



2023 - 2024

INTEGRATED PLAN

GRAND  RIVER
HOSPITAL

PURPOSE

This document presents the Integrated Operating Plan (the Plan) for Grand River Hospital (GRH) for 2023-2024, as well as known multi-year impacts for 2024-25 and 2025-26.

COMPONENTS OF THE INTEGRATED PLAN 2023-2026

The Plan supports the strategic decision-making of the GRH Board, executive and teams by aligning the financial, capital, and operating resources with annual priorities and risk management strategies, ensuring all parts of the organization are aligned in their work. The priorities are set at the organizational level and are intended to cascade down to the development of portfolio, departmental and unit plans.

LINKS TO 2021-25 GRAND RIVER HOSPITAL STRATEGIC PLAN

The Integrated Plan is guided by the **Strategic Plan 2021-25**, which sets out the hospital's mission, vision and values and establishes aspirational five-year goals for our hospital. It also sets out three Strategic Directions to guide the hospital's work:

1. Delivering a World Class Experience for Patients, Families, and Team Members
2. Partnering to Create a World Class Health System
3. Innovating and Transforming Healthcare Delivery

This Integrated Plan identifies priorities and associated projects that will advance these three Strategic Directions in a manner which moves GRH closer to achieving the 5-year milestones for our hospital and community.



GRAND RIVER HOSPITAL STRATEGIC PLAN - AIMING HIGH 2021-2025



THE 2023-24 PLANNING CONTEXT

The COVID-19 Pandemic has had a seismic impact on healthcare organizations including GRH. Capacity and service challenges remain at the forefront across Canada, from a shortage of health human resources to higher patient volumes, delayed procedures, more alternate-level-of-care (ALC) patients and increased emergency department wait times.

As the pandemic goes into its fourth year, the Ontario government's focus, set out in the **Connecting Care Act**, is on three key areas: **I) Improving health human resources; II) Alleviating pressures on hospital capacity;** and **III) Building a more connected healthcare system through the implementation of Ontario Health Teams (OHTs).**

GRH's work for the 2023-24 planning cycle is aligned with these provincial priorities, with a particular focus on the **health and wellbeing of our team members**. In the **Employee** and **Provider Engagement Surveys**, completed in late 2022, team members reported increased feelings of physical and psychological burnout from stress and anxiety due to high pandemic workloads. Team members also identified challenges in their daily work due to a lack of tools needed to do their work efficiently and successfully. These are themes that will be addressed in our planning for the year ahead.

There are bright spots - team members reported feeling that they have the support of their managers and found their environment to be collaborative. The pandemic has also unlocked opportunities to **innovate and accelerate new ways of delivering healthcare services through the use of digital tools to improve access to patient care**. GRH's recent launch of its Patient Portal is an example of this. In addition, GRH is finalizing its first ever **Clinical Services Plan**, a significant achievement which will prioritize program and service improvements based on clinical evidence, international best practices and how best to advance our strategic directions.



2023-24 PLAN - FOCUS ON THE FUNDAMENTALS

Given the enormous challenges brought on by the pandemic, **a measured approach to priority work is being taken for 2023-24**, focusing on fundamental areas that will strengthen the foundations of the organization and position it to be a part of a world class health system.

Six priorities have been chosen for 2023-24, with impacts into 2024-25 and 2025-26. They are: i) **Retention** - ensuring team members feel supported by and connected to the organization, and that they have the tools needed to provide excellent patient care while also taking care of themselves; ii) Enhancing **Recruitment** Strategies to attract and onboard top talent; iii) strengthening **Quality** and **Service (Flow Improvement)** to attain the highest service standards and provide a better patient experience; iv) **Looking to the Future** with enhanced and expanded clinical programs and a new hospital build; v) **Strengthening Partnerships** through a commitment to the KW4Ontario Health Team and regional healthcare relationships, and; vi) continuing to advance **Innovation and Insights** through technology, strategic partnerships and better use of data for evidence-based decision-making.

The six priorities for 2023-2024 and their associated projects are presented on the next page.



GRAND RIVER HOSPITAL PRIORITIES FOR 2023-2024

STRATEGIC DIRECTION



DELIVER A WORLD CLASS EXPERIENCE FOR PATIENTS, FAMILIES & TEAM MEMBERS

RETENTION

- Wellness, Wellbeing and Safety
- Aligning the Organization
- Connect and Engage
- Addressing Workload
- Leadership Development
- Total Rewards
- Centralized Scheduling

RECRUITMENT

- Creative Recruitment Strategies
- Rounding with Purpose

QUALITY & SERVICE (FLOW IMPROVEMENT)

- Quality Management Framework and Structure
- ALC reduction

STRATEGIC DIRECTION



PARTNERING TO CREATE A WORLD CLASS HEALTH SYSTEM

QUALITY & SERVICE (FLOW IMPROVEMENT)

- Space Strategies

LOOKING TO THE FUTURE

- Enterprise Resource Planning and Equipment Planning
- Regional Clinical Services
- Building a Regional Neuroscience Program
- Program Improvements
- Building the Future of Care Together (New Hospital Build)

PARTNERSHIPS

- Ontario Health Teams

STRATEGIC DIRECTION



INNOVATING AND TRANSFORMING HEALTHCARE DELIVERABLES

INNOVATION & INSIGHTS

- Data Lake Transformation
- Innovation Spread

SUMMARY OF 2023-24 PRIORITIES AND PROJECTS BY STRATEGIC DIRECTION, GOALS AND PLANNING INPUTS

Outlined in the table below are six (6) key priorities for 2023-24, which will be advanced by 23 projects, by Strategic Direction. These priorities will also directly advance the eight (8) strategic goals that have been identified as part of the broader Strategic Directions.

The table also notes linkages between the annual priorities, projects and key planning inputs, including: the People Plan 2021-27 = PP, IRM = Integrated Risk Management, QIP = Quality Improvement Plan, CSP - Clinical Services Plan, MRP = Medical Resources Plan, IM/IT = Information Management and Technology Plan.

*Where a project addresses more than one priority it is noted.

*Where the term "team" is utilized, this includes physicians/providers

PRIORITY	PROJECTS	DESCRIPTION	PP	IRM	QIP	CSP	MRP	IM/IT
DELIVER A WORLD CLASS EXPERIENCE FOR PATIENTS, FAMILIES & TEAM MEMBERS Goal: Place quality of the patient, family team, learner and partner experience at the heart of everything that we do								
RETENTION	Wellness, Wellbeing and Safety	Address psychological safety including full roll-out of the Respectful Workplace and Workplace Violence Programs as a part of the QIP. Implementation of measures from Wellness Strategy.	X	X	X			
RETENTION	Align the Organization	Ensure every leader is part of a performance management system with objective result measures and every area has an accurate scorecard that is used to align efforts across the organization.	X	X				
RETENTION	Connect and Engage	30-60-90-day discussions with new team members, Advancing Diversity, Equity and Inclusion, Reward & Recognition - individual and corporate, Pride of ownership of the organization (sharing successes).	X		X	X		

PRIORITY	PROJECTS	DESCRIPTION	PP	IRM	QIP	CSP	MRP	IM/IT
RETENTION	Addressing Workload	Finalize and implement key staff recommendations from workload management project (Defining Our Problems - A Top 10 List), including already identified improvements to staff/group scheduling.	X					X
RETENTION	Leadership Development	Explore opportunities for applied learning and structured follow through (beyond the classroom) - create a system to integrate and sustain learning, explore opportunities for innovation and technology solutions to support learning. Includes Provider/physician leader development.	X	X				
RETENTION & RECRUITMENT	Total Rewards	Engage across the organization including team members closest to patient care in what they would value; implement Total Rewards elements, develop proposal for implementation (staged elements in consideration of Bill 124), leadership development & tool kit.	X	X				
RECRUITMENT	Creative Recruitment Strategies	Integrate new employer branding, develop stronger strategies for candidate outreach, Nurse Recruitment - integrate pilot results into practice (re: pipeline management), virtual hiring events, DEI sourcing strategies/framework, explore opportunities for regional collaboration (e.g., international recruitment), target reduction in vacancy rate.	X	X		X		
RETENTION & QUALITY & SERVICE (FLOW IMPROVEMENT)	Rounding with Purpose	Expand and improve current rounding process to include Directors, and Implement Customer Service Training for improved White boarding, Huddles & Rounding.	X		X	X		

PRIORITY	PROJECTS	DESCRIPTION	PP	IRM	QIP	CSP	MRP	IM/IT
QUALITY & SERVICE (FLOW IMPROVEMENT)	Hand Hygiene Compliance	Implementation of initiatives that increase the rate of Hand Hygiene Compliance.		X	X	X		
QUALITY & SERVICE (FLOW IMPROVEMENT)	ALC Reduction	The overall goal of the ALC Reduction Strategy is to reduce time spent in the ER, optimize bed utilization, and improve patient satisfaction by providing people with appropriate community-based care, increasing capacity, performance, and process so patients can access timely, quality care.		X	X	X		
QUALITY & SERVICE (FLOW IMPROVEMENT)	Accreditation Preparedness	Ensure the organization has the appropriate tools, resources, training, technical assistance, and peer learning opportunities required to achieve exemplary status, in the areas that will be included in the upcoming Accreditation process.		X		X		
Goal: Advance diversity, equity and inclusion across the organization by creating structures and launching programs for long-term, sustainable change.								
QUALITY & RECRUITMENT	Diversity, Equity and Inclusion	Advancing diversity, equity, and inclusion across the organization by creating structures and launching programs for long-term, sustainable change. Will include the creation of a Health Equity Framework and measures for addressing anti-Black and anti-Indigenous racism and GRH's commitment to Truth and Reconciliation.	X		X	X		

