



Strategic Plan

approved April 2016

Vision

Excellent, compassionate care . . . every day

*"I don't use emergency very often but when I do
I find your staff patient and understanding
– we are truly fortunate to have such a great hospital"*

Patient

March 15th 2016

*"The diversity of patients and situations bring me
in OSMH's front door effortlessly each shift!"*

Amanda Duncan

RPN – Soldiers' 1

*"OSMH radiates a sense of community pride that
we have not encountered anywhere else."*

Drs. Ben and Elizabeth McNaull

*"Staff across all units show a genuine caring when
it comes to patient and family care"*

Miae Kim

Patient Safety and Risk Coordinator

Message from OSMH Leadership

In 2015-2016 Orillia Soldiers' Memorial Hospital embarked on one of its most important initiatives in its history- a strategic planning process aimed at developing a road map to support the hospital's evolution as the system undergoes significant change. This process included a wide variety of people from both inside and outside the organization. The Orillia Soldiers' Memorial Hospital's (OSMH) Strategic Plan 2016, outlines a path for the future and continues to build upon the legacy of our hospital. This strategic plan sets our priorities and helps us work toward our shared vision:

Excellent, Compassionate Care ... Every Day

It is important to focus our efforts on continuing to provide the programs and services that are responsive to the changing needs of our patients and the population we serve. It is also increasingly important to forge partnerships and strategies to support enhanced value for every dollar spent on providing care in our region. By engaging with our community in a purposeful and meaningful way, OSMH will define value from the perspective of the patients who need our services. This plan will enhance OSMH's capacity to meet our patient's needs and guide the hospital in making critical choices as the health care system faces a dynamic period of change.

Thank you to all who participated in the comprehensive process that resulted in this plan. We know you will continue to be involved as we face the future together.

Yours truly,

Jeffrey French
Board Chair

Pat Campbell
President & Chief Executive Officer

Dr. Nancy Merrow
Chief of Staff & VP Medical Affairs

Strategic Themes

Transformed Patient Experience

OSMH will transform the patient experience through a relentless focus on patient and family engagement, quality, safety and service

- Patient is engaged in their goal setting
- Patient care transitions are seamless and supported by navigation and wraparound care
- Eliminate preventable harm to patients
- Involve patients and families in organizational decision making

Inspired People and Teamwork

OSMH is a competitive practice destination for professionals and a hospital of choice for staff of all disciplines

- Our staff, credentialed staff and volunteers are proud to work at OSMH
- Our staff, credential staff and volunteers are actively engaged to use their skills, energy and talents
- Strong and effective leaders are developed
- Effective communication mechanisms are in place to support change strategies

Technology, Information and Innovation

Investment and adoption of enabling technologies creates constant innovation in everything we do at OSMH

- Connecting care providers and patients in new ways
- Technology is supportive of streamlined processes
- Improving quality while being effective stewards of resources
- Support timely decision making based on evidence

To be proactive in shaping health system change

OSMH has a thriving, irrefutable role in a high performing care delivery value chain for healthcare services in NSM LHIN and beyond

- Develop effective regional services
- Develop shared services for increased value
- Develop highly integrated local services in partnership with community services
- Pursue alternative funding/revenue opportunities

A Proud History – A New Day

The Orillia Soldiers Memorial Hospital (OSMH) has been dedicated to serving the Orillia and surrounding area for over a century. Over the recent decades OSMH has become a recognized leader in several regional programs including Paediatrics and Kidney Care.

OSMH has a proud history from its the humble beginnings as a 25-bed community hospital to the current organization which provides a wide range of complex acute care supporting local and regional residents throughout North Simcoe, Muskoka and beyond.

The Future - A Call to Action

There is a new imperative in health care today. All Ontarian’s want to be well and as healthy as they can be – at every stage of their lives. The government funders want residents to be supported by health care providers and others in a high quality, high value way.

