

STRATEGIC FRAMEWORK & PLAN 2010 - 2013



VISION:

Healthy People. Healthy Communities.

MISSION:

Prairie North Health Region works with individuals and communities to achieve the safest and best possible care, experience and health for you.

VALUES:

RESPECT

- Valuing and honouring each others' perspectives, diverse beliefs and choices.
- Being compassionate and acting with compassion.
- Treating everyone equally in a respectful, friendly, courteous and professional manner.
- Honouring and acting with fairness, confidentiality and privacy.
- Recognizing and celebrating contributions of others.

ENGAGEMENT

- Collaborating with clients, providers and stakeholders to achieve the best possible health outcomes.
- Actively engaging clients, providers and community stakeholders in the planning, delivery and evaluation of health services.

EXCELLENCE

- Learning and improving as individuals and as a system in the relentless pursuit of service excellence, quality and safety.
- Achieving a high performing health care system through continuous improvement and innovation.
- Focusing on care outcomes informed by evidence and sound judgement.
- Leading with vision and courage.

TRANSPARENCY

- Building trust through open honest communication.
- Providing useful evidence-based information about health care services.
- Disclosing the information about the planning and performance of our health region.

ACCOUNTABILITY

- Demonstrating integrity, ethical behaviour and responsibility for our actions.
- Monitoring, evaluating and reporting the performance of our health region.
- Performing as an integrated system in the provision of accessible services responsible to citizens and community needs.
- Being good stewards of the resources entrusted to the health region.

STRATEGIC DESTINATION:

Within the next three years, Prairie North Health Region will improve individuals' health care experience across the continuum.

FOUR PILLARS FOR PLANNING:

GOAL 1: Provide safe, quality and timely care and services to individuals, families and communities.

Strategies: Provide our patients with exceptional care and services
 Achieve timely access to appropriate health care service
 Continuously improve health care safety in partnership with patients and families

Measuring Success:

- % of patients rating their hospital experience as a 10 on a scale of 1 – 10
- % of surgeries performed within provincial wait time targets
- % of elective CT scans completed within 90 days
- Hospital standardized mortality rate
- Number of individuals assessed for long-term care and waiting placement in acute care beds
- % of facilities in compliance with infection control standards for hand washing and sterilization.
- % of facilities/programs which meet Medication Reconciliation standards
- Average wait time for admission to alcohol and drug outpatient services
- Average wait time for admission to alcohol and drug inpatient services

A C T I O N S	Develop and implement, in collaboration with the Ministry and other RHAs, a Regional framework for patient- and family-centred care (response to Patient First Review) including resource requirements Timeline: as per Health Ministry	Collaborate with the Ministry regarding potential establishment of a satellite renal dialysis unit in Meadow Lake Timeline: 2009-2011 Report: 6 months	
	Develop and begin implementation of a Board-approved plan for engaging the customer, including clear service delivery expectations and Region-specific targets for improved customer engagement and satisfaction Timeline: Dec 31, 2009	Ensure all new staff receives orientation on PNHR customer engagement and service delivery plan Timeline: Jan 31, 2010 Report: Quarterly Target 100%	Develop and implement a plan to educate all PNHR staff on the Region's service delivery expectations and in customer service training Timeline: Jan 31, 2010 Report: 6 months Target 100%
	Develop and implement a Charter of Patient Rights and Responsibilities Timeline: June 30, 2010	Ensure that the Charter is communicated - develop and implement a communication plan specific to the Charter of Patient Rights & Responsibilities Timeline: Sept 30, 2010	
	Develop and begin implementation of improvement to surgical patient flow and	Assist and engage patients in elective surgery decision-making through	Ensure that annual PNHR targeted surgical volumes are achieved (4500 cases).

ACTIONS

<p>experience (Saskatchewan Surgical Initiative) across the entire surgical value stream from primary care to rehabilitation and home, using LEAN and other quality improvement science methodologies Timeline: Commence Oct 2009 Report: Quarterly</p>	<p>implementation of Shared Decision Making tools Timeline: March 31, 2011 as per Health Ministry</p>	<p>Report: Quarterly – June 30th Sept 30th Dec 31st March 31st</p>
<p>Develop and implement a Regional framework for seniors care that aligns with the pending provincial Seniors Care Strategy Timeline: Sept 2011 as per Health Ministry</p>	<p>Develop and implement a strategy for enhanced access to long-term care and home care thereby allowing patients/residents to have access to appropriate, effective care and service delivery Timeline: by March 31, 2010, 65% reduction in patients awaiting placement in an acute care bed Report: Quarterly</p>	<p>Ensure targeted diagnostic imaging volumes are achieved (5115 CT exams). Report: Quarterly</p>
<p>Align PNHR Mental Health Strategy with pending provincial Mental Health Strategy Timeline: March 2011 as per Health Ministry</p>	<p>Strengthen PNHR Stroke Strategy to ensure consistency with the Canadian Heart and Stroke guidelines and with emphasis on prevention and rehabilitation Timeline: June 2010 Report: August 2010</p>	<p>Develop and implement a plan to ensure that Diagnostic Imaging and Laboratory services are delivered in an effective, coordinated manner Timeline: June 2010 Report: Aug 2010 & Year End March 2011</p>
<p>Collaborate with Ministry of Health to strengthen cancer care screening, including implementation of new colorectal screening program Timeline: April 2012 as per Health Ministry</p>	<p>Collaborate with Ministry of Health to develop Regional action plan in response to Emergency Medical Services and Air Medical Services Reviews Timeline: as per Health Ministry targets still to be determined</p>	<p>Increase the percentage of PNHR's population served by Primary Health Clinics – development of Primary Health Care site in Meadow Lake. Timeline: Dec 2009 Report: June 30, 2010 & Year end March 31, 2011</p>

