








## **Renewal, Growth and Collaboration**

**Grand River Hospital's Strategic Plan  
2009 - 2012**

## The Road Ahead

Grand River Hospital Board has created its 2009 – 12 strategic plan. The plan articulates the vision of the future and sets the direction for the hospital. The 2009 – 12 strategic directions of GRH are focused on renewal, growth and collaboration.

Over the next three years, GRH will strive to achieve five strategic priorities:

-  Demonstrate high performance programs, services and systems
-  Nurture effective and collaborative relationships
-  Promote best practice through innovation and collaboration
-  Achieve recognition as a progressive workplace, and
-  Deliver hospital responsibilities within available resources

The 2009 - 2012 strategic plan focuses GRH on serving our patients. Caring for our patients is our reason for being and GRH will continuously strive to: ensure that care is delivered to achieve the best outcomes possible, ensure access to care is appropriate, protect the safety of patients through their episode of care, and strive to improve patients' satisfaction with their care. Measurement and monitoring our performance against benchmarks will serve to chart the course for the hospital in following through on the achievement of these accountabilities to patient care.

Effectively supporting the care team in the delivery of patient services becomes a key success factor. We will strive to improve the competency of internal clinical and business systems including a) technology, knowledge management and exchange tools and processes, b) staff/physician/volunteer engagement and communication, and c) addressing work life and wellness. Externally, we will work to build and strengthen our working relationships with other health service providers. GRH delivers care in a continuum with our partners in the community and with our partners, we will build and align our services to provide care in response to patient need. Strengthening these strategic partnerships in care will ensure that patients receive the right care, in the right place, at the right time.

The next three years will prove to be challenging years as a consequence to the global economic downturn and population growth pressures. We will need to focus on internal renewal, building internal competencies and efficiencies, and collaboration with our partners in order to build an integrated health services system that best serves our patients.

# Strategic Planning Process

The Grand River Hospital Board will build our priorities, ensuring the plan effectively points the way and translates into documents that will be used to align our effort, keep us focused on what is important and hold us accountable. This three year strategic plan sets clear strategic direction, focuses GRH on the patient and quality care, and guides operational and business decisions.

The GRH planning process reflects the needs of patients, impact of environmental factors, and alignment with the Waterloo Wellington Local Health Integration Network (WWLHIN) health system priorities. Consultation with internal and external stakeholders is embedded in the planning process. To that end, the strategic plan is a living document that is sensitive to external and internal influences that may subsequently require changes to strategic themes or objectives. Responsiveness in planning is a necessary feature to meeting the evolving needs of our patients and other key stakeholders.

This strategic plan is built on the solid foundation established in the 2006-2008 GRH Strategic Plan. The directions set out in the 2006-08 strategic plan decidedly set out to transform the hospital from one with a focus on growth, to a focus on effective and efficient hospital performance. The themes of strengthening from within and a patient-centred view to growth priorities continue to be built upon into the 2009-12 strategic plan.



*Legend: (A) - (B)*  
Areas of the strategic planning process that are necessarily open and responsive to change in the environment.

# Setting our Foundation

## Our Mission, Vision, and Values

### MISSION

**Grand River Hospital provides exceptional CARE with compassion.**

### VISION

**Grand River Hospital will be a leader in providing 24/7 patient care programs through innovation and collaboration, within available resources.**

### VALUES

**Professionalism, Teamwork, Positive Attitude, Respect, Communications**

We strive to provide exceptional clinical program and services that comfort, assess, restore and educate patients. Our clinical programs include cancer care, complex continuing care, critical care, emergency, maternal child, medicine, mental health and addictions, paediatrics, rehabilitation, renal, and surgery. Our clinical services include laboratory services, medical imaging and pharmacy. Grand River Hospital will deliver these clinical program and services in a fiscally responsible manner. We will deliver these programs and services in the context of the broader health system acknowledging that the needs of patients extend beyond the services provided within Grand River Hospital. Through effective partnerships and linkages with other health service providers in the Waterloo Wellington area and beyond, GRH will participate in the coordination and integration of program and services that best serve the population of Waterloo Wellington LHIN.

The core values of Grand River Hospital represent the guiding principles by which the organization carries out its mission and mandate. They are the beliefs of the people who work at Grand River Hospital and guide their actions in the achievement of the mission and mandate.