“...organized around the patient, both inside the hospital and beyond its walls”

The new imperative requires organizations such as OSMH to support patients through their journey in the health system more seamlessly and with a higher degree of efficiency and quality. At OSMH, a new approach to health and health care is envisioned – an inter-connected system of care that is organized around the patient, both inside the hospital and beyond its walls. We will strive to provide *Excellent, Compassionate Care ... Every Day*. OSMH’s current approach of providing excellent care today will support continued progress in improving care tomorrow.

To realize its vision of *Excellent, Compassionate Care ... Every Day* OSMH will work together internally and with external partners. We will continuously ask our patients and partners what it will take to make a healthier community. Together we will dare to imagine ways to achieve it. Building on the best of what OSMH does, we will need to think and act differently in order to take advantage of technology and other opportunities to innovate. OSMH will live the mission of being *Your trusted partner in great care*.

OSMH has carefully examined the health care environment and the needs of the people in our communities. We have engaged multiple groups and individuals to ensure we understand how our plan adds value to the entire continuum of care for the patients we serve. Our thinking has been shaped by the most current provincial plans- Patients First- An Action Plan for Health Care, A Proposal to Strengthen Patient Centred Care, the Price Baker Report “Patient Care Groups: A new model of population based primary health care for Ontario”, the North Simcoe Muskoka Local Health Integration Network (NSM LHIN) Integrated Health Services Plan, and the OSMH Clinical Services Plan. Our plan is grounded in what is presently understood about Health System Funding Reform in Ontario, and within the broader context of strategic directions from national and provincial agencies such as the Canadian Institute for Health Information (CIHI), Cancer Care Ontario and the Ontario Renal Network, the Cardiac Care Network, Health Quality Ontario, (HQO), the Institute for Clinical Evaluative Sciences (ICES) and our own history and experience in caring for patients.

Health Care For Our Community – the Challenges and Opportunities

The Broader Health Care Environment: The Case for Change – Environmental Scan

Over the last decade, OSMH has focused on finding new ways to deliver accessible, high quality, efficient health care, to meet the needs of our community. OSMH has worked diligently to become a solid health care service provider in the NSM LHIN. However there is ever increasing pressure on OSMH. Many of the challenges for OSMH are challenges that are common to the Ontario health care system broadly. However some are unique to our hospital. As we have done in the past we will face the challenges, set priorities and find innovative solutions that help us to continue to provide exceptional care to the people who need our services.

THE CHALLENGE: A changing population

The NSM LHIN is currently home to more than 480,000 people, a number that is expected to grow more than 20% over the next 25 years and exceed 600,000 by 2041. This growth will continue to put pressure on hospital services particularly in light of the aging demographic in our communities.

THE CHALLENGE - Health Care Snapshot

- *Fewer than one in 10 Canadian adults is in ideal cardiovascular health¹*
- *People are living longer. In the next 10-15 years the number of seniors will double in Ontario. Baby boomers represent the largest age group in Canadian history and they will live longer than any previous generation².*
- *In 2015, seniors (those age 65 and older) outnumber youth (those age 14 and younger)³.*
- *Number of Ontario centenarians increased by more than 70% between 1995 and 2010⁴*
- *An estimated 1 million Canadians receive home care at any given time; about 8 out of every 10 of these are seniors⁵.*
- ***Our aging population requires more health care than ever before.*** *It is estimated that the health care needs of older adults (>75 years old) are four to eight times that of middle adults⁶.*
- *Senior citizens, on average, consume twice as many health care resources as the average individual.*
- *Nearly 85% of all ALC patients are age 65 or older and many (35%) are age 85 and older⁷.*
- *Transitions between health care settings present risks for older adults⁸*

¹<http://www.ices.on.ca/Publications/At-a-Glance?year=2014&page=1>

²Service Canada. More information on why changes to the Old Age Security pension are deemed necessary. Service Canada.2012. <http://www.servicecanada.gc.ca/eng/isp/oas/changes/moreinfo.shtml>.