PRIORITY	PROJECTS	DESCRIPTION	PP	IRM	QIP	CSP	MRP	IM/IT
Goal: Continue to support our teams to be world class								
QUALITY & SERVICE (FLOW IMPROVEMENT)	Quality Framework, Management System and Structure	Implementation of a Quality Framework, Management System and Structure - includes planning, control, and improvement, ensuring teams have the right resources, processes, and tools as per quality management best practice. Also includes the implementation of a structure for the Quality office.		X		X		
QUALITY & SERVICE (FLOW IMPROVEMENT)	Cerner Optimization/Improvements	Reduce day-to-day frustrations for team members by fully addressing systemic challenges within CERNER through improved workflows. Mobilization with SMGH / GRH.	X	X				X
RETENTION	Centralized Scheduling	Test and refine the CSO solution including complete implementation of Cisco IMI automation platform, implementing relevant 2021 study recommendations, planning for new platform in 23-24, with implementation in 2024-25 when current platform sunsets.	X	X		X		X
QUALITY & SERVICE (FLOW IMPROVEMENT)	Operations Centre	A centralized approach to monitoring, tracking, and improving patient flow across all clinical areas, including ALC reduction, by using digital tools and indicators. Needs assessment and design first - best practices in other hospitals will inform overall design.	X	X	X	X		

PRIORITY	PROJECTS	DESCRIPTION	PP	IRM	QIP	CSP	MRP	IM/IT
PARTNER TO CREATE A WORLD CLASS HEALTH SYSTEM Goal: Champion the delivery of integrated hospital services in our region. Where appropriate, strengthen or establish GRH as a regional centre of excellence in select program, service and support areas.								
QUALITY & SERVICE (FLOW IMPROVEMENT)	Space Strategies	Create space and inpatient capacity, procurement, renovations, and space planning are needed, in collaboration with the region - St Mary's, Cambridge, to address capacity challenges and prepare for programs such as Neurosurgery.		X		X		
LOOKING TO THE FUTURE	Enterprise Resource Planning and Equipment Planning	Enterprise resource planning is the integrated management of main business processes, often in real time and mediated by software and technology.	X	X		X		X
LOOKING TO THE FUTURE	Regional Clinical Services	Work with other regional hospitals to develop additional regional programs/services, beginning with digitizing data in the Pathology Department (Precursor to Neuro program) also including Palliative Care, Neurosciences, Stroke Care, Mental Health (Child/Adolescent & Specialized), Oncology, Renal, Complex Continuing Care, Rehab and Transitional Care Units.				X	X	
LOOKING TO THE FUTURE	Building a Regional Neuroscience program	Undertake planning and begin implementation of a Regional Neuroscience Program, a significant undertaking which will affect several areas including, OR, ICU, Pathology, Radiology, Stroke Care, and Rehabilitation. Five years after implementation GRH will be the regional lead for Neuroscience.						
LOOKING TO THE FUTURE	Program Improvements	Roll out first deliverables from Clinical Services Plan, planning for Neuro Program, review recommendations re: Palliative Care, potential changes to Critical Care, Childbirth, Mental Health and Additions and Pediatrics programs.	X			X	X	X

PRIORITY	PROJECTS	DESCRIPTION	PP	IRM	QIP	CSP	MRP	IM/IT
Goal: Play a leadership role in working with our partners to make the Ontario Health Team (OHT) vision a reality.								
PARTNERSHIPS	Ontario Health Teams	Support the build-out of the Ontario Health Teams in KW to ensure providers and organizations are clinically accountable for delivering a full and coordinated continuum of care to a defined geographic population. GRH to participate in advisory committees, develop OHT governance structure Continue to partner with regional hospitals - St. Mary's General and Cambridge Memorial.				X		
Goal: Implement solutions to ensure the physical infrastructure needs of high quality, safe care are met today and tomorrow.								
PARTNERSHIPS	Building The Future Of Care Together	Ongoing planning for new hospital build, in collaboration with St. Mary's. Work with MOH over multiple years. Ensure leader input to functional planning and design.		X		X	X	
PRIORITY	PROJECTS	DESCRIPTION	PP	IRM	QIP	CSP	MRP	IM/IT
INNOVATE AND TRANSFORM HEALTH CARE DELIVERY								
Goal: Become an insight driven organization.								
INNOVATION AND INSIGHTS	Data Lake	Develop and Implement GRH's Data Strategy and Governance Framework. Appropriately architect the technical infrastructure of the cloud Data Lake, and the clinical and non-clinical data models to support analytics, reporting and 'Insight Driven Organization' goal.	X	X		X		X
Goal: Build innovation capacity								
INNOVATION AND INSIGHTS	Innovation Spread	Building an innovation mindset within GRH through an Innovation Framework; advance key innovation projects - i.e., CANHealth Network, OBIO (Ontario Bioscience Innovation organization); Regional Innovation Collaborative created to bring regional hospitals (GRH, SMGH and CMH) with Communitech and U of Waterloo.	X	X		X		X

FIVE YEAR MILESTONE TABLE

PROGRESS TOWARDS STRATEGIC PLAN 5-YEAR MILESTONES

GRH is entering **year three** of the five-year timeline for the Strategic Plan 2021-2025.

On balance, GRH is making steady progress towards its Five-Year Milestones, especially considering the additional and considerable efforts required to support our patients, teams, and community throughout the COVID-19 Pandemic.

This table notes where we are on track (on plan) or partially off track (behind plan) -where we have additional progress to make.

PERCENTAGE COMPLETE	KEY ACCOMPLISHMENTS THAT INFORM % COMPLETE SEE CHART ON PAGE 14, FOR ADDITIONAL INFORMATION ON PATIENT QUALITY AND EXPERIENCE INDICATORS.	FIVE YEAR MILESTONES
BEHIND PLAN	<ul style="list-style-type: none"> Expectation is that this milestone will be met by 2025. Planned activities include - Count Me In Survey Demographic Data collection from all team members. Inclusive leadership training - to help leaders develop the skills and knowledge needed to create a more diverse, equitable, and inclusive work environment. HR Policies Review - Conducting an organizational audit of HR policies, practices, and processes to support GRH in achieving its overall goal of advancing a workplace culture that promotes employee diversity by identifying the strengths, potential barriers, and opportunities for change. This will ensure more inclusive recruitment, advancement, retention, and support practices to attract and retain diverse employees. 	<ul style="list-style-type: none"> Our board, leadership and team make up better reflects the community we serve.
BEHIND PLAN	<p>Opportunities for improvement in FY 23-24.</p> <ul style="list-style-type: none"> Hospital Harm Indicator - GRH is currently performing approximately 10% below the Large Community Hospital top decile performance. GRH was ranked 8/25 among Large Community Hospitals (LCH) in FY21/22, and 6/25 based on FY22/23 YTD Oct data. Between Year-end FY21/22 and YTD Oct 22, GRH performance improved, from 4.5 to 4.1 (i.e. 9% or 0.4%age pts), and our performance was better than FY21/22 national acute care facilities median & mean. Recommended target is 3.7. Readmission Indicator - GRH is performing in the top decile for readmission. Additional patient experience metrics are under development. 	<ul style="list-style-type: none"> We will rank in the top decile in Canada for selected/key patient quality and safety results.

PERCENTAGE COMPLETE	KEY ACCOMPLISHMENTS THAT INFORM % COMPLETE <small>SEE CHART ON PAGE 14, FOR ADDITIONAL INFORMATION ON PATIENT QUALITY AND EXPERIENCE INDICATORS.</small>	FIVE YEAR MILESTONES
BEHIND PLAN	<ul style="list-style-type: none"> • Opportunities for improvement in 2023-24. • Turnover Rate - is performing below provincial benchmark of 7.5%. • Total ALC rate (%) at 20.2% is under performing significantly (~90%) compared to national top decile at 7%. Note GRH has a regional role for 76 ALC beds which contributes to the overall ALC rate. • Workplace violence is also performance significantly below internal target. There are no national or provincial benchmarks available for this KPI at this time. 	<ul style="list-style-type: none"> • We will rank in the top decile in Ontario for patient/family and team experience.
BEHIND PLAN	<ul style="list-style-type: none"> • Good and steady progress is being made, the target is to get approval of Stage 1.3 in Q4 25/26, this is at least 1-2 years before the project would be ready to go to market based on the current work plan. 	<ul style="list-style-type: none"> • Our new acute care infrastructure plan is ready to go to market.
ON PLAN	<ul style="list-style-type: none"> • On track to diversify non-ministry revenue increasing it by \$20M - but the current 5-year outlook for margin will fall short of the 5-year 2% total margin target. 	<ul style="list-style-type: none"> • Maximize government funding to support high quality care and services close to home. Increase non-ministry revenue by \$20 million/year and achieve a bottom line equal to 2% of total revenue to support strategic investments.
ON PLAN	<ul style="list-style-type: none"> • On track to meet 5 Year Milestone. • Innovation Collaboration in place with all regional hospitals, U of Waterloo and Communitech. Promising innovation projects underway with CANHealth and OBIO. Innovation Framework being developed for GRH to create culture of innovation. 	<ul style="list-style-type: none"> • Innovation collaborative is in place with local medtech, education and healthcare organizations, and GRH will be recognized as a leader in care innovation locally and nationally.
BEHIND PLAN	<ul style="list-style-type: none"> • Achievement of 5 Year Milestone fully dependant on Ontario Health directions. commitment to taking a population health approach and focusing on health equity has helped identify a priority population, newcomers living in priority neighborhoods, Primary Care integration and improving self-navigation for newcomers through a newcomer app. GRH to continue to evolve the work of the OHT based on provincial priorities and directions. 	<ul style="list-style-type: none"> • KW4 OHT is fully operational (integrated funding enveloped and integrated outcome accountabilities)

