

Strategic Plan 2014: Vision, Mission and Values

The SCFHT has identified new vision, mission and values statements, reflecting their dedication to quality care that is accountable to the patients that access their services.

Vision

“Inspiring a healthier community together”

Mission

“Collaborating as a team to empower a healthy community by providing comprehensive quality primary care”

Values

Quality/ Team Care/ Accountability/ Patient Focused/ Excellence/Collaboration

2014-2017 New Strategic Directions

Enhanced Governance and Leadership

Strategy One

To utilize an accountability framework that monitors performance indicators and clinical outcomes, and is governed by an engaged Board of Directors.

Initiatives

- 1) Program and service goals and objectives documented in an accountability framework that meets the needs of the population serviced.
- 2) Financial and human resources managed to meet the specific goals/objectives and mitigate risks as they arise.

Strategy Two

Identify and implement governance best practices to support their leadership role within the team.

- 1) Governing Board of Directors will participate in education opportunities to support their leadership role within the Family Health Team.
- 2) The governing Board of Directors will clearly define the community served and set targets for increasing roster / panel size.
- 3) Review Board of Directors structure and corresponding policies and procedures that support the leadership of the board.
- 4) Identify areas of risk and mitigate risk with the implementation of board best practices.
- 5) Develop and implement succession planning for leadership positions i.e. Executive Director, Board of Directors

Improved Access to Care

Strategy One

Improve access to care while adhering to the right patient, right time and right care principles.

Initiatives

- 1) Reduce wait times with the expansion of advanced access to care and coordination of services.
- 2) Maximize the utilization of Family Health Team providers, by ensuring each is working to full scope of practice.
- 3) Educate patients on Family Health Team services and promote programs offered.
- 4) Clearly establish roles and responsibilities of providers building relationships amongst the team.
 - i) Communicate roles and responsibilities with population served, reducing barriers to care and improving access to care.
 - ii) Establish a mechanism to share job descriptions across the team supporting communication, access to care, improved referrals to programs/services and reducing barriers to care.

Improved Communication Management

Strategy One

To improve communication, focused on meeting the team's vision of inspiring and engaging the population served.

Initiatives

Internally

- 1) Define a communication framework to increase sharing of information between staff at all four sites.
- 2) Increase effectiveness of communication between providers by improving electronic medical record (EMR) utilization.
 - i) Standardize EMR data entry across the four sites, where identified by the team, improving data quality and communication between providers.
 - ii) Utilize the EMR to the fullest potential as the preferred communication tool between providers and sites.

Externally

Quality/Team Care/Accountability/Patient Focused/Excellence/Collaboration

- 1) Utilize the SCFHT website as the foundation for a communication tool with community providers, partners, stakeholders and population served.
 - i) Explore additional IT opportunities for communication with the public i.e. Face Book, Twitter etc.
- 2) Define a communication framework to increase sharing of information with the public, stakeholders, funders, partners and other identified groups.
- 3) Develop and utilize a communication framework to support system navigation for seamless transition between providers and the health system partners.
- 4) Promote the Family Health Team across the health care system and community of Kenora/ surrounding area.

Engaging Staff

Strategy One

Improve team based care with the involvement and engagement of all providers with the purpose of improving staff satisfaction.

Initiatives

- 1) Engage staff and providers, with a commitment to reducing silos, within the work place.
- 2) Increase communication between members of the team with identified tactics as established by the team (i.e. newsletters, forums, brochures, websites, quarterly meetings, program planning sessions etc.)
- 3) Establish regular program meetings, with providers and staff, focusing on improving communication, enhancing cohesiveness of the team, building relationships and engaging staff.
- 4) Establish a framework that will celebrate team successes and achievements throughout the year.
 - i) Create a system for recognizing staff that have provided excellence in care.

Patient Experience

Strategy One

Enhance positive patient experiences through quality improvement and safe health care delivery with a focus on good health outcomes.

Initiatives

- 1) Establish a culture of quality and patient safety across the organization.
- 2) Utilize quality improvement methodologies across the organization and in support of the Quality Improvement Plan submitted annually to Health Quality Ontario.
- 3) Key indicators, qualitative and quantitative, will be established and monitored (Quality Improvement Plan).
- 4) Establish a mechanism to introduce the patient voice across the organization with the sharing of stories and patient outcomes.
- 5) Focus on empowering and inspiring the patient through self-management opportunities.

Strategy Two

Develop and implement a decision making framework that is based on best practices identified and approved by the leadership team.

Initiatives

- 1) Identify evidenced based clinical best practices and utilize resources for decision making processes.