³https://secure.cihi.ca/free_products/HCIC_2011_seniors_report_en.pdf

⁴<http://www.ices.on.ca/Publications/At-a-Glance?year=2014&page=1>

⁵https://secure.cihi.ca/free_products/HCIC_2011_seniors_report_en.pdf

⁶https://secure.cihi.ca/free_products/HCIC_2011_seniors_report_en.pdf

⁷https://secure.cihi.ca/free_products/HCIC_2011_seniors_report_en.pdf

- ⑧ *Chronic diseases accounts for 79% of all deaths in Ontario⁹*
- ⑩ *Residents of for-profit long-term care homes have higher hospitalization and mortality rates than residents of not-for-profit facilities¹⁰*
- ⑪ *One in 4 Ontario hospital visits are made by people with chronic lung disease¹¹*
- ⑫ *Heart failure clinics are associated with decreased mortality but increased rehospitalizations¹²*
- ⑬ *Demand for dialysis increases three-fold following cardiac and vascular surgeries¹³*
- ⑭ *In total, there are roughly seven million visits to physicians' offices in Ontario each year for mental illness or addiction, accounting for about 10% of all visits to physicians in the province¹⁴.*
- ⑮ *One-third of emergency department visits for mental illness or addiction are by people who have not been assessed and treated for these issues before by a physician in the last two years¹⁵.*
- ⑯ *Study finds girls with mental illness three times more likely to become pregnant¹⁶*
- ⑰ *Young people are more likely to visit an emergency department for mental illness or addiction issues without prior outpatient contact with a physician for mental health or addiction care (42.7% of people aged 16 to 24 vs. 29.8% of people aged 25 and above)¹⁷.*
- ⑱ *5% of OSMH maternal patients reported one or more drugs used during pregnancy in 2015/16, versus 2.9% in Simcoe Muskoka in 2013.*
- ⑲ *4.6% of women served at OSMH in 2015/16 reported some alcohol use during pregnancy, compared to 2.4% in Simcoe Muskoka in 2013.*
- ⑳ *There are 15 764 children with medical complexity in Ontario (2005-07), of which 536 reside in NSM (similar to NE LHIN, SE LHIN and higher than NW LHIN)*

⁸<http://www.ices.on.ca/Publications/At-a-Glance?year=2012&page=1>

⁹Cancer care Ontario, Ontario Agency for Health Promotion. Taking Action to Prevent Chronic Disease (Healthier Ontario). Cancer Care Ontario. 2012. https://www.cancercare.on.ca/pcs/prevention/healthieron/?WT.mc_id=takingaction.

¹⁰<http://www.ices.on.ca/Publications/At-a-Glance?year=2015&page=1>

¹¹<http://www.ices.on.ca/Publications/At-a-Glance?year=2013&page=1>

¹²<http://www.ices.on.ca/Publications/At-a-Glance?year=2013&page=1>

¹³<http://www.ices.on.ca/Publications/At-a-Glance?year=2012&page=1>

¹⁴<http://www.ices.on.ca/Newsroom/News-Releases/2015/The-quality-of-mental-health-services-varies-across-the-province-says-new-report>

¹⁵<http://www.ices.on.ca/Newsroom/News-Releases/2015/The-quality-of-mental-health-services-varies-across-the-province-says-new-report>

¹⁶<http://www.ices.on.ca/Publications/At-a-Glance?year=2014&page=1>

¹⁷<http://www.ices.on.ca/Newsroom/News-Releases/2015/The-quality-of-mental-health-services-varies-across-the-province-says-new-report>

THE CHALLENGE: Demand for Acute Care Hospital Inpatient Services

Modelling of hospital inpatient clinical volumes¹⁸ (from 2013/14 YE Discharge Abstract Database (DAD) clinical datasets), suggests that the hospitals in NSM LHIN will see a 14% increase in inpatient volumes between 2014 and 2022 (Table 1). The Orillia and area growth rate for inpatient volumes is slightly lower than the LHIN average, at 13%.