PERCENTAGE COMPLETE	KEY ACCOMPLISHMENTS THAT INFORM % COMPLETE <small>SEE CHART ON PAGE 14, FOR ADDITIONAL INFORMATION ON PATIENT QUALITY AND EXPERIENCE INDICATORS.</small>	FIVE YEAR MILESTONES
ON PLAN	<ul style="list-style-type: none"> On track to meet 5 Year Milestone. The launch of the upgraded emPath platform - GRH is partnering with SMGH and Cambridge Memorial to identify a long-term unified HR/Payroll solution that could be leveraged across all three sites as part of a broader Enterprise Resource Planning review. 	<ul style="list-style-type: none"> The 3 RoW hospitals will be functioning as one system (does not require formal integration)
ON PLAN	<ul style="list-style-type: none"> GRH continues to run leading practice Regional Programs that continue to perform extremely well including Renal and Oncology. Planning work for a regional Neurosurgery is underway, beginning with digitization of Pathology lab. Additional program design to follow. 	<ul style="list-style-type: none"> Will have established or strengthened Regional Centres of Excellence and have approval for a neurosurgery program
ON PLAN	<ul style="list-style-type: none"> On track to meet 5 Year Milestone. GRH digital and clinical teams are leading the requirements gathering process across the hospitals (SMGH & GRH) to streamline and prioritize the HIS optimization after the Cerner code upgrade which is slated for May 2023. Recommendation from Cerner and Digital is to work on the HIS optimization after the Cerner Code upgrade to limit working on optimization or fix which would be changed thru the code upgrade. 	<ul style="list-style-type: none"> Our Health Information System (HIS) is fully optimized and used beyond our walls
ON PLAN	<ul style="list-style-type: none"> On track to meet 5 Year Milestone. Scorecards and Dashboards (~ total of 96) built by Decision Support is building an insight driven organization by enabling access to clinical and program information to guide decision-making including special projects and KW4 OHT. The work that is going on for the Data Lake is progressing well - ie. technical environment and Clinical Data Model infrastructure The data Strategy and Governance Framework is also underway. 	<ul style="list-style-type: none"> GRH will have advanced the maturity of its practices to be a recognized leader as an insight driven organization

PROGRESS TOWARDS OUR FIVE YEAR STRATEGIC MILESTONES

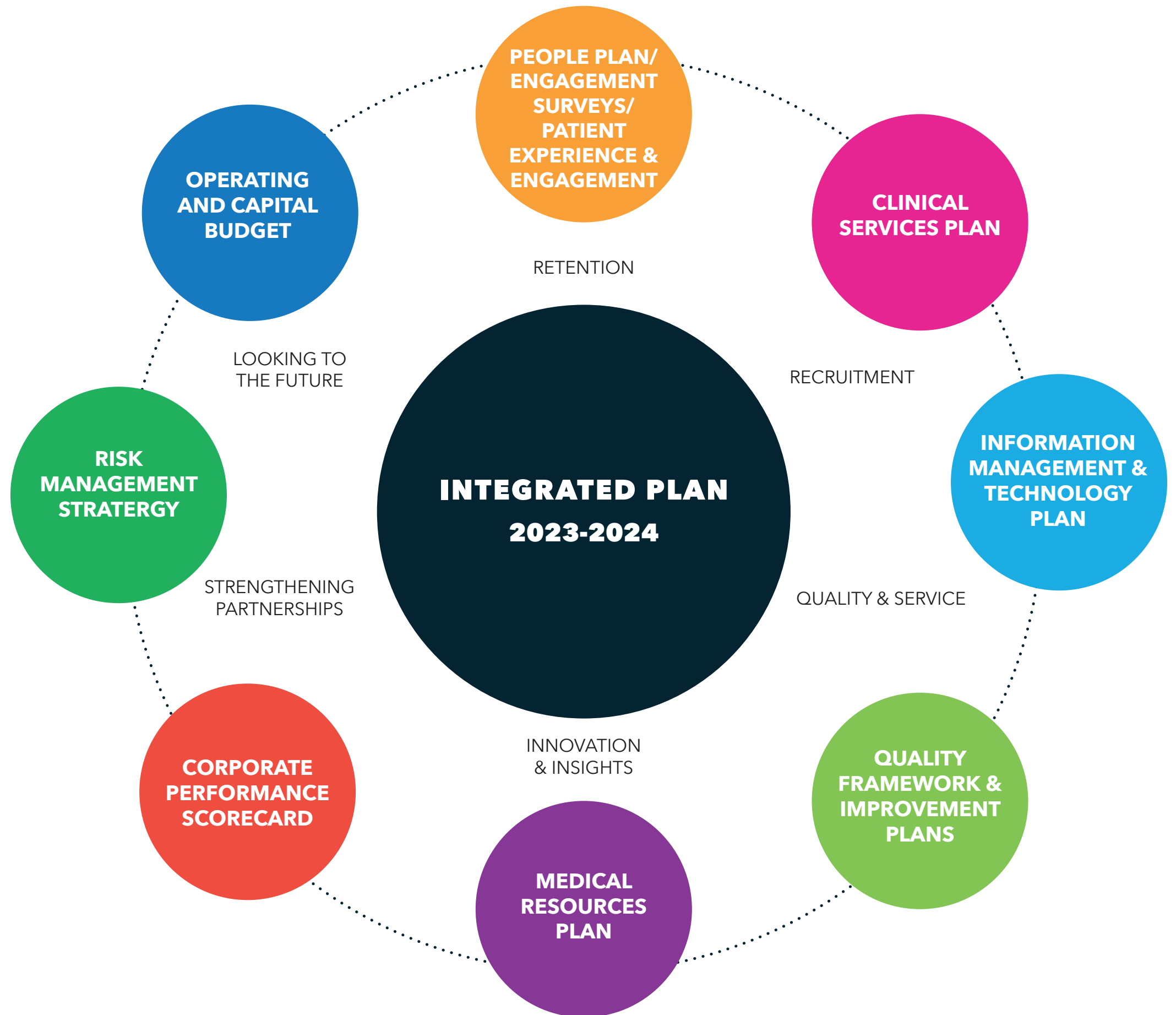
Strategic Direction	Corporate/Board Scorecard KPI FY23/24	5 year Milestone (Top decile)	Performance - FY23/24 Corporate SC KPIs (FY22/23 forecast data) vs. FY21/22 Canada and Ontario top deciles benchmarks
Deliver a World Class Experience	Overall Patient Experience (%)	Ontario	Overall Patient Experience (%) 68%
	% of Staff Who Are Likely or Very Likely to Recommend GRH as a Great Place to Work	Ontario	% Staff Likely/Very Recommend 83%
	% of Providers Who Are Likely or Very Likely to Recommend GRH as a Great Place to Practice	Ontario	% Providers Likely/Very Likely Recommend 78%
	% of Team Members Who Feel A Sense of Belonging at GRH	Ontario	% Team Members who feel a Sense of belonging 90%
	Turnover Rate (%)	Ontario	Turnover (%) 11%
	Hospital Harm Indicator	Canada	Hospital Harm Indicator 44%
	% of Time Provincial Wait Time Target is met for ED	Canada	% Time Provincial Wait Time Target is met in ED 87%
	% of Time Surgical Wait Time Targets are met	Canada	% Time Surgical Wait Time Targets are met 68%
	% of Time Medical Imaging (MI) is Within Target Wait 2 (%)	Canada	% Time Medical Imaging is within target Wait 2 56%
	Bottom Line Surplus / Deficit		Positive/Surplus
Partner to Create a World Class Health System	Avoidable Beds (#) (Excluding FP's designated ALC beds)	Ontario	Avoidable Beds (Acute) 42%



HOW KEY GRAND RIVER HOSPITAL PLANNING INPUTS ARE REFLECTED IN THE INTEGRATED PLAN 2023-2024

This Integrated Plan 2023-24 comprises several key sub-plans or directional documents which guide the work of specific areas of the organization. Bringing them together within the Integrated Plan ensures that priority work of all areas of the organization are understood, supported and mutually reinforced. These documents include:

1. The People Plan 2021-27
2. Employer and Provider Surveys 2022
3. Patient Experience & Engagement
4. Clinical Services Plan
5. Information Management and Technology Plan
6. Quality Improvement Plan
7. Medical Resources Plan
8. Corporate Scorecard
9. Integrated Risk Management Plan
10. Operating and Capital Budgets



PEOPLE PLAN 2021-2027

Key to the success of the GRH Strategic Plan and Integrated Plan 2023-24 is our People Plan, outlining our vision and mission, and the areas of focus that will enable us to attract, retain, develop, and enable the exceptional people we need to achieve our organizational goals. Our six Areas of Focus - Partnerships, Innovation & Systems; Engagement, Culture & Belonging; Recruiting & Onboarding; Leadership; Growth & Advancement and Health & Well-being, describe how we will achieve recognition as a place where people from our region and beyond want to work. The People Plan builds on the input from team members across GRH. Throughout the planning and development process, we heard from team members about numerous opportunities to strengthen our workplace by focusing on our team member's experiences, belonging, and well-being. Given that retention is our Number 1 priority for 2023-24, the guidance of the People Plan will be pivotal to our success.

LINKAGE OF THE PEOPLE PLAN TO THE 2023-2024 INTEGRATED PLAN



THE EMPLOYEE AND PROVIDER SURVEYS

At GRH, the Employee Engagement Survey and Provider Engagement Survey serve as an opportunity to learn from all team member and provider experiences and perspectives. Furthermore, the surveys indicate to team members that their experiences are important and their voices matter. At GRH we feel it is important to invest in understanding our culture, build on our strengths and continuously work to improve where needed.