## Major Achievements in 2006 – 2009

### Major facility renewal and expansion at Grand River Hospital

	Fiscal Yr
New CT space and second CT scanner	05-06
Fracture Clinic	06-07
Sterilization and processing department	06-07
Special testing unit	07-08
Retail Pharmacy Clean IV and Chemotherapy rooms	07-08
Satellite Dialysis at FP	07-08
GRT4 Renovation project complete	07-08
Oncology – Inpatient area	08-09
High dose radiation suite	09-10
Initiation of Mental Health inpatient adult, child and adolescent programs re- development KW	09-10
Initiation of Longer Term Mental Health site development at FP	09-10

### Strengthened medical staff and sharing with SMGH

- Common chiefs of services with SMGH
- Full physician complement in the emergency departments
- SMGH/GRH Integrated chief information officer
- SMGH/GRH administrative leads in engineering services and laboratory services
- Alignment of clinical programs and services between hospitals
  - Hepato-biliary surgery to GRH
  - Thoracic surgery to SMGH
  - Histology and pathology services consolidated at GRH
  - Regional (GRH, SMGH, CMH) dictation and transcription system

### Completion of the first five years of Cancer program

- Services provided:
  - 20 bed inpatient oncology unit
  - Radiation oncology: 1 CT simulator, 4 radiation treatment units
  - Systemic therapy
  - Surgical oncology
  - Palliative care
  - Supportive care
  - Research and clinical trials
  - Prevention, screening, and early detection

Since its opening in 2003, the cancer program has provided:

Radiation therapy consultations to 6494 patients

Radiation therapy treatments to 5,722 patients through 87,518 visits

Chemotherapy consultations to 7,949 patients

Chemotherapy treatments to 4,138 patients through 45,020 visits


Opened 31 clinical trials on new cancer medications involving over 400 patients

The cancer program has been recognized provincially by CCO and internationally for its programs and services. Patients of Waterloo Wellington benefit from:


The best access to radiation therapy in Ontario at GRRCC

The second-shortest wait times in Ontario for access to chemotherapy at GRRCC

A significant reduction in wait times (~50% reduction) between a physician's referral to surgery for breast cancer at the Waterloo Wellington Breast Centre, which received international recognition at a recent conference of cancer care professionals in The Hague.

 Renewed organization leadership and structure – new CEO and management team

GRH has a new face to management. In March 2009 the senior team reached its full complement alongside substantial recruitment efforts successfully filling management positions within the clinical programs. The reorganization of the clinical program leadership structure will redress span of control gaps and create the environment that adequately supports staff and movement towards effective program management

 Focus on quality

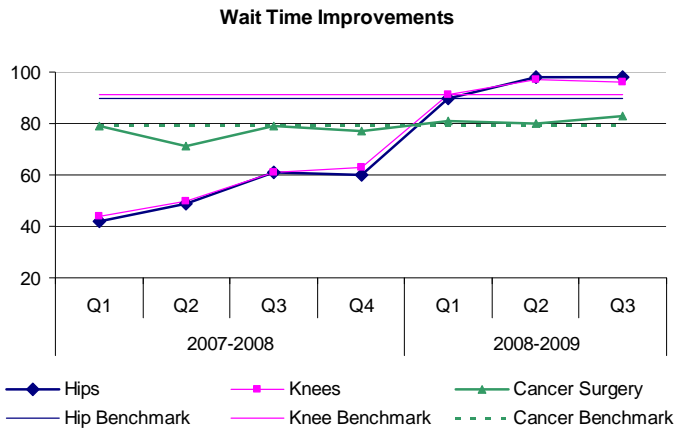
GRH has relentlessly pursued quality patient care with a focus on patient access, appropriateness of care and outcomes, patient safety and patient satisfaction. The clinical programs have aligned their quality program councils' activities, reporting, and planning to the refreshed quality framework approved by the Board in 2008.

GRH was granted a three year Accreditation in 2006 and was recognized for its leading practice in the development of the *My CARE Source*, an online patient portal by Accreditation Canada (previously known as Canadian Council on Health Services Accreditation). Additionally, GRH has participated in the Safer Health Care Now campaign since 2006, implementing 5 of the 6 original interventions: medication reconciliation, surgical site infections, ventilator associated pneumonia, central line infection, and rapid response team. The Children's program has been recognized by Safer Healthcare Now for its trailblazing work in paediatric medication reconciliation. The Emergency program and outpatient renal have since followed and implemented medication reconciliation protocols.

By spring 2009, GRH is targeting to have medication reconciliation on admission to be completed hospital-wide.

**Performance on hips and knees replacement surgery, renal, cancer surgery, and general surgery**

The orthopaedics, cancer and renal, have made significant improvements in wait times for priority patients. In 2008-09, between 95-100% of the time, patients needing hip or knee replacement surgery received their surgery exceeding the 90% provincial wait time target. Cancer surgeries are consistently meeting the 80% wait time target.