Patient LHIN	2013/14 YE DAD	2022 Projections	% Change
Barrie Area	14,653	17,024	16%
Collingwood Area	4,772	5,292	11%
Midland Penetanguishene Area	4,842	5,605	16%
Muskoka Area	4,640	4,920	6%
Orillia Area	4,509	5,106	13%
NSM LHIN Total	33,416	37,947	14%
Patients from all other LHINs	3,632	4,274	18%
Overall Total	37,048	42,221	14%

Table 1 : NSMLHINHospital Inpatient Volumes

THE CHALLENGE: Connecting the System

OSMH has focused its attention on delivering hospital care to those with acute health care needs, while other non-hospital services, such as long-term care, community care and primary care have developed separately to meet different patient needs. The result is a complex disconnected care system where care is delivered by many different providers. This results in patients trying to coordinate and integrate their own care as well as share information from one provider to another. This challenges not only the patients but also the providers of care. This issue of seamless connection is being considered at every level of our health care system.

“OSMH focused on delivering hospital care to those with acute health care needs”

There are a variety of key provincial reports that the hospital can use to understand where the system is moving. These are summarized next.

Patients First: An Action Plan for Health Care

In February 2015, the Ministry of Health and Long-Term Care(MOHLTC) released Patients First: An Action Plan for Health Care¹⁹ the next phase of the Ontario government’s plan to transform the health care system to one that places the patient at the centre. This phase of the work is driven by four key themes: access, connect, inform, and protect.

- *Access:* Improving access and providing access to the right care.
- *Connect:* Delivering better coordinated and integrated care in the community, closer to home.
- *Inform:* Support people and patients – providing the education, information and transparency they need to make the right decisions about their health.

¹⁸ Based on Ministry of Finance, Statistics Canada census growth projections

¹⁹ http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/docs/rep_patientsfirst.pdf

- *Protect*: Protect our universal public health care system – making decisions based on value and quality, to sustain the system for generations to come. This will include a patient ombudsman more public reports on health system performance, more innovative approaches based on evidence, more public information for patients, and expanding patient engagement.

Patient Care Groups: A new model of population based primary health care for Ontario (Baker Price Report May 2015)

In this report a recommendation for a new model of population based primary health care for Ontario – was articulated. The foundation for this redesign is a population-based model of integrated primary health care delivery, designed around Patient Care Groups (PCGs); which can be fund-holding organizations that are accountable to the ministry through the Local Health Integration Networks (LHINs). PCG groupings of Ontarians will be formed based on geography. Citizens within each grouping would be assigned to a PCG, and then rostered to a primary care provider (physician or nurse practitioner) contracted by the PCG. In most cases, patients will retain their ability to choose their provider.

Patients First: A Proposal to Strengthen Patient Centred Care

In addition to the Baker/Price report on primary care reform, the MOHLTC also released a discussion paper on broader system reform in December 2015 entitled Patients First: A Proposal to Strengthen Patient Centred Care²⁰. Within this discussion paper the MOHLTC proposed the following changes for healthcare delivery.

First and foremost, the LHIN’s would assume responsibility and accountability for all health service planning/performance. They would lead the integration of primary care with home/community care by LHIN sub-region. A review of LHIN governance structures and boundaries could also be undertaken.

Secondly, the LHINs would be responsible for primary care planning and performance management. They would lead primary care human resource planning and performance management by sub-LHIN geography, while the MOH would continue to negotiate physician compensation and primary care contracts.

Thirdly the province would transfer all responsibility for service management and delivery of home/community care from Community Care Access Centres (CCAC) to LHINs. Under this proposed change, the CCAC Boards would cease to exist and CCAC employees providing supports to clients would become LHIN employees. Home care services continue to be provided by current service providers (e.g. St Elizabeth Health Care) and the LHINs would take over Long Term Care/Complex Continuing Care placement processes.

Finally, the province would formalize linkage between LHINs and Public Health Units (PHU). Accountability agreements would be established between PHUs and LHINs; and the MOHLTC would transfer funding to LHINs.

THE CHALLENGE: Competition for Organizational Attention

The passage of the Excellent Care for All Act in 2010 made clear the expectation for system improvements in care. This has resulted in an escalation of groups driving for improvement in clinical care and processes. Examples include Critical Care Services Ontario, Ontario Stroke Network, the Rehabilitation Care Alliance and most significantly Health Quality Ontario. Similar pressures exist outside of the clinical area with increasing legislation/mandates from the Ministry of Labour, WSIB, Public Health and Accreditation Canada serving as examples. In addition there are expectations that the support services will also be reconfigured to achieve increased value for example eHealth 2.0.