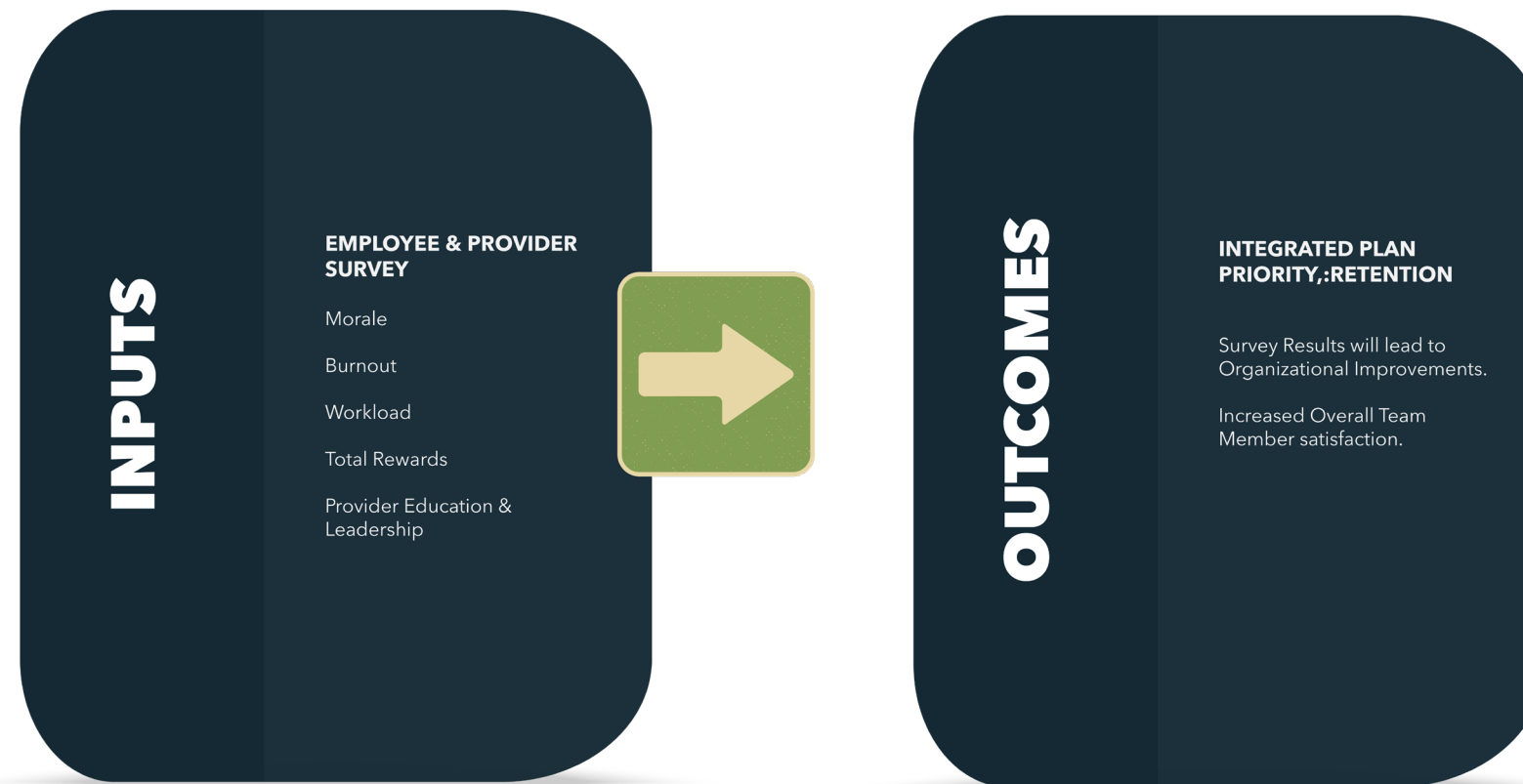
Engagement surveys are completed every two years and are an opportunity for team members to provide open and honest feedback. They enable all team members and providers to understand where the organization is succeeding and where more support is needed.

The results from our most recent biennial surveys will assist GRH to:

1. Better understand the composition of our workforce and how well it represents the communities that we serve;
2. Measure engagement levels of all employees and provider groups; and
3. Develop opportunities for creating a more inclusive culture.

For the year ahead we will focus on the following elements as identified in the engagement surveys:

LINKAGE OF EMPLOYEE ENGAGEMENT/PROVIDER SURVEY TO THE 2023-2024 INTEGRATED PLAN



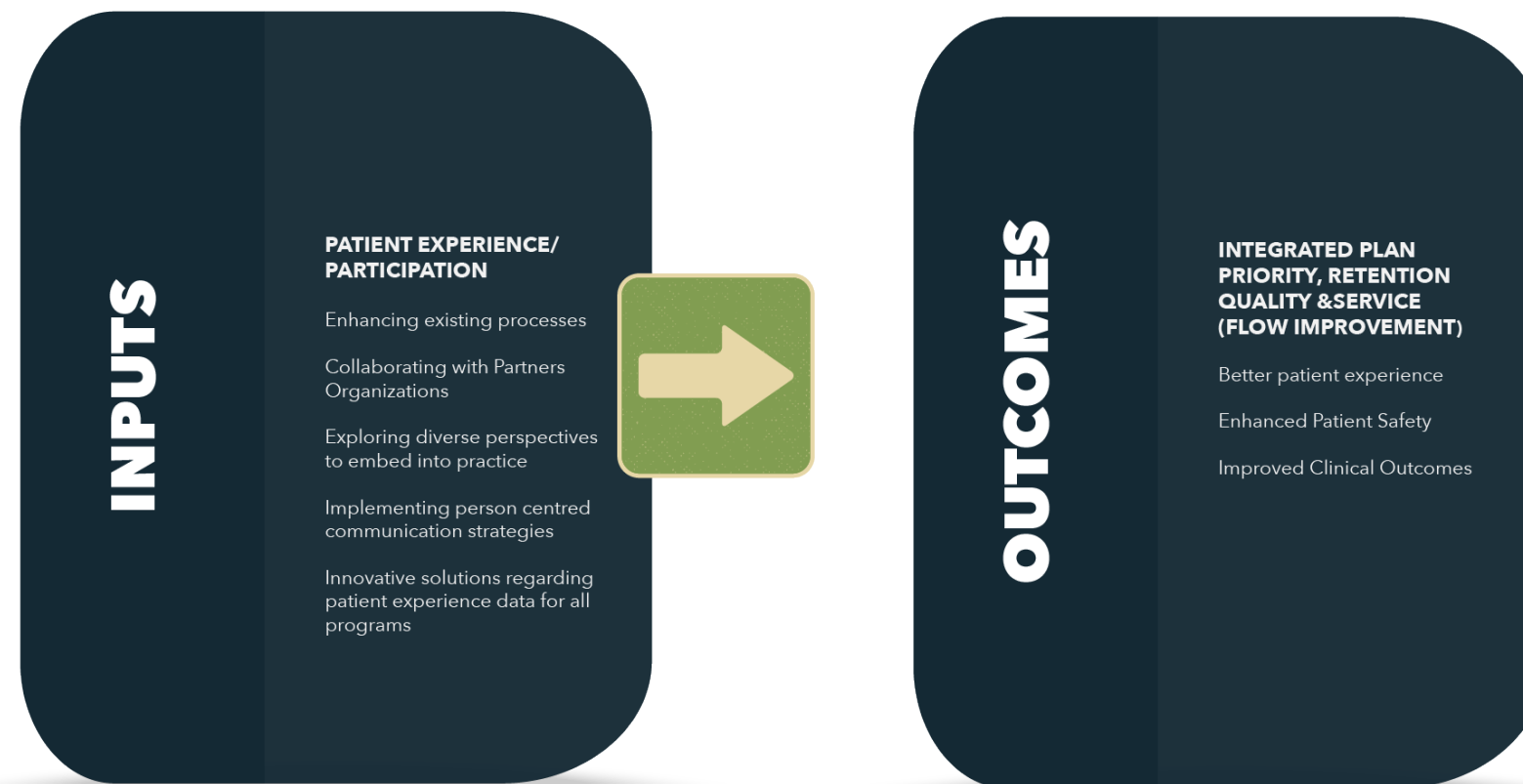
PATIENT EXPERIENCE/PARTICIPATION

GRH continues to focus on implementing the Patient Experience and Patient Engagement strategies in order to improve patient safety and clinical outcomes. 2023/24 activities will focus on creating a comprehensive inventory of organizational patient engagement opportunities and supporting PFAs involvement in all clinical program Quality Committees. Creation of foundational elements of a Patient Experience program will be solidified, resource needs identified, and integration and alignment of staff and resources will be determined in order to support integration of patient experience throughout the organization. Customer service and communications training will continue for all Emergency Department health care providers and staff, with an additional focus on leader rounding. Provision of customer service and training to all clinical and corporate programs will be determined based on internal capacity and readiness.

Implementation of post-discharge patient surveying will resume in Q1, through collaboration with Ontario Hospital Association and Qualtrics Software. Adoption of digital surveying will provide program directors and managers with timely insights in order to identify trends and readily respond to quality improvement, patient safety and patient experience issues.

Initial planning to establish an Essential Care Partner program began in Q4 2022 and will continue in 23/24.