In meeting these wait time targets, the hospital subsequently earned funding for additional volume in successive years to serve more patients. GRH in 2008-09 is on target to perform above base funding by: 100 more hip and knee replacements, 180 cancer surgeries, and 811 colonoscopies. General surgery (colonoscopy) was added to the wait times priority procedures in 2007/08. Renal has performed more weighted units in each successive year and incrementally received \$1.5, \$2.9, and \$0.8 million to support that volume.

	2006/07		2007/08		2008/09 Forecast	
	Units	Revenue	Units	Revenue	Units	Revenue
Hips & Knees	41	535,290	77	671,044	141	970,400
Renal*	75,935	1,514,700	79,443	2,894,620	87,991	767,007
Cancer Surgery	121	572,709	167	859,375	180	1,088,945
Colonoscopies	-	-	778	248,960	811	259,520

\* Renal units are total weighted units delivered

## Overview of the Environment: Patient Care Delivery and Grand River Hospital

Environmental circumstances in which patient care programs and services are delivered influence the development of the strategic directions and objectives. The following environmental factors were identified in an analysis of internal and external circumstances and conditions impacting on patient care programs and services delivery.

### Quality Patient Care

Grand River Hospital is committed to continuously strive to deliver the best care possible in comforting patients, restoring and maintaining health. A key tenet in the delivery of care is the focus on the quality of that care defined as: 1) the ability of patients to access care and services, 2) the appropriateness of the care provided, 3) the outcomes associated with the delivery of care, and 4) the patients' safety in the delivery of care.

*Evidence-Informed Practice - appropriateness and outcomes:* The mere act of delivering patient care is not the measure of successful hospital care. A relentless pursuit of efficacious and efficient delivery of care will best serve the needs of our patients. GRH works within a knowledge-rich environment where data and information must better support health care providers in the services they provide.

*Patient Safety:* Producing the best patient outcomes is a result of the combination of skilled knowledgeable health care providers and avoidance of adverse events in the process of delivery of that care. Patient safety is a major focus at GRH though it must work continuously to nurture and grow a patient safety culture. *The Canadian Adverse Events Study (2004)* estimated that between 9,250 and 23,750 hospital patients die each year from a preventable adverse event. Patient safety experts expect that adverse events and the associated consequences, whether they are prolonged length of stay in hospital, varying degrees of physical or psychological injury and in extreme instances, death, are in fact under-reported.

The Canadian Patient Safety Institute envisions that the best care provided to patients is achieved when patient safety is indistinguishable from the delivery of high quality care and affordable health care.

*Access:* Patient access to care is a major challenge at GRH and across the province. Patients in hospital who need an alternative level of care (ALC) on average use up to 25% of the available patient days. This creates patient flow challenges in other areas of the hospital, for example patient waiting time in the emergency department. The government has made substantial investments to address targeted

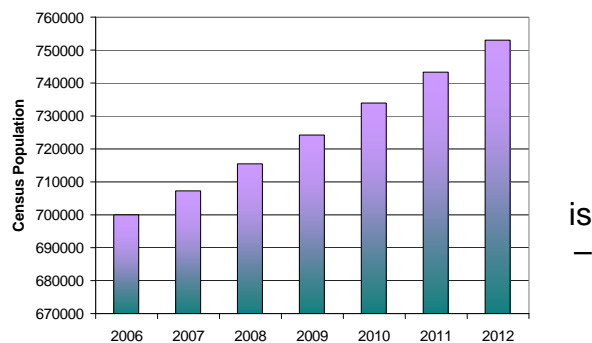
patient populations waiting for services: cancer, joint replacement, cardiac, cataracts, and CT Scan/MRI. The provincial Wait Times Strategy has expanded beyond its original priorities and includes other adult and paediatric surgeries, and most recently emergency and alternative level of care. E-Health Ontario was recently created to formulate the e-health strategy to enable the necessary solutions to improve patient access to care.

Additional funding has been provided to community-based organizations such as the Waterloo Wellington CCAC and other community service agencies to create medium-term capacity in the community with the intention of diverting patients from the hospital or delaying the need for institution-based care. The results of these investments have not been fully evaluated to assess their success in their intended goals.

Longer term capacity solutions involve building infrastructure to create beds of varying levels of care. According to the WWCCAC, based on a per-capita analysis comparing to the provincial average the Waterloo Wellington area has a gap in just over 270 long term care beds, and 460 supportive housing beds. Tom Closson, Ontario Hospital Association president and CEO, in his review of the Waterloo Region emergency department crisis of 2007 highlighted that the Waterloo Region was only one of two communities in Ontario with zero supportive housing beds. These community resource shortfalls are having a negative impact on the hospital's ability to service patients with acute care needs. There is also an absence of hospice beds in the north Waterloo Region.

