes a number of ‘quality-based procedures’ (QBPs). While QBP funding does not currently apply to small hospitals, the LHIN report will have implications for the transfer and repatriation of certain patients between Espanola and Sudbury.

Section 3 – Our Planning Process

The strategic planning process was formally initiated in the spring of 2014 with the development of a strategic planning framework that described ERHHC’s challenges and opportunities, and offered three suggested high-level strategic priorities as a starting point for discussion with our stakeholders:

Strategic Priority	Goals
Create a Culture of Excellence (while <i>Putting Patients First</i>)	<ul style="list-style-type: none"> • Continue to pursue and implement improvements to quality of care and patient safety • Develop a new patient relations process with focus on patient/family/caregiver engagement • Provide opportunities for enhanced staff training and education • improved morale through focused staff health and wellness initiatives • Achieve financial stability
Build on Our Integrated Health Campus Model	<ul style="list-style-type: none"> • Showcase the benefits of our integrated model • Seek new opportunities to integrate and/or coordinate care within our health campus (where feasible) • Work with staff, physicians and stakeholders in identifying ways and means by which we can optimize new services within our facility (e.g. new emergency department)
Enhancing Care Coordination and Transitions	<ul style="list-style-type: none"> • Collaborate with CCAC and FHT for funding for shared patient navigator/coordinator function • Continue to work with other community healthcare provider organizations to explore and determine better ways we can link services to improve the patient experience.

This discussion document set the stage for the stakeholder consultation phase which took place in May. As part of this process, over 60 individuals, representing partner organizations, health care providers, doctors, staff, municipalities and the public, participated in focused discussions. The board and management team then held a 1-day strategic planning retreat on June 9th at which stakeholder feedback was reviewed and strategic priorities and high-level goals developed. These discussions formed the basis for this new plan (see Figure 1).

FIGURE 1 – Process Steps for Developing ERHHC’s New Strategic Plan, (April – June 2014)



Section 4 – What We Heard From Our Stakeholders

Strategic Priorities

There was general support for the three broad priorities identified in our strategic planning framework but the priorities referenced most often by our stakeholders were as follows:

- ✓ Communication (both internal and external)
- ✓ Recruitment and retention of health care professionals
- ✓ Strengthening linkages with community and health partners not located on the ERHHC campus

Service Gaps

The following service gaps were identified by many of our key stakeholders (staff, physicians, health care partners, community representatives):

- More specialist clinics (e.g. cardiology, respiratory)
- Seniors housing
- Other support services for seniors including a Day Program and transportation assistance
- Mental health (adolescent and adult)
- Hospice/palliative care
- Dialysis

Because of ongoing constraints in hospital funding, many of these service gaps will need to be addressed through partnerships and collaborations with other service providers.

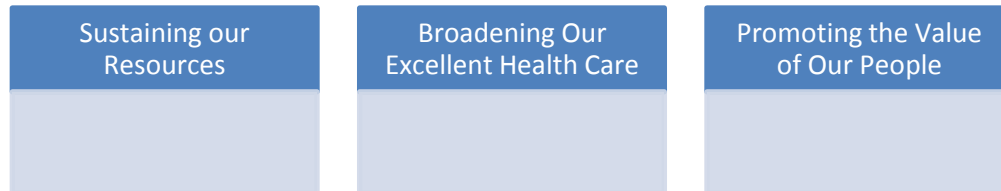
Partnership Opportunities

Increased collaboration with campus and non-campus partners was a key theme during the stakeholder consultations. Partnership opportunities included the following:

<i>Organizations</i>	<i>Opportunity</i>
Health Sciences North, CMHA	Collaboration on enhanced mental health services
Public Health	Health promotion and population health strategies
Sagamok Aboriginal Access Centre	Primary care and telehealth linkages
District Social Services Administration Board (DSSAB)	Affordable housing
Emergency Medical Services (EMS)	Community paramedicine

Section 5 – Strategic Plan Overview

We are building our new plan on the following 3 **Strategic Pillars**:



And 2 **Strategic Enablers** which will help with the implementation of our **Strategic Pillars**:



Section 6 – Our Strategic Goals and Indicators of Success

For each **Strategic Pillar** we have developed key multi-year strategic goals as well as some “indicators of success” to help us track progress on the achievement of our goals.

Strategic Pillar #1 – BROADENING OUR EXCELLENT HEALTH CARE – *By delivering safe, quality healthcare and continually improving the patient experience*

Key Strategic Goals:

- Develop a robust patient/family engagement strategy
- Improve the coordination of patient care within our health campus by optimizing our assets and relationships
- Continue to work with other community healthcare providers to explore better ways we can link services to improve the patient experience and outcomes
- Support An *Age-Friendly Community* including a Senior Friendly Hospital strategy

Key Indicators of Success:

- ✓ Consolidated Quality Improvement Plan for all our program areas
- ✓ Increased patient/family feedback including sharing more patient stories
- ✓ Revitalized table of local health care providers focused on patient care processes
- ✓ Effective sharing of patient information within patient’s *Circle of Care*
- ✓ Coordinated care planning for complex, high-needs patients
- ✓ Expanded services for our seniors (including housing options, day program and transportation services)