LINKAGE OF THE PATIENT EXPERIENCE/PARTICIPATION TO THE 2023-2024 INTEGRATED PLAN



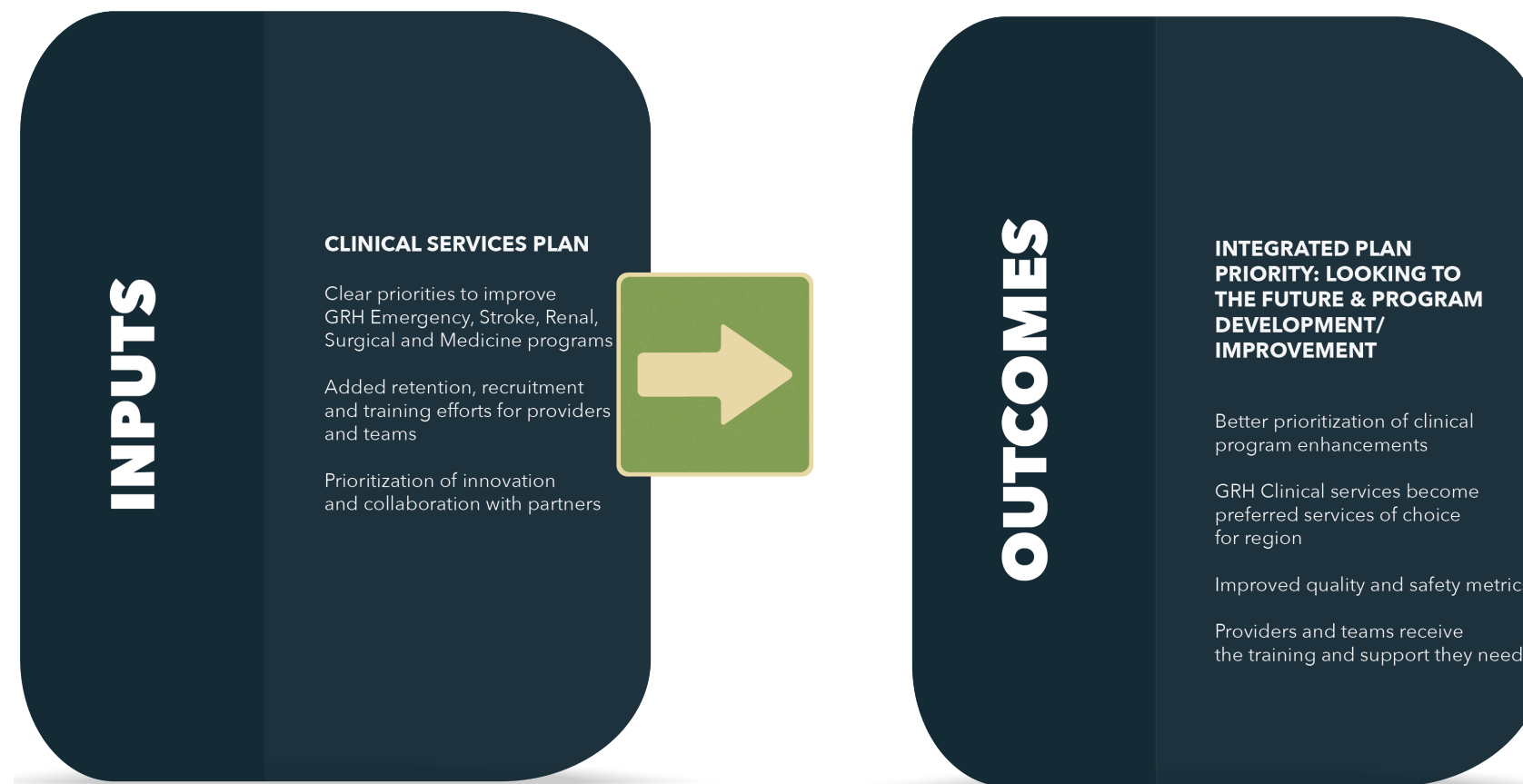
CLINICAL SERVICES PLAN

The Clinical Service Plan (CSP) is a significant strategic document currently under development at GRH. The CSP will highlight the activities that clinical programs will undertake over the next three to five years. Activities are identified across all clinical programs collaboratively, using data to consider predictions of future demand, assessments of program current state and by identifying leading practices and opportunities of other world class hospital programs for potential incorporation at GRH.

To both support and enable the GRH Integrated and Strategic Plans, the CSP followed a framework that guided programs to identify activities that will deliver optimal services and contribute to advancing the work of the broader health system and that will also focus on quality, safety of care and the experiences of patients, families, and team members. Each strategic goal was developed to align with one of the hospital's three strategic directions: Deliver a World Class Experience for Patients, Families and Team Members, Partner to Create a World Class Health System, and Innovate and Transform Healthcare Delivery.

The CSP is also a hybrid plan with specific program goals and improvements, developed by the programs as well as fulfilling overarching goals across all of the clinical programs including digital health optimization, care outside our walls, insight driven and leading practices, a senior friendly hospital, regional service integration and health equity. It is important to note that once the CSP is in operation it will significantly impact the work and prioritization of clinical programs and services and will be a "big lift" at first, so clinical teams will need space in their workload to be able to implement the CSP priorities effectively. It is anticipated that the adoption of the CSP will streamline workload by bringing clarity to accountabilities, deliverables, and priority work. It will also link to advancing Regional Services, such as digitizing data in Pathology Department (Precursor to Neuro program), Neuroscience, Palliative Care, Stroke, Child and Adolescent Inpatient Unit, Mental Health, Oncology, Renal, Specialized Mental Health, Complex Continuing Care, Rehab and Transitional Care Unit.

LINKAGE OF CLINICAL SERVICES PLAN TO THE 2023-2024 INTEGRATED PLAN



REGIONAL CLINICAL SERVICES

GRH continues to implement regional coordination efforts in alignment with our provincial partners specifically, The Waterloo Wellington Regional Cancer Program (WWRCP) and the Ontario Renal Network (ORN).

WWRCP is a network made up of healthcare professionals and hospitals that provide cancer care across Waterloo Region, Wellington County, and the southern portion of Grey County. Across the region, hospitals, health agencies and community organizations work in partnership to ensure people receive access to the high-quality cancer care they need. Together, we care for a diverse patient population. Ongoing strategic partnerships with patients and stakeholders will be fundamental in growing and improving our cancer system going forward. GRH will work to further integrate the regional cancer system and provide seamless, high-quality, patient and family-centred care in continued partnership with Ontario Health.

Additionally, GRH partners with the ORN to assist individuals who are faced with acute and chronic kidney disease. The regional strategic plan supports ORN's overarching goals and together, we will improve the lives of those living with kidney disease through establishing effective partnerships within our community, and the active engagement of our patients and their families in developing plans of care collaboratively.



Chronic Kidney Disease Programs

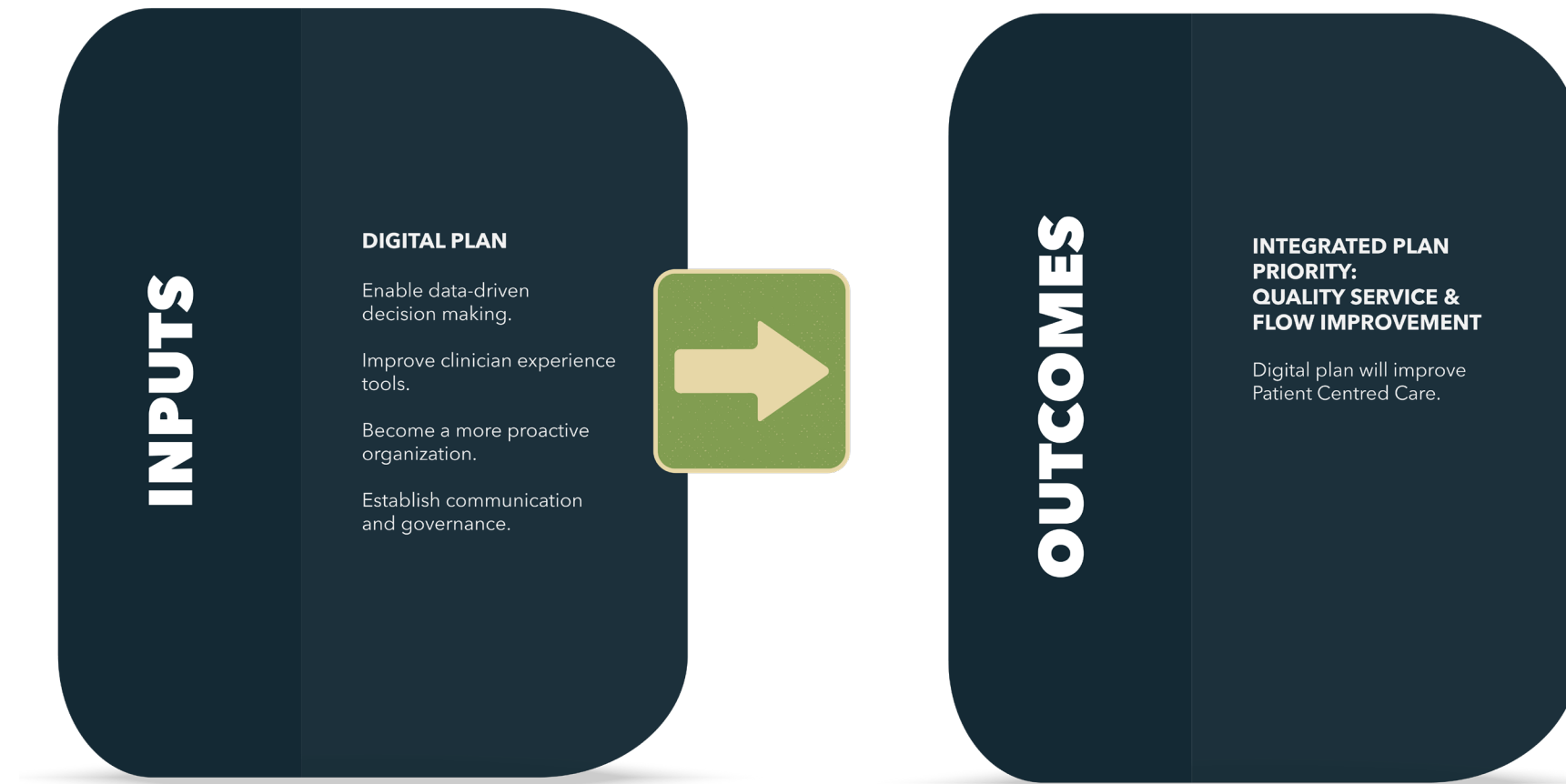
Cancer Services



INFORMATION MANAGEMENT AND TECHNOLOGY (IM/IT) PLAN

The Integrated Planning and Integrated Information Technology Units (IM/IT) at Grand River Hospital (GRH) and St. Mary's General Hospital (SMGH) have developed a joint 3-year Digital Roadmap. This roadmap will help better serve community members throughout their healthcare journey, guide the partnership in future decision-making and serve to build greater capacity for care-enhancing innovation. Clinical, technical, and administrative projects have been identified. The process will support the provision of care through integrated technology, providing more efficient and streamlined services, with higher quality and value at a lower cost to both organizations. Next steps include the development of detailed business cases, evaluation of capacity and capability including resources both human and financial socialization and implementation over the next three years.