<p>Develop and implement a Board-approved plan for ensuring compliance with relevant Canadian Standards Association and Accreditation Canada standards for infection</p>	<p>Ensure compliance with Accreditation Canada's Required Organizational Practices: Canadian Standards Association standards for infection control including hand washing</p>	<p>Continue to work towards compliance with Accreditation Canada standards for the 2010 PNHR Accreditation Survey Timeline: June 2010</p>
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A C T I O N S	prevention and control Timeline: June 2010	and sterilization Timeline: 100% compliance by March 31, 2010 Report: June 2010	
	Comply with the Critical Incident reporting processes to ensure that issue alerts are actioned Timeline: Process Review June 30, 2011 100% uptake on applicable alerts – Sept 30, 2011	Implement a formal Medication Reconciliation program in compliance with Accreditation Canada standards to prevent medication errors at patient transition points Timeline: Plan and Rollout to one selected site June 2010 Report: June 2010 & Dec 2010	Improve Regional Emergency Response Planning based on experience and best practice: - Pandemic (update by April 20, 2010 based on debrief from H1N1). - Fire - Disaster - Labour Disruptions (reviewed/revised quarterly or as required) - Business Disruptions Report: Sept 2010

FOUR PILLARS FOR PLANNING:

1. Health of the Individual

2. Health of the Population

3. Providers

4. Sustainability

* Supporting Processes

GOAL 2: Work with individuals and communities to improve the health of the population.

Strategies: Build ownership with individuals, communities, and partners for improving population health status
Expand healthy lifestyle and disease prevention practices and choices

Measuring Success:

- Achieve annual immunization targets
- Implementation of Tobacco Control Strategy
- Participants in Chronic Disease Management programs
- Population health status measures
- % of Long-Term Care residents who have been assessed for falls

A C T I O N S	Develop and implement a comprehensive Tobacco Control Strategy for PNHR, consistent with the provincial strategy Timeline: Dec 31, 2012 As per Health Ministry	Make all PNHR facilities and grounds smoke-free Target: March 2011 Report: Oct 2010 & Feb 2011	Develop and implement a Regional strategy to address increase in STDs and HIV rates Timeline: Development – Dec 2010 Implementation strategy Dec 2011 Report: Jan 2011 & Aug 2011
	Update and utilize PNHR's health status report to inform the Region's population health strategy and develop initiatives to improve the health status of the population Timeline: 2009-2012 Report: Oct 2010 & April 2011	Support and implement provincial strategies aimed at improving the nutritional health of children, especially for at-risk populations - Healthy dental programming - Increased activity Timeline: As per Ministry plan to be developed Report: Oct 2010 & April 2011	Support and implement provincial promotion framework for Health Weights Timeline: As per Ministry plan to be developed Report: Oct 2010 & April 2011
	Enhance child immunization rates as per Region-approved targets yet to be defined Timeline: To be determined	Enhance LTC resident immunization rates as per Region-approved targets Timeline: To be determined Report: Oct 2010 & Feb 2011	Formulate and implement a strategy to improve staff immunization rates (flu vaccine) with Region-approved targets Timeline: Sept 2010 Report: Oct 2010 & April 2011

A C T I O N S	<p>Develop and implement an Autism Spectrum Disorder Strategy for PNHR Timeline: Dec 2010 Report: Oct 2010 & Feb 2011</p>	<p>Develop and implement a comprehensive injury prevention strategy for PNHR, consistent with the provincial strategy. Timeline: As per Ministry plan to be developed Report: Oct 2010 & Feb 2011</p>	<p>Reduce the number of falls and injuries from falls for residents in long-term care facilities Timeline: To be determined Target: To be determined Report: Quarterly – Dec 31st March 31st June 30th Sept 30th</p>
	<p>Strengthen and enhance PNHR's Chronic Disease Management Program Timeline: Jan 2011 Report: Aug 2010 & Feb 2011</p>	<p>Implement Regional STRIDES Program Timeline: March 2010 Report: Aug 2010 & Feb 2011</p>	
	<p>Continue to work and partner with First Nations and Aboriginal communities to further develop an Aboriginal Health Strategy for PNHR Timeline: in place by March 31, 2011 Report: Sept 30, 2010 & March 31, 2011</p>	<p>Collaborate with First Nations, Aboriginal and at-risk communities to build strategies that reduce disparities and improve health status Timeline: 2010 Report: Sept 30, 2010 & March 31, 2011</p>	<p>Collaborate with new provincial addiction agency to be in place by Nov 2010 As per Health Ministry</p>