Strategic Pillar #2 – PROMOTING THE VALUE OF OUR PEOPLE – *By creating a comprehensive human resources strategy to support our current and future physicians and staff*

Key Strategic Goals:

- Create a culture of quality through ongoing professional training and development
- Achieve a stable workforce through effective recruitment and retention strategies
- Create a healthy workplace through focused staff health and wellness initiatives

Key Indicators of Success:

- ✓ Resources allocated to training and development that supports quality improvement
- ✓ Low turnover rates
- ✓ Improved morale (based on staff satisfaction surveys) and higher levels of staff engagement/participation

Strategic Pillar #3 – SUSTAINING OUR RESOURCES – *By creating a sustainable local health system with adequate resources to meet the changing needs of our community*

Key Strategic Goals:

- Review provincial funding formulas to determine their operational impact on ERHHC
- Continue to pursue a sustainable funding model for our long term care services
- Continue to pursue internal organizational efficiencies and new revenue generating opportunities
- Work with our small hospital partners to identify opportunities for shared service collaborations

Key Indicators of Success:

- ✓ New provincial funding formula that supports local Health Hub models
- ✓ Balanced budget for all aspects of our operations
- ✓ Operational efficiencies identified and implemented
- ✓ New shared services with our small hospital partners

Section 7 – Our Approach to Health System Integration

Like all health service providers that receive funding from the **North East Local Health Integration Network (LHIN)**, we are bound by the *Local Health System Integration Act* which requires all service providers to:

...separately and in conjunction with each other identify opportunities to integrate the services of the local health system to provide appropriate, coordinated, effective and efficient services.

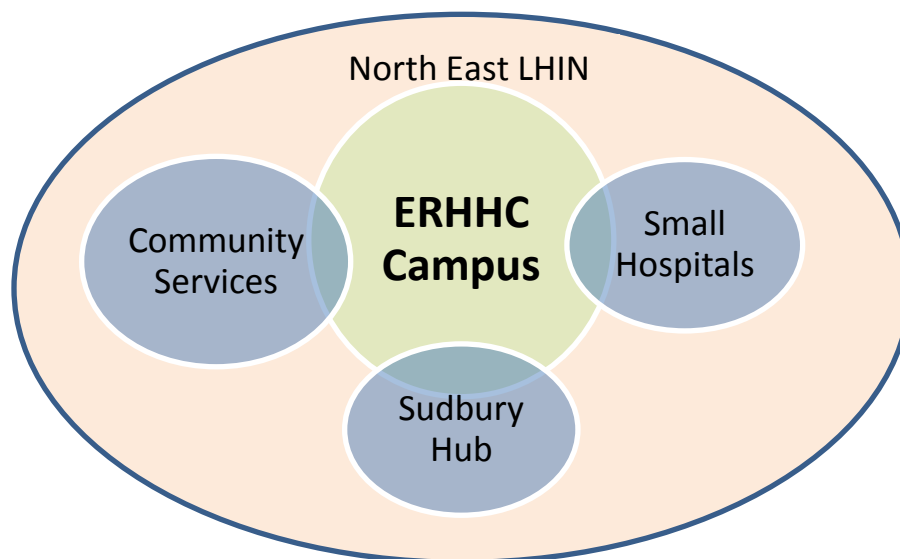
For us, 'integration' is a means to an end that includes two key outcomes:

- Better patient experiences – paying special attention to the patient 'hand-off' between service providers so they experience 'seamless care'; and
- Further operational efficiencies – working smarter together with our health care partners, especially the sharing of non-clinical support services where that makes financial sense to do so.

Building on the success of our health care campus model, and with the support of the **North East LHIN**, we will continue to pursue integration by strengthening partnerships at four levels:

1. with our campus partners (e.g. CCAC, FHT)
2. with community health services not on campus (e.g. mental health, public health)
3. with our small hospital partners (Manitoulin, Elliot Lake, Blind River)
4. with our Regional Hub hospital in Sudbury (especially for specialist outreach services)

Figure 1 – ERHHC Multi-Level Integration Strategy



Section 8 – Where To From Here

Strategic planning is a process of organizational renewal and we will continue our Visioning process to create energy and excitement about a preferred future for ERHHC. This will help with a revised communications strategy and may lead to some future re-branding of our organization. Based on the visioning we have done so far, some of the key concepts that resonate with board and staff include:

- ***Excellent Care*** – which we define as high quality, accessible and patient-centred care that leads to positive outcomes and positive patient/family experiences
- ***Leadership*** – which includes proactive partnerships with all of our service provider partners and also means strong advocacy for rural services and care closer to home
- ***Gateway to Services*** – which includes helping patients navigate the system so they experience ‘seamless care’ and get the right care, at the right time with the right provider

Following board approval of the high-level strategic goals in our new plan, we will begin the implementation process by setting priorities for 2014-15 and developing more detailed action plans for our top priorities. We will also ensure that our strategies continue to align with the priorities of the ***North East LHIN*** and any new emerging priorities from the ***Ministry of Health and Long Term Care***. We remain excited about the possibilities that lie ahead and look forward to working with all of our partners on creating a more accessible and integrated local health care system for the communities we serve.