LINKAGE OF INFORMATION MANAGEMENT AND TECHNOLOGY PLAN TO THE 2023-2024 INTEGRATED PLAN



QUALITY MANAGEMENT STRUCTURE/Framework AND PLAN

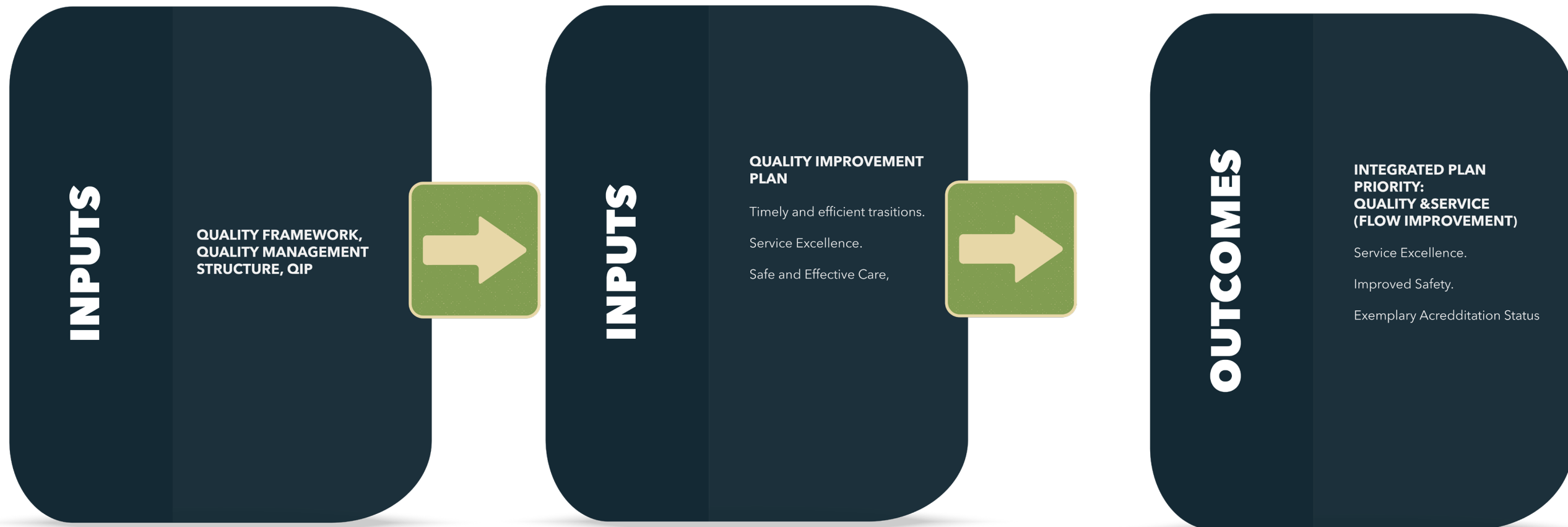
At GRH, Quality is the responsibility of all. We have adopted a renewed GRH Quality Framework that will serve as a tool for developing a collective understanding of quality of care and quality improvement. The framework provides a structure to support team members to achieve high-quality outcomes identified in the GRH Strategic Plan through processes that enable planning, organizing, and integrating quality improvement activities as well as measuring to evaluate progress.

GRH will focus on three of the following necessary components of the Quality Management System (QMS) for the year ahead:


1. **Quality Planning:** a systematic process for developing new products and processes that ensure that the needs of patients and families are met;
2. **Quality Control:** a process to ensure that all key operational processes are stable; and
3. **Quality Improvement (QI):** an organized creation of beneficial change and the attainment of unprecedented levels of performance.

To deliver on the Quality Plan, and as we continue to strive to improve the quality and safety of the care we provide, GRH will focus on our Quality Improvement Plan (QIP) which will include partnering with patients, families and the community to address timely access to care, medication reconciliation, team member and patient safety and patient experience. The table below links the QIP/QMS (framework) to the identified priorities for 23/24..

LINKAGE OF THE QUALITY PLAN TO THE 2023-2024 INTEGRATED PLAN



FY23/24 QUALITY IMPROVEMENT PLAN (QIP) KEY PERFORMANCE INDICATORS

	Strategic Direction	Year 5 goal From Strategic Plan	FY23/24 QIP KPIs	FY22/23 YTD Dec	FY23/24 Target	FY23/24 Weight	Comments/Justification
Advancing Exceptional Care	Deliver A World Class Experience	We will rank in the top decile in Ontario for patient/family and team experience	Communication with Drs and Nurses (%) - composite metric	74.1 (FY21/22)	80	15	Patient experience is identified as a key improvement opportunity in FY23/24. Target set at 80% (Top decile LCH)
			Total number of workplace violence incidents (#)	239 (27/mth)	228 (19/mth)	10	Part of our overall retention strategy Keep Target at 228 or 19/mth
		We will rank in the top decile in Canada for selected/key patient quality and safety results	Time to Inpatient Bed - 90th%ile (hrs.)	21	16	15	An ongoing improvement opportunity Links to corporate goal of 'Avoidable beds and Flow' Keep Target at 16 hrs
			% of Time Best Possible Medication History (BPMH) completed on Admission (%)	78.4	83.4	15	Keep Target at 83.4%
			Rate of Hand Hygiene Compliance Before Patient Contact (%)	51	83.8	25	Identified as a key improvement opportunity impacting Hospital Harm Target to be set at 15%age pts improvement over two years; - FY23/24 at 83.8% - FY24/25 at 98.8%
	Partner to Create a World Class Health System	We will rank in the top decile in Canada for selected/key patient quality and safety results	Total ALC rate (%) (Acute & Non-Acute) (HSAA)	19.6	18.4%	20	Remains a large opportunity, and we'll work with partners, including OHT to support improvement strategies Calculation/methodology for this KPI will be aligned with OH public reporting methodology; i.e.: exclude neonates/newborns and ED inpatient patient days from the denominator. Bed census days at 11am will be used for denominator. This change will show an increase in the total ALC rate. Target is set at 18.4% (10% improvement over YTD Oct results of 20.4%)
							100



MEDICAL RESOURCE PLAN (MRP)

This plan provides a systematic and comprehensive approach to the recruitment and retention of professional staff for St. Mary's General Hospital and Grand River Hospital. Medical resource planning is a multi-step process, which begins with the following activities:

- An assessment of gaps in care from a population perspective and community need
- Alignment with the hospital's strategic directions
- Aspirations to provide new and innovative care

To develop this plan, the Chief of Staff office reaches out to each of the clinical programs to gain an understanding of their professional human resource requirements for the upcoming year. After the needs assessment is completed, the financial impact to the organizations of the proposed recruitment is comprehensively evaluated. Following this, a thorough impact

assessment of resources is undertaken to support the hiring of new or replacement physicians. Its purpose is to assist the hospitals in planning medical staff recruitment in keeping with the mission, vision, values, and clinical priorities of the hospitals.

The impact assessment takes into consideration the following:

- The physician's practice patterns
- Resources required (e.g. OR time)
- Capital equipment needs
- Staffing impact
- Potential funding sources such as quality-based procedures (QBP) funding

Recruitment needs that entail a significant financial investment are then reviewed by senior team members and the Joint Medical Advisory Committee. Each program is tasked with providing their ranking against five criteria:

1. Integration and flow
2. Quality and safety

3. Access and equity
4. Health status
5. Workplace environment

The final step is the credentialing of the individual Physician. This requires sign-off on the Physician Impact Analysis by the Senior Leadership Team (SLT), specifically by the impacted operational Vice President. The Board completes final granting of privileges.

The Medical Resource Plan is developed annually in collaboration with the department chiefs and/or division leads. Each clinical service is responsible for providing information regarding anticipated departures, retirements, and any program expansion that would require additional medical resources. The plan also takes into consideration gaps in hospital services and in meeting the needs of the community.

LINKAGE OF THE MEDICAL RESOURCES PLAN TO THE 2023-2024 INTEGRATED PLAN



UNDERSTANDING ORGANIZATIONAL HEALTH AND PERFORMANCE

CORPORATE SCORECARD

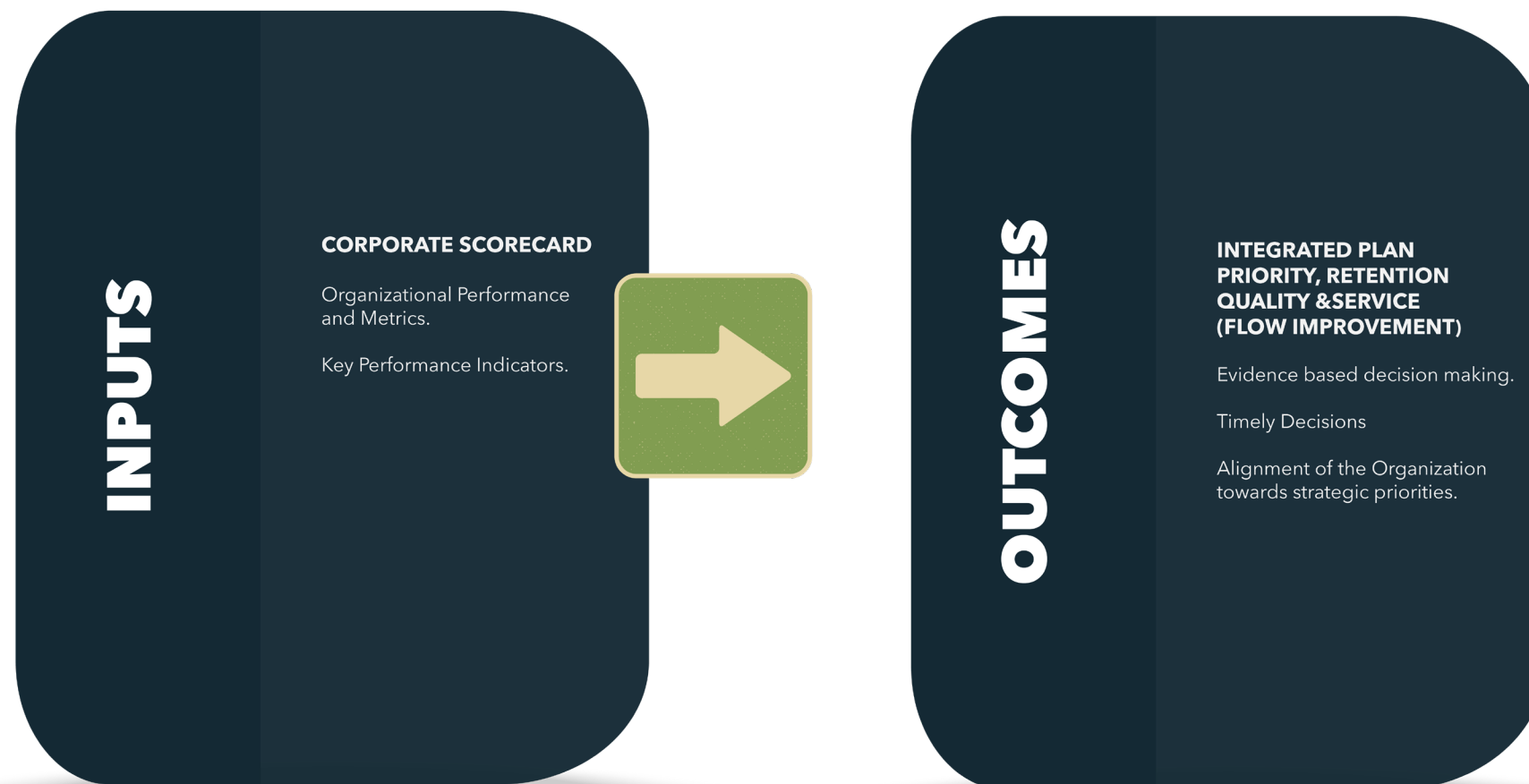
GRH measures progress and achievements against our objectives through a corporate scorecard that has been developed with key stakeholders. The scorecard provides an integrated strategic overview of our organizational health.