Sustainability of the Organization

Strategy One

To ensure that the SCFHT is adequately resourced for current and potential service needs.

Initiatives

- 1) Continue to ensure that the SCFHT is financially sustainable, with ongoing engagement with current and potential funders, recognizing the changing needs of the population.
- 2) Ensure that the physical facility continues to meet the needs of the team and is upgraded or expanded as identified by the team and Board of Directors.
- 3) Continue to recruit and retain health care professionals as the growing needs of the organization are identified.
- 4) Ensure current financial policies and procedures continue to meet the needs of the organization i.e. procurement, capital, monitoring, financial risk management etc.

Enhance Community Relationships and Partnerships

Strategy One

To formally create partnerships with community health care and social service providers with the purpose of strengthening the continuum of care within the area.

Initiatives

- 1) Actively seek out community partners that service the Kenora and surrounding area and create a forum for sharing of information. i.e. network of providers
- 2) Participate in the Kenora Local Health Hub, Kenora District Integrated Network and Health Links as appropriate.
- 3) Engage the MOHLTC, NWLHIN and other funders in partnership and integration opportunities building on existing services.
- 4) Promote visibility and understanding of Family Health Team across the health care sector of Kenora and region.
- 5) Continue to actively partner with the surrounding First Nation's communities and organizations to offer safe primary care and expand services where appropriate.

Quality/Team Care/Accountability/Patient Focused/Excellence/Collaboration

Strategic Goal	Strategy	Initiatives	Person (s) Responsible	Timelines	Example Indicators
Enhanced Governance and Leadership	To utilize an accountability framework that monitors performance indicators and clinical outcomes, and is governed by an engaged Board.	Program and service goals and objectives documented in an accountability framework that meets the needs of the population serviced.			Documented goals and objectives i.e. MOHLTC business plan submission
		Financial and human resources managed to meet the specific goals/objectives and mitigate risks as they arise.			Risks identified and mitigated Financial / HR resources managed within MOHLTC budget
	Identify governance best practices and implemented to support their leadership role within the team.	Governing Board of Directors will participate in education opportunities to support their leadership role within the Family Health Team.			BOD participate in # of education sessions
		The governing Board of Directors will clearly define the community served and set targets for increasing roster / panel size.			Community serviced identified by BOD
		Review Board of Directors structure and corresponding policies and procedures that support the leadership of the board.			BOD structure reviewed Policies/ Procedures updated
		Develop and implement succession planning for leadership positions i.e. Executive Directors, Board of Directors			Policy / Procedure developed for leadership succession planning
		Identify areas of risk and mitigate risk with the implementation of board best practices.			Policies /procedures prepared addressing risk management Board best practices implemented
Improved Access to Care	Improve access to care while adhering to the right patient, right time and right care principles.	Reduce wait times with the expansion of advanced access to care and coordination of services with the purpose of collaborative care.			Advanced access expanded Strategies identified and implemented to provide collaborative care
		Maximize the utilization of Family Health Team providers, by ensuring each is working to full scope of practice.			All providers are working to scope of practice

Strategic Goal	Strategy	Initiatives	Person (s) Responsible	Timelines	Example Indicators
		Educate patients on Family Health Team services and promote programs offered.			Education is provided to population served i.e. brochures, newsletters, forums, promotional materials etc.
		<p>Clearly establish roles and responsibilities of providers building relationships amongst the team.</p> <ul style="list-style-type: none"> a) Communicate roles and responsibilities with population served reducing barriers to care and improving access to care. b) Establish a mechanism to share job descriptions across the team supporting communication, access to care, improved referrals to programs/services and reducing barriers to care. 			Roles and responsibilities of providers established and communicated. Job descriptions are shared
Improved Communication Management	To improve communication focused on meeting the team's vision of inspiring and engaging the population served.	Internally: Define a communication framework to increase sharing of information between staff of all four sites.			Communication framework defined and implemented
		Internally: Increase effectiveness of communication between providers by improving electronic management record (EMR) utilization.			Standardize EMR data entry across the four sites, where identified by the team, improving data quality and communication between providers. Utilize the EMR to the fullest potential as the preferred communication tool between providers and sites.