²⁰http://www.health.gov.on.ca/en/news/bulletin/2015/docs/discussion_paper_20151217.pdf

The impact on the organization is that there are expectations annually, driven from the provincial level, for implementation of improvement priorities. These priorities are not coordinated. One example is that in 2016 the Emergency Room will need to implement the standardized electronic Canadian Triage and Acuity Scale (eCTAS) Solution. These initiatives generate costs for example Information Technology integration and data submission. They generally take staff resources for project implementation.

In addition there is an increasing connection of government funding to specific patient activities and specific service and reporting expectations. This has reduced capacity to support activities that might provide system/patient benefits but cannot be tied to direct service delivery. Specifically in the past 5 years the hospital’s global budget has declined from more than 70% of funding to less than 30%.

OSMH supports the intent to strengthen the ability for our patients to achieve high quality care and support system development. The organization will need to consider the resource expectation for system projects in annual planning.

THE CHALLENGE: Funding for the future

Health System Funding Reform (HSFR):

On April 1, 2012 the MOHLTC implemented the provincial HSFR strategy in acute hospitals and CCACs. HSFR has three components:

1. Global Base Funding – Existing base budget funding has diminishes to 30% (as opposed to 98% in prior years) of the provincial healthcare allocation to the hospital.
2. Funding is allocated to health service providers as determined by characteristics of the populations being served. Health Based Allocation Model (HBAM) is used to inform allocation of funding to the hospital and Community Care Access Centres (CCAC) sectors. This model uses an allocation methodology based on a wide range of demographic, clinical and financial data to estimate expected health care expenses at the organizational level. (Source: MOHLTC Health Data Branch: Archived HSFR Support Resources), and
3. QBPs (Quality Based Procedures) – A series of inpatient and outpatient encounters which are reimbursed on a “price times volume” basis. The MOHLTC vision is that these procedures will eventually account for 30% of the provincial health spend to hospitals.

Year 1 – 2012/13	Year 2 – 2013/14	Year 3 – 2014/15	QBPs under development
1. Knee Replacements 2. Hip Replacements 3. Cataracts 4. Chronic Kidney Disease (CKD)	5. Chemotherapy/ Systemic Treatment 6. Endoscopy 7. Chronic Obstructive Pulmonary Disease (COPD) 8. Non-Cardiac Vascular 9. Congestive Heart Failure 10. Stroke (3 types)	11. Hip Fractures 12. Bi-lateral Joints 13. Tonsillectomy 14. Neonatal Jaundice 15. Pneumonia	16. Major Depressive Disorder 17. Dementia 18. Schizophrenia 19. Cancer Surgery – Breast & Thyroid 20. Colposcopy 21. Caesarian sections

Table 2: Quality Based Procedures Implementation Timetable

HBAM is a population health-based funding formula. As such, HBAM makes predictions of future service levels based upon past service levels, population and health information. Population information includes basic demographic information such as age, gender and growth projections, as well as socio-economic status (SES) and rural geography. Population health-based resources, i.e. service levels (volumes) for hospitals are adjusted for growth based upon multi-year population estimates. Patient flow and provider market shares are not limited by LHIN boundaries; this ensures that hospitals receive funding based upon all individuals cared for, independent of the LHIN within which an individual resides.

In order for hospitals to generate a surplus, or break-even, on a particular Quality Based Procedure (QBP) price, they have to ensure that they can provide the service at or below the MOHLTC target price.

The ministry has indicated that future iterations of the QBP model may involve LHINs awarding additional volumes to cost-effective hospitals. Therefore, it becomes strategically important for hospitals to be able to clearly identify which QBPs it is able to sustain at, or below, the ministry target price. This requires the use of highly adept case costing structures and staff expertise.