In addition to setting targets for the Key Performance Indicators (KPIs), performance weights have been assigned to each KPI to ensure priorities are clearly reflected. Corporate scorecard KPIs are grouped in organizational priority categories; Patient Experience, People Experience, and Stewardship of Resources, and are weighted 50%, 40%, and 10%, respectively.


This year, where appropriate, we have included 'Explanatory KPIs', a few of which are on FY23/24 Hospital Service Accountability Agreement (HSAA), which drill-down measures to the relevant scorecard KPIs. As in prior years, where applicable, the Corporate Scorecard KPIs cascade to program level scorecards to ensure alignment of goals across the organization.

Our 'Monitoring Scorecard' will include four KPIs to support Senior Leadership Team with oversight on selected metrics that are important to our strategic goals and are not on our Corporate scorecard this year. This approach provides close oversight, and proactively supports our 5-10-year strategic goals going forward.

LINKAGES OF CORPORATE SCORECARD TO THE 2023-2024 INTEGRATED PLAN




CORPORATE SCORECARD AND SUPPORTING EXPLANATORY KEY PERFORMANCE INDICATORS

	Strategic Direction	Year 5 goal From Strategic Plan	FY23/24 Corporate Scorecard - Performance KPIs	FY22/23 YTD Dec 22 Performance	FY23/24 Target	FY23/24 Performance Weights	FY23/24 Explanatory KPIs	
Advancing Exceptional Care	Deliver A World Class Experience	Our board, leadership and teams make-up better reflects the communities we serve	% of Team Members who feel a sense of belonging at GRH	77.6 YTD Sep	85.1	5		
		We will rank in the top decile in Ontario for patient/family and team experience	Turnover Rate (%) - Voluntary Separations (Resignation & Retirements)	14.2 YTD Sep	12%	15	Vacancy (%) or Overtime (%)	
			% of Providers who are likely/very likely to recommend GRH as a great place to practice (%)	67.2 YTD Sep	82.4	10		
			% of Staff who are likely/very likely to recommend GRH as a great place to work (%)	69.6 YTD Sep	79	10		
			Overall Patient Experience (%) <i>(% of Patients selected scores 9 & 10)</i>	60	67	10	Communication with Dr.s and Nurses (%) - composite metric from QIP	
		We will rank in the top decile in Canada for selected/key patient quality and safety results	Hospital Harm Indicator (# of hospital discharges with at least one occurrence of harm per 100 discharges) (%)	4.1 YTD Oct	3.7	10	Hospital Harm <i>Category A</i> : Health Care/Medication-Associated Conditions Hospital Harm <i>Category B</i> : Health Care Associated Infections Hospital Harm <i>Category C</i> : Patient Accidents Hospital Harm <i>Category D</i> : Procedure-Associated Condition	
			Timely - % time ED wait time target is met	82.3	90.3	5		
			Timely - % time surgical wait time target is met	61	73	10	Surgical Long Waiters <i>(HSAA)</i>	
			Timely - % within MI wait time target - Wait 2	51.6	52.4	5		
		Annually plan for adequate and appropriate net operating surplus to pay for the needed future Operating and Capital investments to meet our strategic directives.	Bottom-line Surplus/Deficit (Total FY23/24 Operating Revenues less (-) Total FY23/24 Operating Expenses)	3.8M	3M	10	% of non-MOHLTC revenue	
	Partner to Create a World Class Health System	We will rank in the top decile in Ontario for selected/key patient quality and safety results	Avoidable Beds (#) - Acute Bed equivalent only	87 (Acute bed equivalents only)	78	10	Conservable Beds (#) Acute Equivalent ALC beds (i.e. excluding FP ALC beds) ALC Throughput <i>(HSAA)</i>	
							100%	Total Weight
							50%	<i>Patient Experience</i>
						40%	<i>People Experience</i>	
						10%	<i>Stewardship of Resources</i>	



FY23/34 MONITORING SCORECARD AND KEY PERFORMANCE INDICATORS

	Strategic Direction	Year 5 goal From Strategic Plan	Proposed FY23/24 KPIs	FY22/23 YTD Dec	FY23/24 Target
Advancing Exceptional Care	Deliver A World Class Experience	We will rank in the top decile in Canada for selected/key patient quality and safety results	HSMR Ratio (HSAA)	76.9	75
		Annually plan for adequate and appropriate net operating surplus to pay for the needed future Operating and Capital investments to meet our strategic directives.	Current Ratio (HSAA)	1.16	1.2
	Partner to Create a World Class Health System	We will rank in the top decile in Ontario or selected/key patient quality and safety results	Frequent (>4 visits/year) ED visit for Support with MH&A (%)	14.5	12
		We will rank in the top decile in Canada for selected/key patient quality and safety results	% Readmission within 30 days (Same Facility (CIHI)) (HSAA - For Selected HIGs)	5.4	5.4



INTEGRATED RISK MANAGEMENT (IRM) PLAN

Below is a table that outlines several risks that have been identified as factors or challenges that may impact progress towards our 2023-24 priorities. For 2023/24, risks include: people, technology enabled care, infrastructure, and access to care and patient flow challenges.

RISK	DESCRIPTION	MITIGATION STRATEGIES
PEOPLE	Monitor team member (including physician) wellbeing, resource capacity, workload, recruitment & retention	<ul style="list-style-type: none"> • Recruitment branding implementation • Increase efforts of recruitment • Review onboarding/orientation process and overall experience • Implementation of workplace violence recommendations from audit • Inclusive leadership training to improve psychological safety • Implementation of review of managers work to reduce frustrations and inefficiencies • Implementation of the Total Rewards strategy • Engage with external consulting firm
TECHNOLOGY ENABLED CARE	Oversee the Hospital Information System (HIS) Implementation, adoption & optimization including OLIS, Lotus Link (policies) and Cyber Security	<ul style="list-style-type: none"> • Develop an integrated Digital Services Roadmap (3-5 year horizon) to sequence • Cerner & Infor optimization • Implementation of Power Chart Oncology • Implementation of OLIS Implementation of Office 365 • Implement the Information Security Maturity Framework and a refreshed • Organization-wide cyber risk education program • Implement organization wide cyber Review of pharmacy module to aid in financial • reconciliation education and maturity framework • Develop and implement Data Governance Strategy Framework and Roadmap to • Transition to an appropriately data modelled Data Lake infrastructure • Establish a set of principles and practices that ensure complete lifecycle • management of our data assets, and supports successful digital transformation • Finalize assessment of current HIMSS EMRAM and INFRAM levels • Review of training resources that support

RISK	DESCRIPTION	MITIGATION STRATEGIES
INFRASTRUCTURE	Supervise the aging Infrastructure, lack of physical space and Master Plan Development (including preventative and regular maintenance)	<ul style="list-style-type: none"> • Complete relocation of Data Centre • Implement Enterprise Space Optimization Strategy approved July 2022 • Continue with Submission of Stage 1.2 Master Plan • Implement CT replacement - approved • Management to explore increasing contingency to address increased market risk and • Volatility associated with capital renovation projects • Complete implementation of additional Isolation
ACCESS TO CARE & PATIENT FLOW CHALLENGES	Oversee operations to ensure the hospital is able to provide timely access to care, support the growing need for patient investigation and testing, effectively flow patients through and out of the organization based on limited community resources and appropriate bed availability to meet the growing needs of ALC patients	<ul style="list-style-type: none"> • Develop and PDSA the ED surge algorithm • Reinvigorate Choosing Wisely for DI • Continue to advocate for the additional inpatient beds and ambulatory programs to • Support the regional growth in population and increasing acuity of patients • Engagement with HCCSS and KW4OHT to evolve ED Diversion and additional • Community collaborations • Repatriation guidelines have recently been updated by OH • WestContinued vigilance • on prioritization of patients and working regionally to support flow will be required • Create a secondary space to support low acuity ED • Continue to support ED and other key clinical programs with cross trained nurses • Targeted recruitment - provincially and internationally • Continue to work with regional partners to redirect patients - to decrease wait times • Operationalize second MRI and implement software upgrade • Implement digital pathology to support timely access to diagnostics

23/26 OPERATING BUDGET

The operating budget being presented returns to a three-year planning window in order to provide a longer-term view of future resource planning in order to reach a \$3M surplus in 23/24, \$6M surplus in 24/25 and \$10M surplus in 25/26 (refer to Appendix 1).

The 23/24 budget reflects the operation of 652 beds (down from 687 in the current budget) and includes the creation of a 14 bed secure unit and a net reduction of 35 transitional care beds.

The budget highlights are outlined below:

- Ministry funding increase of 3% and reduction in revenue and expenses related to some COVID activities which ceased during 2022/23.
- Inclusion of investments that will allow management to achieve the 23/24 strategic goals outlined in the Integrated Plan. Specifically, \$2.1M of investments have been included to improve staff retention - ensuring staff feel supported by and connected to the organization, that they feel good about their work, and that they have the tools they need to provide excellent patient care.
- Reduction of 40 FTEs over 22/23 budget due to reduction in COVID services (i.e. screening) as well as bed closures. FTEs are decreasing by 1.3% compared to a 5% reduction in beds. Where possible, staff will be transferred to vacant roles across the organization to help reduce premium hours related to overtime, sick/sick replacement and the use of agency staff.
- Financial risks in the plan are addressed through a \$5.1M budget contingency.