### Population Growth and Demographic Change

The projected demographic profile in WWLHIN is characterized by growth from 699,927 in 2006 to 752,955 in 2012 (~7.6 percent increase). More significant than the overall projected population growth rate, is the demographic profile of that change. The growth rate in the 45-74 and 75+ age groups collectively contributes most substantially to that growth (15 percent) while the 0 – 19 age group contracting (-0.4 percent) and the 20 – 44 age group increases only marginally by 1.9 percent. This profile change has implications for the population served by the hospital.



Ontario trends indicate that 43 percent of healthcare spending supports the care of seniors (*Toward 2025: Assessing Ontario's Long-term Outlook Ministry of*

*Finance*). Contributing to this trend is the increasing per capita health care spending by age group with individuals 75+ consuming four to eight times the resources when compared to the 45-64 age groups. Being 60 years of age or older and having the presence of one or more comorbidities can increase the cost of an admitted patient's stay in hospital by almost 17 times depending on the diagnosis and required intervention(s) (*Health Care in Canada 2008, CIHI*). These costs are borne out in longer lengths of stays, diagnostics, and treatment. One such source of longer than expected lengths of stay is the use of beds by patients waiting for an alternative level of care. In February 2009 the Ontario Hospital Association reported that across Ontario:

- 🌿 2,935 (19 percent) acute care beds were occupied by patients waiting for transition to an alternative level of care (ALC) of which, 55 percent were waiting for long term care.
- 🌿 26 percent of medical beds were occupied by ALC
- 🌿 1838 (14 percent) of ALC patients occupy other beds (CCC, rehabilitation, mental health) of which 81 percent are waiting for long term care

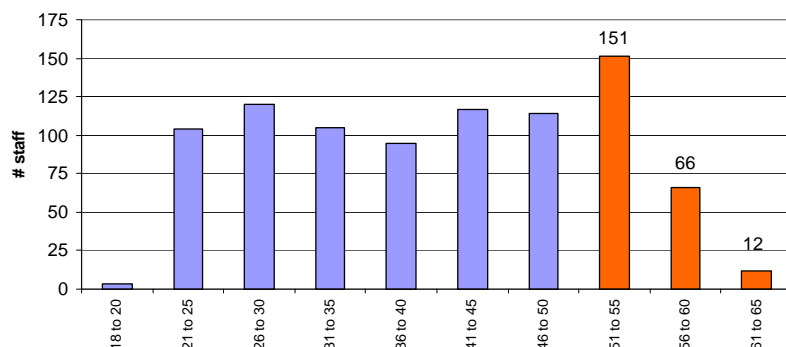
The growth in the cost of health care is generally attributed to four factors including aging: population growth (18 percent), aging population (10 percent), inflation (29 percent), and most substantially, new technologies and increasing hospital use (43 percent). Over the coming years, health care providers can expect to face a more demanding health consumer and with more complex health problems, according to the Ontario Medical Association. The anticipated aging of the baby boomer generation will fuel this change. Being more informed and better educated consumers compared to their parents' generation, they will have high expectations for their health care. This generation will be more demanding in self-directing their health care but also in their access to new technologies including diagnostic testing, medication management, and interventions.

The demographic change in Waterloo Wellington will also have a substantial impact on the employee work force and volunteer base. Grand River Hospital is already experiencing the effects of this change.

The combination of the aging work force reaching retirement age and the shrinking pool of entrants is creating significant challenges on recruitment and retention of staff, physicians, and volunteers. One of Grand River Hospital's

largest employee groups is registered nurses (33 percent). GRH is anticipated to

Age distribution of GRH frontline RN workforce at November 2008  
(±10%)



experience the retirement of approximately 26 percent of this workforce over the next 5 – 15 years. This retirement trend plays out across many of the employee groups at GRH including other direct health service providers, management, trades, support services and volunteers.

## Technology as an Enabler

The MOHLTC's newly formed eHealth Ontario agency will lead the province's e-health strategy with a focus on diabetes management (baseline dataset and diabetes registry), medication management (e-prescribing, drug information system (DIS), drug profile viewer (DPV), and computerized physician order entry (CPOE)), and wait times (e-referral, emergency department reporting system (EDRS), and wait times information system (WTIS)). The Ontario Cabinet approved \$2.133 billion to execute this eHealth strategy over three years (2009 – 2012).