THE OPPORTUNITIES: Implications of the Environmental Scan for OSMH Strategic Planning

Given the system changes currently underway the hospital needs to position its future service delivery model to seize any opportunities which may arise in the proposed expansion of hospitals’ role in the provision of post-acute home care. In Ontario, hospitals such as St. Joseph’s Health System (Hamilton, ON) are engaged in a model of care that directly integrates hospital and community care services for patients and through their demonstration projects may shed light on future integration opportunities for OSMH.

As the MOHLTC moves to integrate CCAC services with the LHIN, there is a possibility that hospitals may be given a mandate to provide home care services for post-acute patients on a time limited basis. Hospitals which are better positioned to integrate services along the continuum of care will benefit from proposed bundled payment and service delivery models. As such, OSMH should actively work in identifying opportunities to integrate bundles of care across the care continuum.

“OSMH should actively work in identifying opportunities to integrate bundles of care”

- OSMH has set a strategic objective to be **Proactive in Shaping Health System Change** to better support our communities.

In addition, as the system moves towards funding based on population outcomes it will be critical for hospitals to show their impact on population health in collaboration with other providers. Many hospitals in the Mayo enterprise are beginning to pilot measuring clinical outcomes in stroke, hip and knee osteoarthritis, and depression and anxiety. In fact, they are now moving into conducting systematic studies in an attempt to improve the value of care for specific conditions.²¹

- OSMH has set a strategic objective for **Inspired People and Teamwork** to ensure that clinical champions can lead the implementation of specific clinical pathways and models of care.

More and more health care organizations are beginning to track their performance on outcomes – and they’re finding that getting started isn’t easy. Most of the measures of performance that are used to this point measure processes (e.g. wait times) or count things (e.g. surgical procedures). While these measures can be important if we want to pursue greater value measuring and focus on outcomes – achieving the results patients are looking for – will be essential. Measuring outcomes requires redesigned workflows, enhanced coordination across departments, and investment. Above all, it requires strong resolve and adept leadership.²²

- OSMH has a strategic objective for a **Transformed Patient Experience** to ensure that we understand and address what outcomes matter to our patients.

OSMH’s population is growing and the needs are increasing. At the same time, health care spending has flattened. To continue to provide high quality care in a challenging fiscal environment, OSMH needs to evolve its care delivery models to create new efficiencies and find new ways to deliver services. With the provincial gross domestic product (GDP) at 2.1% in 2015, and the province is in a major deficit position, changes across all sectors are being demanded. This will further challenge the ability of health care organizations to provide the same level of services and balance budgets.

- OSMH has set a strategic objective for **Technology, Information and Innovation** so that we can invest in and adopt enabling technologies and create constant innovation in everything we do.

²¹ What Health Care Leaders Need to Do to Improve Value for Patients, Harvard Business Review; DECEMBER 03, 2015

²² What Health Care Leaders Need to Do to Improve Value for Patients, Harvard Business Review; DECEMBER 03, 2015