The key risks to the 23/24 plan include Ministry funding being higher or lower than planned, continued pressures on expenses related to ongoing COVID activities and inflationary pressures due to current market conditions. These risks will be addressed through monitoring and in-year planning as well as alignment of COVID activities based on Ontario Health's priorities.

23/26 CAPITAL BUDGET

The 23/24 Capital Budget provides a total of \$21.2M in new capital commitments towards approved capital envelopes in addition to continued spending of \$29.5M towards previously approved projects. The budget accommodates investment in new clinical equipment, renovations, information technology, and facilities as well as addressing inflationary pressures on renovations due to the current environment. It also excludes Building the Future of Care Together that will be budgeted for separately and is expected to be fully funded.

The capital budget is supported by a five-year cash forecast and the 23/24 capital expenditure commitment is funded through various sources and excess cash. Normalized longer term forecasted capital purchases of approximately \$25M-\$30M are supported by preservation of our longer term hospital surplus cash balance. A risk assessment of required 23/24 capital expenditures centred on balancing current capital replacement and strategic need versus ensuring sufficient available 23/24 surplus cash funds was conducted as part of the plan.

Overall, the major risks to this budget include cost escalation due to market volatility as well as balancing needs with sources of funds available. These are addressed through contingencies included in the budget as well as on-going monitoring of the environment and risk assessment.

23/26 INCOME STATEMENT AND BALANCE SHEET

	22-23 Annual Budget	22-23 Forecast	23-24 Budget Proxy	24-25 Budget Proxy	25-26 Budget Proxy	
Amounts in Thousands (1,000's)						
REVENUE						
Ministry of Health	408,236	419,504	409,622	399,022	408,315	
Other Revenue	62,691	65,031	71,541	69,913	70,534	
TOTAL REVENUE	470,927	484,534	481,163	468,935	478,849	
EXPENSES						
Compensation	335,038	339,923	343,157	326,249	330,276	
Supplies + Other Expenses	57,852	63,521	55,790	58,704	60,551	
Medical + Surgical Supplies	25,180	25,437	24,939	25,815	26,577	
Drugs + Medical Gases	35,677	39,466	36,564	37,294	38,040	
Amortization of Equipment	16,368	15,232	18,123	16,257	16,257	
Other Expenses	3,201	3,907	3,506	3,573	3,604	
TOTAL EXPENSES	473,316	487,485	482,080	467,891	475,305	
SURPLUS/(DEFICIT) HOSPITAL OPERATIONS	(2,389)	(2,951)	(918)	1,044	3,544	
SURPLUS/(DEFICIT) COMMERCIAL	5,667	4,956	6,667	7,667	9,167	
SURPLUS/(DEFICIT) OTHER VOTES	0	(90)	0	0	0	
SURPLUS/(DEFICIT) - HSAA	3,278	1,915	5,750	8,711	12,711	
SURPLUS/(DEFICIT) BUILDING DEPRECIATION	(2,278)	(1,916)	(2,750)	(2,711)	(2,711)	
TOTAL SURPLUS/(DEFICIT)	1,000	(0)	3,000	6,000	10,000	
	MAR 31, 2023	MAR 31, 2024	MAR 31, 2025	MAR 31, 2026	MAR 31, 2027	MAR 31, 2028
ASSETS						
Current assets	94,212	72,642	75,071	82,892	92,925	103,658
Capital assets	201,805	224,888	225,275	218,665	210,975	204,285
Accrued Pension Benefit	45,110	45,000	45,000	45,000	45,000	45,000
	341,127	342,530	345,346	346,557	348,900	352,943
LIABILITIES & NET ASSETS						
Current liabilities	97,760	91,295	91,460	91,528	91,597	91,670
LT liabilities/bank financing	51,481	49,361	46,722	44,115	41,439	38,759
Accrued other benefits plan obligation	13,389	13,389	13,389	13,389	13,389	13,389
Deferred capital contributions	124,215	131,203	130,493	124,243	119,193	115,843
Net assets	54,282	57,282	63,282	73,282	83,282	93,282
	341,127	342,530	345,346	346,557	348,900	352,943
Working Capital Ratio	0.96	0.80	0.82	0.91	1.01	1.13
Working Funds	\$ (3,548)	\$ (18,653)	\$ (16,389)	\$ (8,636)	\$ 1,328	\$ 11,988

LINKAGES TO THE GRAND RIVER HOSPITAL FOUNDATION

With the fundamental goal of supporting the hospital, Grand River Hospital Foundation builds upon and elevates the work of our dedicated hospital teams in many capacities and will play a key role in helping us achieve the priorities outlined in this year's Integrated Plan.

The additional capacity and resources they are able to put forth to support non-clinical endeavours will make them a strong, innovative leader of the volunteer program and integrated communications for both organizations, while their commitment to supporting the KW4 Ontario Health Team (OHT) through ongoing fundraising efforts, staff time, and the use of workspace at Foundation House will continue to strengthen that partnership, support our strategic direction of partnering to create a world class health system, and bring us closer to our goal of working with our partners to make the Ontario Health Team vision a reality.

As the fundraising organization for the hospital, the foundation also plays an essential role in the hospital's day-to-day success, providing equipment, tools, resources, and infrastructure that enable our teams to provide the highest level of care. Their innovative mindset helps fortify the hospital's own goal of building innovation capacity and is supported with funding for new projects and programs. In alignment with the Integrated Plan's top priority for the upcoming year, team member retention, health and well-being, with numerous community-funded initiatives supporting these priorities, including the Team Member Well-being Consultant position; annual funding and support for Employee Resources Groups; the Learning Development Fund, which supports flexible, continued training and education for staff; and team member appreciation initiatives like coffee coins, the leaders collection and Grand Thanks. The impact of the foundation as a fundraising organization also extends far beyond the dollar value of the money raised for the hospital each year—their strategic Care Never Stops campaign is rallying our community to support the hospital and health care throughout the region. It will build public trust and empower our community in preparation for the larger, upcoming campaign in support of Building the Future of Care Together, all to ensure the future success of the Joint Master Plan as a part of our collective goal for a world class health system supporting healthier lives.

2022/23 CARRYOVER ITEMS

GRH is still in the process of delivering on the priorities of the Integrated Plan of 2022-23 and will be reporting the results of this work to the Board by June 2023 once after the fourth quarter of 2022-23 is complete.

On balance, the organization is on track to deliver on its priorities for 2022-23. In addition, projects underway in the current year will lay the groundwork for 2023-24 priorities, including implementation of a performance management system, information technology upgrades and improvements to clinical service delivery.

HOW THE INTEGRATED PLAN 2023-24 WAS DEVELOPED

The Integrated Plan was developed in close consultation with the Senior Leadership Team throughout the Fall of 2022. Advice was also sought from the Integrated Planning Table which includes representation from all key corporate and clinical areas as well as patient and family advisors. Given the current and intense workload experienced by the organization, a wide engagement effort was not adopted to develop this Plan. This was a conscious decision, given the pandemic workload still being experienced by our teams. The Plan will be communicated to the organization once it is approved by the Board.

EXECUTING THE INTEGRATED PLAN

MONITORING, TRACKING AND REPORTING PROGRESS

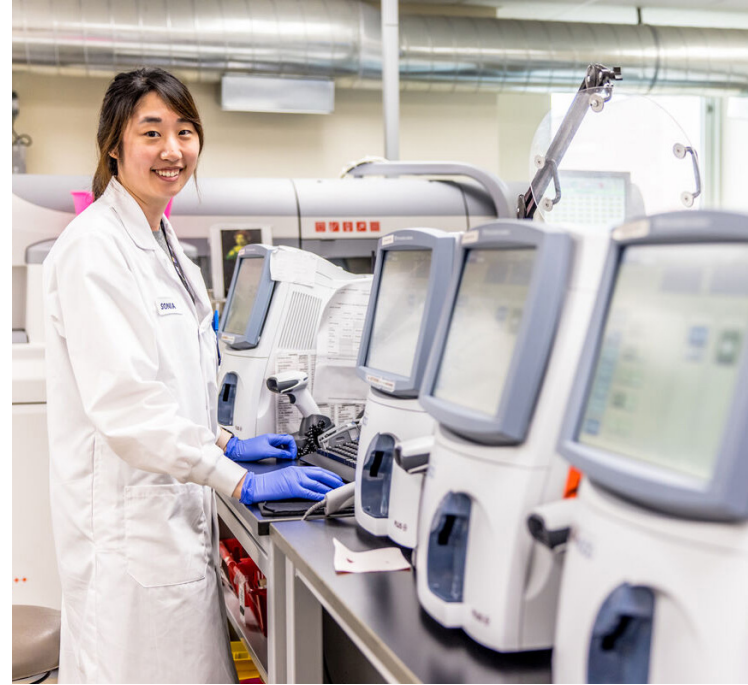
Tracking our progress will be key. Throughout the year, progress will be collectively monitored by our Integrated Planning team, with semi-annual reports to our Senior Leadership team (CEO and Vice Presidents), and Board.

CORPORATE SCORECARD AND CASCADING PROGRAM/DEPARTMENT SCORECARDS TO BUILD ORGANIZATIONAL ALIGNMENT AND FOCUS

Scorecards will be reviewed on a semi-annual basis by the Board, on a quarterly basis by SLT and on a monthly basis, through the cascading metrics at an operational level where applicable.

DEVELOPMENT OF AN ORGANIZATIONAL PERFORMANCE FRAMEWORK AND ACCOUNTABILITY STRUCTURE

GRH is in the process of refining our organizational performance, management, and accountability structure. By doing so, our intent is to further reinforce the importance of assigning accountability to our leadership team for all aspects of performance - financial, process, and outcome. This will support the achievement of our Integrated Plan priorities.



THANK YOU

GRAND  RIVER
HOSPITAL