These improving technologies can support Grand River Hospital in its pursuit of best-care to patients evidenced by clinical outcomes, avoidance of adverse events, and efficiency of clinical care delivery and business operations. Keeping pace with these externally driven priorities and many other internal technology demands presents a challenge. A rational prioritization between the pursuit of new technology solutions and competent support and enhancement of existing solutions will be required.

## Global Economic Downturn

The repercussions of the global downturn in the economy are felt across all business sectors including health. Minister of Health, David Caplan, made the following statement at the 2008 OHA convention in Toronto, "And like Ontario families do when faced with economic challenges at home, we too will tighten our belt. These are tough economic times indeed, but they will get better." He went on to say that the government continues to be committed to its health priorities but will achieve the key milestones at a slower pace.

It is anticipated that the hospital will operate with very restricted and potentially reduced resources during the next few years. The "more-with-even-less" challenge is the reality. Grand River Hospital continues to have opportunities to achieve improved performance efficiencies. Gains have been made over the past three years such as ER wait times, radiation and systemic therapy wait times, and joint replacement wait times. Growing demand for services and shortfalls in funding will require greater innovation, strategic prioritization, capacity building, and effective partnering to meet the challenge of operating in this stressed economic condition.

## Partnerships and Opportunities

Grand River enjoys significant advantages as it faces the 2009-12 period through a number of strong and valuable relationships. Within Kitchener-Waterloo, GRH benefits from a well articulated sharing of hospital services with SMGH, including a shared medical staff arrangement and a number of joint senior leadership appointments. The Grand River Regional Cancer Centre has recently celebrated its 5<sup>th</sup> anniversary marking rapid development and one of the leading cancer programs in Ontario. The closer relationship with Cancer Care Ontario is supportive of hospital wide directions in knowledge transfer quality improvement

and the growth of research capacity. Growth in academic activity in relation to the University of Waterloo School of Pharmacy, Conestoga College and McMaster Medical School provide a platform on which GRH and its hospital partners can build a significant long term presence in the education of health professionals and the creation of new knowledge. As our service system faces the growing needs of the elderly, we benefit from the integration of our services with those of the WWCCAC and the broad range of primary care and community support services which that organization provides.

The environment we face in the next three years is daunting financially especially given population growth pressures. Our partnerships are key to our success and give us reason for optimism for the longer term.

## Strategic Directions

Grand River Hospital Board reconfirmed the continuing relevance and currency of the strategic themes identified in 2006 and will carry them forward into the 2009 – 2012 planning period but establishing new objectives reflecting the changed environment.

## GRH Strategic Themes



The objectives will drive the achievement of the strategic themes. The objectives are measurable and these measures will be monitored and reported regularly.

## Demonstrate High Performance Programs, Services and Systems

GRH is committed to delivering effective and efficient programs based on best practice and evidence to meet the ever changing needs of our patients in collaboration with our health service provider partners. GRH provides programs and services to support a complex needs patient population. Core programs and services include:

-  Medicine
-  Surgery
-  Emergency
-  Critical Care
-  Cancer care
-  Renal
-  Medical imaging
-  Mental health and addictions
-  Complex continuing care
-  Rehabilitation
-  Maternal Child
-  Peadiatrics
-  Laboratory services
-  Pharmacy

Working in partnership with other health service providers, community agencies, social services, public health, police services, and many other key partners, GRH strives to meet the health needs of the Waterloo Wellington (WW) population.

In striving to achieve this strategic priority GRH will focus on six objectives. GRH is focused on its health service priorities - delivery of efficacious and efficient patient care. Access to care and the safety of patient care is underscored in this three year plan.

Repatriation of the longer term mental population to WW area from London will enhance the continuum of services available to those living with mental illness. This new program in the WW area will enhance the service offering for people with mental illness. The development of a comprehensive mental health service model across the continuum of care with our partners in the community is needed. New construction is underway at the Freeport site to house this program planned for completion in 2011 and planned to serve 50 inpatients and deliver 5500 outpatient visits. Capital re-development is also underway for the acute adult inpatient unit and child and adolescent inpatient (CAIP) unit at the Kitchener Waterloo (KW) site to better serve these patients and their families.

Health services for seniors are a focal point in this strategic plan. The environmental factors that point to the impact of this patient population on hospital services and the health system as whole is being felt now and anticipated to grow in the future. A population driven health system plan is needed to address these pressures. GRH will collaborate with other health service providers to support WWLHIN's work towards an Integrated Health Services Plan.