Defining Success –OSMH Strategic Directions

Mission

Defines why an organization exists and reflects its purpose

- Your trusted partner in great care

Vision

Reflects an organization's picture of future success

- *Excellent compassionate care . . . every day*

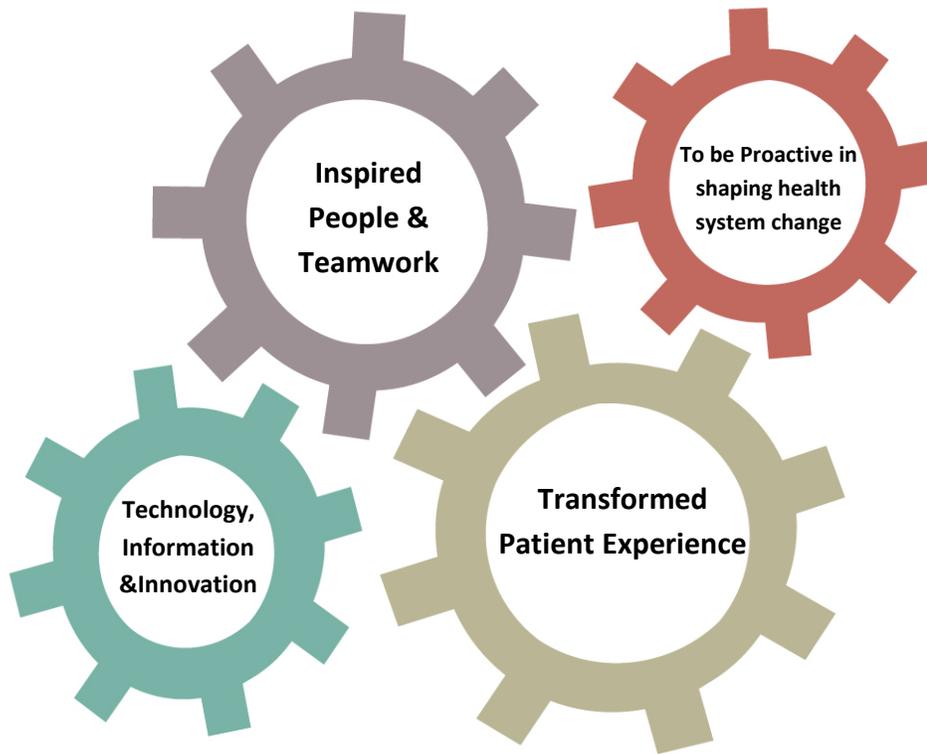
Values

An organization's guiding principles

- Compassion
- Accountability
- Respect
- Engagement

Strategic Themes

Strategic Themes are the main focus areas of the strategic plan. They articulate key areas which if pursued will support the achievement of the mission and allow the organization to move toward the vision.



Themes and Objectives

Strategic Theme : Transformed Patient Experience

Strategic Result: *OSMH will transform the patient experience through a relentless focus on patient and family engagement, quality, safety and service*

- Objectives :**
- Patient is engaged in their goal setting
 - Patient care transitions are seamless and supported by navigation and wrap around care
 - Eliminate preventable harm to patients
 - Involve patients and families in organizational decision making

Strategic Theme : Inspired People and Teamwork

Strategic Result: *OSMH is a competitive practice destination for professionals and a hospital of choice for staff of all disciplines*

- Objectives :**
- Our staff, credentialed staff and volunteers are proud to work at OSMH
 - Our staff, credentialed staff and volunteers are actively engaged to use their skills, energy and talents
 - Strong and effective leaders are developed
 - Effective communication mechanisms are in place to support change strategies

Strategic Theme : Technology, Information & Innovation

Strategic Result: *Investment and adoption of enabling technologies creates constant innovation in everything we do at OSMH*

- Objectives :**
- Connecting care providers and patients in new ways.
 - Technology is supportive of streamlined processes
 - Improving quality while being effective stewards of resources
 - Support timely decision making based on evidence

Strategic Theme : To be Proactive in Shaping Health System Change

Strategic Result: OSMH has a thriving, irrefutable role in a high performing care delivery value chain²³ for healthcare services in NSM LHIN and beyond

Objectives :

- Develop effective regional services
- Develop shared services for increased value
- Develop highly integrated local services in partnership with community services
- Pursue alternative funding/revenue opportunities

Key Measures of Progress

Progress on the plan will be seen through the setting of priorities for action and investment under the plan on an annual basis and through tracking accomplishment on the annual plans and on a few key indicators. The indicators selected for tracking include:

- Patient Satisfaction
- Percentage of action priorities that have patient advisors included in the development process
- Weighted Cases per patient day
- Staff, credentialed staff and volunteer Engagement scores
- % achievement of funded Quality Based Procedures annually
- Achieving a balanced operating position
- Electronic Medical Record Adoption Model (EMRAM) Score

Monitoring of these indicators will support a balanced perspective on achievement as they include measures related to the patient/stakeholder perspective, measurement of effective internal processes, measures of effective stewardship and demonstration of learning and growth. Further measurement will be happening concurrently as we assess our progress on other annual plans such as the Quality Improvement Plan.