FOUR PILLARS FOR PLANNING:

1. Health of the Individual 2. Health of the Population **3. Providers** 4. Sustainability * Supporting Processes

GOAL 3: Work with health service providers to ensure safe, supportive, and quality workplaces that model our values.

Strategies:

- Ensure that the Region’s health service providers have the relevant knowledge and required skills and tools to perform their jobs
- Develop a workforce that is representative of our communities
- Recognize and appreciate health service providers and volunteers and their role in patient satisfaction
- Collaborate and partner with educational institutions to meet the Region’s human resource requirements

Measuring Success:

- Sick time hours per full-time equivalent
- Wage-driven premium hours per full-time equivalent
- Number of lost-time WCB claims per 100 full-time equivalents
- Number of lost-time WCB days per 100 full-time equivalents
- % of staff who receive Regional orientation
- Annual staff turnover rates
- Annual physician turnover rates
- Employee satisfaction survey
- % of Aboriginal people in the Region’s workforce
- Succession planning

A C T I O N S	Develop and implement a Region-approved plan to recognize staff that has provided exemplary service and/or leadership in customer relations, quality improvement projects or retention projects such as mentoring Timeline: June 30, 2010 Report: Sept 2010 & March 2011	Improve staff engagement, recruitment and retention by analyzing and acting on results of ongoing staff surveys. This includes developing a Region-approved plan of action upon the completion of each staff survey (next comprehensive staff survey 2010) Report: Nov 2010 & May 2011	Reduce absenteeism through improvement to workplace safety, time management and staff scheduling processes: - 9% reduction in wage driven premium hours - 3% reduction in sick time hours per FTE - 10% reduction in WCB time lost claims - 5% reduction in WCB time lost days per 100 FTEs Timeline: 2008 – 2009 to March 31, 2011 Report: Sept 2010 & March 2011
	Develop and implement a 3-year	Collaborate and partner with Educational	Develop and implement a Board-approved

A C T I O N S	<p>comprehensive Health Human Resource Plan that reflects the provincial 10-year Health Human Resource Plan and the results of the Patient First Review (Nov 2010)</p> <p style="text-align: right;">Timeline: PNHR Plan May 31, 2011 As per Health Ministry Report: ???</p>	<p>Institutions to facilitate best practices in human resource learning and recruitment.</p> <ul style="list-style-type: none"> - Implementation of Distributive Learning Model (2009-2010) <p style="text-align: right;">As per Health Ministry Report: Oct 2010</p>	<p>strategy and targets for increasing First Nations and Metis representation in PNHR's workforce</p> <p style="text-align: right;">Timeline: Oct 1, 2009 Report: Oct 2010</p>
	<p>Work in collaboration with internal and external stakeholders to focus on recruitment of medical students, graduating residents and physicians</p> <p style="text-align: right;">Report: Oct 2010 & April 2011</p>	<p>Reduce annual turnover of physicians in the Region to under 10% by 2013</p> <p style="text-align: right;">Report: Oct 2010 & April 2011</p>	<p>Increase the percentage of Canadian trained doctors working in PNHR by 10% by 2013</p> <p style="text-align: right;">Report: Oct 2010 & April 2011</p>
	<p>Work with SUN and the Ministry to fill vacant SUN positions and increase SUN FTEs to meet targeted FTEs (421.9)</p> <p style="text-align: right;">Report: Quarterly – June 2010 Sept 2010 Dec 2010 March 2011</p>	<p>Develop a Regional Succession Plan:</p> <ul style="list-style-type: none"> - Senior Leadership, Directors and Middle Management positions (June 2010) - Additional positions (Dec 31, 2010) <p style="text-align: right;">Report: Aug 2010</p>	

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GOAL 4: Foster Regional and health system sustainability that ultimately improves health care service.