## Demonstrate high performance programs, services and systems

Objectives	Evaluation
<ul style="list-style-type: none"> <li>▪ Ongoing application of the GRH quality framework to all programs, diagnostics, support services, and corporate services; evaluate the efficacy and effectiveness of the framework and improve as required</li> </ul>	<ul style="list-style-type: none"> <li>▪ Evaluation by Programs &amp; Services Committee</li> </ul>
<ul style="list-style-type: none"> <li>▪ Align corporate processes to support program management across GRH</li> </ul>	<ul style="list-style-type: none"> <li>▪ Evidence at planning, budgeting, performance measurement by program entity</li> </ul>
<ul style="list-style-type: none"> <li>▪ Ensure appropriate access to care</li> </ul>	<ul style="list-style-type: none"> <li>▪ ED wait times</li> <li>▪ Surgical cancellations</li> <li>▪ ALC patient days</li> </ul>
<ul style="list-style-type: none"> <li>▪ Nurture and sustain a patient safety culture</li> </ul>	<ul style="list-style-type: none"> <li>▪ Accreditation Canada required organizational practices (ROPS) achieved</li> <li>▪ Hospital standardized mortality ratio (HSMR)</li> <li>▪ Hand hygiene rate</li> </ul>
<ul style="list-style-type: none"> <li>▪ Develop a comprehensive mental health program plan incorporating the longer term mental health program at FP Site, renew services at KW Site and shared services with partners</li> </ul>	<ul style="list-style-type: none"> <li>▪ Mental Health Program plan documented</li> </ul>
<ul style="list-style-type: none"> <li>▪ Partner with other health service providers to implement a comprehensive elder-care system</li> </ul>	<ul style="list-style-type: none"> <li>▪ Formal links with CCAC</li> <li>▪ Participation in LTC, supportive housing and palliative services forums</li> </ul>

## Nurture Effective and Collaborative Relationships

GRH will strengthen collaborative relationships so our organization will continue to prosper, enabling the provision of care to patients. GRH is one health care provider in the continuum of care to patients and works alongside key partners in that care continuum. GRH is responsible for the delivery of its core programs. This occurs not in isolation. The full health service needs of patients typically extend beyond the hospital's service offerings. GRH must work cooperatively with other health provider partners, WWLHIN, community agencies, families and caregivers, and other key stakeholders to create a responsive health system for our patients.

Patients move from one part of the health system to the next as their care needs change. These transition points are important junctures of care that GRH must work to improve between primary care providers, other hospitals, WWCCAC, and others. Successful work on relations with our partners will enable discussions, planning and implementation of effective solutions for our patients.

<b>Nurture effective and collaborative relationships</b>	
<b>Objectives</b>	<b>Evaluation</b>
<ul style="list-style-type: none"> <li>▪ Nurture trusting working relationships with SMGH, other WW hospitals, WWCCAC, CCO, WWLHIN, and MOHLTC to effect efficient program and service delivery</li> </ul>	<ul style="list-style-type: none"> <li>▪ Evaluation by Relationship Management Working Group</li> </ul>
<ul style="list-style-type: none"> <li>▪ Promote and establish effective primary care working relationships</li> </ul>	<ul style="list-style-type: none"> <li>▪ Activity in chronic disease management (CDM) with Family Health Team and CCAC</li> </ul>
<ul style="list-style-type: none"> <li>▪ Proactively advocate for the hospital's mission and vision in the external environment and achieve effective community exchange</li> </ul>	<ul style="list-style-type: none"> <li>▪ Evaluation by Relationship Management Working Group</li> </ul>

## Promote Best Practice through Innovation and Collaboration

GRH will identify strategic investments that will support staff, physicians and volunteers and improve the healthcare experience for patients, their families and primary caregivers. Advancing practice through participation with best-practice institutes and partnerships with teaching institutions will ensure that GRH nurtures a culture of inquiry and continuous learning. Supporting medical education is one aspect of that strategy. The achievement of improved clinical outcomes and meeting the patient need, meaning better patient care, will be the drivers for decisions on pursuing new knowledge and technology.

In the pursuit of best practice and evidence, GRH must ensure that an effective knowledge management and exchange (KME) strategy is in place to support and ensure the capture, synthesis, sharing and implementation of that knowledge. Investments in KME tools and processes will further ensure that clinicians and management are supported in their work.