Strategic Goal	Strategy	Initiatives	Person (s) Responsible	Timelines	Example Indicators
		Utilize the SCFHT website as the foundation for a communication tool with community providers, partners, stakeholders and population served. a) Explore additional IT opportunities for communication with the public i.e. face book, twitter etc.			SCFHT website is utilized as a communication tool IT opportunities identified as communication tool
		Define a communication framework to increase sharing of information with the public, stakeholders, funders, partners and other identified groups.			Communication framework defined and implemented
		Develop and utilize a communication framework to support system navigation for seamless transition between providers and the health system partners.			Communication framework defined and implemented that supports system navigation
		Promote the Family Health Team across the health care system and community of Kenora/ surrounding area.			Promotional materials are developed i.e. brochures, newsletters, forums, health fairs
Engaging Staff	Improve team based care with the involvement and engagement of all providers with the purpose of improving staff satisfaction.	Engage staff and providers, with a commitment to reducing silos, within the work place.			Staff report increased engagement in their work place. Staff report increased work place satisfaction.
		Increase communication between members of the team with identified tactics as established by the team			Newsletters, forums, retreats, websites, quarterly meetings, program planning sessions etc.
		Establish regular program meetings, with providers and staff, focusing on improving communication, enhancing cohesiveness of the team, building relationships and engaging staff.			Program meetings occur bi-annually

Strategic Goal	Strategy	Initiatives	Person (s) Responsible	Timelines	Example Indicators
		Establish a framework that will celebrate team successes and achievements throughout the year.			Policy / Procedure in place for recognizing staff that have provided excellence in care.
Patient Experience	Enhance positive patient experiences through quality improvement and safe health care delivery with a focus on good health outcomes.	Establish a culture of quality and patient safety across the organization.			Quality and safety continue to be a focus i.e. patient safety and quality improvement committee
		Utilize quality improvement methodologies across the organization and in support of the Quality Improvement Plan submitted annually to Health Quality Ontario.			QI methodologies identified and shared across the organization
		Key indicators, qualitative and quantitative, will be established (Quality Improvement Plan) and monitored.			SCFHT Quality Improvement Plan (QIP) prepared, submitted and monitored
		Establish a mechanism to introduce the patient voice across the organization with the sharing of stories and patient outcomes.			Share patient stories/ outcomes when meeting i.e. board meetings, program and committee meetings, AGM etc.
		Focus on empowering and inspiring the patient through self-management opportunities			Continue to offer self-management program focused on engagement and inspiring health Through surveys- patients report increased ability to self-manage illness/disease
	Develop and implement a decision making framework that is based on best practices identified and	Identify evidenced based clinical best practices and utilize the resources for decision making processes.			Evidenced based clinic best practices are identified for decision making purposes.

Quality/Team Care/Accountability/Patient Focused/Excellence/Collaboration

Strategic Goal	Strategy	Initiatives	Person (s) Responsible	Timelines	Example Indicators
	approved by the leadership team.				Best practices are shared throughout the organization.
Sustainability of the Organization	To ensure that the SCFHT is adequately resourced for current and potential service needs.	Continue to ensure that the SCFHT is financially sustainable, with ongoing engagement with current and potential funders, recognizing the changing needs of the population.			Engage current and potential funders to increase services, expand facilities, increase staff etc.
		Ensure that the physical facility continues to meet the needs of the team and is upgraded or expanded as identified by the team and Board of Directors.			Monitor physical facility and upgrade or expand as required.
		Continue to recruit and retain health care professionals as the growing needs of the organization is identified.			Providers are recruited as required.
		Ensure current financial policies and procedures continue to meet the needs of the organization			Operational and governing policies and procedures for procurement, capital, monitoring, financial risk management are in place
Enhance Community Relationships and Partnerships	To formally create partnerships with community health care and social service providers with the purpose strengthening the continuum of care within the area.	Actively seek out community partners that service the Kenora and surrounding area and create a forum for sharing of information. i.e. network of providers			Community partner network is established.
		Participate in the Kenora Local Health Hub, Kenora District Integrated Network and Health Links as appropriate.			Member of Kenora Local Health Hub Member of Kenora District Integrated Network (as appropriate) Member of Health Links
		Promote visibility and understanding of Family Health Team across the health care sector of Kenora and region.			Partner agencies and stakeholders increase referrals to the SCFHT

Strategic Goal	Strategy	Initiatives	Person (s) Responsible	Timelines	Example Indicators
					Increased information sharing occurs with between agencies.
		Continue to actively partner with the surrounding First Nation's communities and organizations to offer culture safe primary care and expand services where appropriate.			First Nation communities continue to access services from the SCFHT Partner meetings with the Aboriginal Health Access Centre occur Expansion of services to additional First Nation's communities is explored.
		Engage the MOHLTC, NWLHIN and other funders in partnership and integration opportunities building on existing services.			Annual meeting with NW LHIN Annual meeting with MOHLTC