Strategies: **Ensure that facilities, equipment and technology are in place to effectively support operations**
Improve transparency and accountability through measurement, reporting, communication, and an ethical decision-making framework
Work with Foundations, Affiliates, community-based organizations, and key stakeholders to support the Region's goals

Measuring Success:

- Regional costs have been reduced through participation in provincial shared services initiatives
- Regional costs have been reduced through participation in inter-regional shared services
- Region's budget is balanced
- Ethical decision-making framework is utilized
- Three-year rolling capital plans are in place and reflect priorities of safety and client service delivery

ACTIONS	Work collaboratively with RHAs and other stakeholders to develop a shared services model Report: Quarterly – Sept 2010 Dec 2010 March 2011	Work collaboratively with other RHAs and with the Ministry to establish joint purchasing initiatives that will benefit PNHR Timeline: Work Plan completed by Sept 2010 Report: Quarterly – Sept 2010 Dec 2010 March 2011	Develop and utilize an ethical financial allocation decision-making framework that reflects the mission, vision and values of PNHR Timeline: May 2010
	Develop and implement a Balanced Scorecard measuring and reporting framework for PNHR Timeline: First Draft May 2010	Maintain and action a rolling three-year capital project plan that reflects the Region's priority needs in accordance with our values of safety and client service delivery Timeline: ??	Finalize functional programming and begin detailed design for replacement of Northland Pioneers Lodge, Meadow Lake as per Ministry approvals and funding Timeline: 2009 – 2010
	Finalize functional programming and detailed design for replacement of Saskatchewan Hospital North Battleford as per Ministry approvals and funding	Revitalize Lloydminster Hospital as per Saskatchewan Ministry approvals and funding, and in dialogue and partnership with Alberta Health Ministry	Revitalize Battlefords Unions Hospital as per Ministry approvals and funding
	Implement infrastructure improvements re:	Develop a master space plan for PNHR	Maintain and action a rolling three-year

	<p>life/safety/emergency and infrastructure projects as per Ministry funding Timeline: May 2010</p>	<p>Timeline: March 2011</p>	<p>capital equipment plan that reflects the Region's priority needs in accordance with Regional values of safety and client service delivery Timeline: May 2010</p>
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GOAL 5: Focus on organizational excellence and innovation.

Strategies: Build a culture of continuous safety and quality improvement through adoption of recognized ‘best practices’
Leverage technology to achieve improvements in patient care and system performance

Measuring Success:

- Number of units which have implemented Releasing Time to Care within targeted time frames
- Number of LEAN projects that have been implemented
- % of quality improvement initiatives that have been spread and sustained beyond their original site of implementation
- A three-year rolling Information Management Plan that reflects the organization’s values and stakeholder feedback is in place and guides the organization
- % of concerns raised with a Quality of Care Coordinator and concluded within 30 days
- % of department complaints
- % of programs using mechanisms to “hear the voice of the customer”
- Patient safety indicators including infections, falls, and medication errors

A C T I O N S	Develop and implement a Board-approved PNHR Continuous Safety & Quality Improvement (CSQI) that encompasses and coordinates all quality improvement activities in the health region Timeline: March 31, 2010	Build quality improvement capacity in PNHR: LEAN training for management and for two LEAN teams with two priority projects Timeline: by Nov 2009	Participate in provincial QBS program to enhance senior leadership knowledge of a systems approach, hearing the voice of the customer and to gain learning and knowledge applicable to the workplace Timeline: 2008 – 2010
	Participate in HQC “RTC” program in 3 units and develop a Board-approved plan to roll out to all BUH and Lloydminster Hospital units Timeline: Plan by March 2010 Underway in every ward of BUH & Lloydminster Hospital by March 31, 2012	Work with stakeholders to support advancement of an electronic health record that meets the needs of the customer through ensuring that the right information is available at the right time for the right patient to the right care provider	Maintain and action a three-year rolling Information Management Plan to guide PNHR investments in information technology based on feedback and involvement of an appropriate internal stakeholder group and that reflects the values of the organization Timeline: March 2010
	Develop and prioritize a list of LEAN projects for PNHR with specific deadlines Timeline: Jan 31, 2010		

ADDENDUM:

Measures – Strategic Destination	
Year 1/2/3	Improve the Best Possible Hospital Score by reducing the gap between the Saskatchewan Average and the Best USA Region Average by 50%/30%/20% over the next three years - % of clients rating their hospital experience (including surgical experience or ER experience as 10 on a scale of 1-10
Year 2	Establishing a baseline and improving upon the individual experience in LTC and PHC, (and continual improvement relative to target in Acute/ER)
Year 3	Establishing a baseline and improving upon the individual experience in Mental health (and continual improvement relative to target in acute, ER, PHC, and LTC

Abbreviations:	
BUH – Battlefords Union Hospital	CT – Computed Tomography
FTEs – Full-Time Equivalent	HQC – Health Quality Council
LTC – Long-Term Care	PNHR – Prairie North Health Region
QBS – Quality As a Business Strategy	RHAs – Regional Health Authorities
ROPs – Required Organizational Practices	RTC – Releasing Time to Care
SUN – Saskatchewan Union of Nurses	WCB – Worker’s Compensation Board