<b>Promote best practice through innovation and collaboration</b>	
<b>Objectives</b>	<b>Evaluation</b>
<ul style="list-style-type: none"> <li>▪ Achieve the Registered Nurses Association of Ontario Best Practice Spotlight Organization Award.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Achieve all required milestones to achieve the designation as a best practice spotlight organization in 2011-12</li> </ul>
<ul style="list-style-type: none"> <li>▪ Actively engage in further developing into a community teaching hospital</li> </ul>	<ul style="list-style-type: none"> <li>▪ Research partnership with teaching institution</li> </ul>
<ul style="list-style-type: none"> <li>▪ Establish an applied research centre with a focus on priority populations where GRH and academic partners can be competitive for grants</li> </ul>	<ul style="list-style-type: none"> <li>▪ Evidence of a structure to support research</li> </ul>
<ul style="list-style-type: none"> <li>▪ Exploit e-health opportunities that enable shared clinical information and interoperability with health service provider partners aligned with Ontario's e-health strategy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Demonstrate and report alignment of GRH IT plan with Ontario e-Health strategy</li> </ul>
<ul style="list-style-type: none"> <li>▪ Establish a knowledge management and exchange function within GRH with linkages to each clinical program</li> </ul>	<ul style="list-style-type: none"> <li>▪ Demonstrated evidence-informed practice at the program level</li> </ul>

## Achieve Recognition as a Progressive Workplace

GRH staff, physicians, and volunteers will flourish in a progressive, interactive, team-oriented culture where diversity and excellence is respected. The people of GRH are what fuel the drive to deliver care to our patients. GRH needs a long term sustainability human resources plan. GRH will invest in its people to support and mature program management, focus on engagement of the staff, physicians, and volunteers to create a culture focused on a healthy workplace and wellness, and to proactively innovate in the development of effective recruitment and retention strategies. GRH needs a work environment that enables our people to do their job in caring for patients. GRH needs an environment that appeals to and attracts potential recruits and more importantly retains those who work at GRH.

Achieve recognition as a progressive workplace	
Objectives	Evaluation
<ul style="list-style-type: none"> <li>Engage with staff, physicians and volunteers to create a culture focused on respectful, healthy work place and wellness</li> </ul>	<ul style="list-style-type: none"> <li>Employee engagement survey</li> </ul>
<ul style="list-style-type: none"> <li>Strengthen internal communications to improve staff and medical staff engagement and satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>Employee engagement survey</li> </ul>
<ul style="list-style-type: none"> <li>Innovate and partner to develop effective recruitment and retention strategies</li> </ul>	<ul style="list-style-type: none"> <li>Position vacancy (% &gt;90 days)</li> <li>Voluntary Turnover (&lt;12%)</li> </ul>
<ul style="list-style-type: none"> <li>Nurture and mature program management through leadership development, mentorship and succession planning</li> </ul>	<ul style="list-style-type: none"> <li>Evidence of leadership development activities</li> </ul>

## Deliver Hospital Responsibilities within Available Resources

GRH is committed to implementing a sustainable balanced financial plan. GRH will continue to demonstrate due diligence and competence in its fiscal accountability in its operations and its Hospital Services Accountability Agreement (HSAA) with the WWLHIN. Further, the hospital will build stronger internal systems, processes and services in corporate areas that will effectively support the clinical programs in the delivery of patient care services. In the current economic downturn, it is increasingly important to seek out opportunities to reduce operational costs through various measures. These measures may include seeking out opportunities for establishment of shared or integrated services.

Deliver hospital responsibilities within available resources	
Objectives	Evaluation
<ul style="list-style-type: none"> <li>▪ Successfully negotiate and achieve targets in HAPS &amp; HSAA</li> </ul>	<ul style="list-style-type: none"> <li>▪ Annually signed HAPS &amp; HSAA</li> </ul>
<ul style="list-style-type: none"> <li>▪ Ensure competency of corporate internal systems, processes, and services</li> </ul>	<ul style="list-style-type: none"> <li>▪ Management satisfaction</li> <li>▪ HIROC annual risk management self assessment module (RMSAM)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Ensure operations are focused on core services</li> </ul>	<ul style="list-style-type: none"> <li>▪ Full implementation of recommendations of the GRH Ambulatory Services review</li> </ul>
<ul style="list-style-type: none"> <li>▪ Seek out opportunities for shared or integrated service delivery with partners</li> </ul>	<ul style="list-style-type: none"> <li>▪ One new shared or integrated service with partner(s); stretch goal of two</li> </ul>
<ul style="list-style-type: none"> <li>▪ Ensure competent governance and management stewardship of the KW Pension Plan</li> </ul>	<ul style="list-style-type: none"> <li>▪ Compliance with nationally recognized best practices in pension governance</li> </ul>

## Key Risks

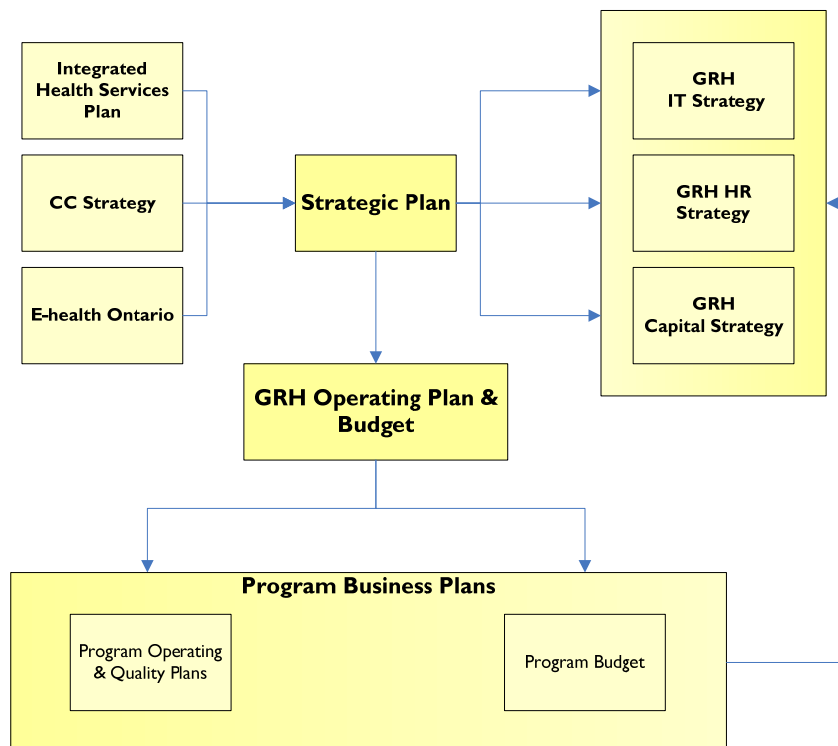
There are risks associated with the successful achievement of the strategic plan. The following table outlines the known risks and mitigating tactics that would minimize the impact of realizing those risks.

<b>Risk</b>	<b>Probability</b>	<b>Impact</b>	<b>Mitigating Tactics</b>
Insufficient financial resources to implement all tactics	High	High	Strategic prioritization of tactics
Formative management team	Medium	High	Adequate support and education to new managers; effective communication strategy
Insufficient human resources to support implementation of tactics	Medium	High	Strategic prioritization of tactics Effective capacity assessment of resources
Disjointed alignment of priorities between GRH and external health service provider partners	Medium	Medium	Effective relationship management with partners Engagement with key partners in planning
Organizational change fatigue (volume and pace)	High	High	Capacity building Effective communication and engagement Providing necessary tools to support staff in their work
Shortfall in acceptance of management planning framework	Medium	Medium	Board and senior team orientation Embed into management processes
Unanticipated events (e.g., infectious diseases outbreak, labour constraints)	Low	High	Strategic prioritization of tactics

## Next Steps - Linking Strategic Priorities to Operations

*“Strategy without tactics is the slowest route to victory. Tactics without strategy is the noise before defeat”*  
Sun Tzu, 6<sup>th</sup> century BC

This three year strategic plan is the guiding document by which GRH will base the development of operational plans and tactics. Management will create operational plans including the operating, budget, information technology, human resources, and capital plans that are driven by the strategic priorities. These operational plans are the tactics by which GRH will ultimately fulfill the strategic plan, in a cause and effect relationship. Performance measures and targets will be established to ensure continuous monitoring and accountability to the achievement of our strategic directions.



The implementation of these next steps includes the development of system and processes for performance management and measurement tools (dashboard and scorecard). These business processes and measurement tools will ensure a link between:

- 🌿 strategy and operations
- 🌿 measurement and effective execution
- 🌿 monitoring of internal and external alignment
- 🌿 recognizing achievements and identifying areas requiring attention

## Conclusion

This 2009 – 2012 strategic plan focused on renewal, growth and collaboration sets the stage for the road ahead. The times ahead are anticipated to be challenging ones. The massive economic downturn and the projected demographic changes in the population will prove to be our most significant challenges so we will focus on achieving efficiencies in our operations and in doing so, we will support our care providers in the work they do. We will relentlessly pursue our objective of delivering the best care possible to our patients, for they are our reason for being. With our hospital partners and community partners, we will work together to build a health care system that is accessible, provides best-practice care, ensures the safe delivery of care, and improves the patients' experience through the health care continuum.