The Next Steps

Our strategic plan is ambitious and meant to sharpen our goals for the future. Over the next several years, by following our strategy, OSMH will be known as an organization focused on quality patient and community care. We take great pride in our patient-driven approach at OSMH. As a recognized provider of high quality health services, we are uniquely positioned to transform and enhance the care and treatment our patients receive and create an even better patient experience for the future.

Inspired people transforming the value provided to patients through using technology tools, and new partnership models. What could be more exciting than that!

Background: The Planning Process

²³‘Redefining Health Care’ by Michael E. Porter and Elizabeth Olmstead Teisberg

Process used to develop the OSMH Strategic Plan

OSMH embraced on the strategic planning process in October 2015 with the formation of a Strategic Plan Working Group made up of Board members, Senior Team, Family Practice Credentialed Staff, Specialist Credentialed staff and front line management. The opening workshop challenged our thinking about the future and the possibilities that OSMH could look to. Two other Board workshops were held to support an understanding of the environment that OSMH was operating in and created an understanding of what others identified OSMH's Strengths, Weaknesses, Opportunities and Threats (SWOT analysis) were. As part of our process a futures dreaming session- including scenarios of the potential future for OSMH were held. A joint meeting with the OSMH Foundation Board and the OSMH Board was also held to obtain feedback. The Strategic Planning Work group and the Leadership team then crafted the organizational objectives and action plan for attainment of the organizational goals.

We developed a Steering Committee as identified in appendix A made up of Board members, Senior Team, Family Practice Credentialed Staff, Specialist Credentialed staff and front line management. This group was supplemented by meetings and workshops that included the full Board, Senior Team and Chiefs of Medical Departments. The Strategic Plan Steering committee reported into the Governance Committee of the OSMH Board of Directors and updates on the process have been provided to the Board through this committee on an ongoing basis.

What we learned

The analysis of the OSMH's Internal and External Challenges and Enablers was accomplished through three methods:

1. One-on-one interviews with internal and external stakeholders,
2. Staff and Patient & Family focus groups were conducted, and
3. An online survey completed by staff, psychiatrist, non-mental health physician & managers and external partners.

The questions used in all three of these forums were based on the analysis of the issues and trends facing the OSMH, and an assessment of overall local and provincial economic and social trends impacting hospital based mental health programs.

Enablers and Challenges

After conducting the interviews and focus groups, and analyzing the results of the surveys, the summarized set of Enablers and Challenges findings are shown in **Table 7**. The Enablers are the internal **Strengths**, as well as the external **Opportunities**, that support the organization moving forward. The Challenges are the internal **Weaknesses**, as well as the external **Threats**, that must be considered.

Stakeholder Engagement

Method:

Telephone Interviews with External Partners and Parents

Focus Groups

Online Surveys- External Partners

Interviews - 60 stakeholders including:

Internal stakeholders

- 10 Physicians
- 13 OSMH Board Members
- 2 OSMH Foundation members (1 Board Member and END)
- 5 OSMH administrators
- 18 patients/family members

External stakeholders

- 10 External partners (including CEOs, COOs, VPs & a Dean)
- 2 Consultants (carried out LHIN hospital review)

Focus Groups - 10 focus groups including:

- 1 Physician Focus group
- 1 management focus group - over 25 people attended
- 1 volunteer Focus group - 10 volunteers
- 8 staff focus groups - Spoke with over 50 staff
- SRHC non Mental Health Physicians Survey - 60% response rate
- Focus Group (1) – Staff (10 attendees)

	Enablers	Challenges
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	Strengths	Weaknesses
Internal Factors	<ul style="list-style-type: none"> • Board & executive leadership • Physicians - engaged, collaborative • Staff-talented • Volunteers • Reputation in the community • Passionate, committed patient focused organization • ED • Quality & Depth of expertise - Specialized focus re: Kidney Care, Maternal Child • Willingness to partner with others 	<ul style="list-style-type: none"> • Financial stability • LOS • ALC • Lack of or a changing vision/reactive • Morale - Staff and Physicians (undervalued- overworked) • Slow decision making/response to change • Internal & External communication • Project management could be stronger
	Opportunities	Threats
External Factors	<ul style="list-style-type: none"> • Integrated model care • Growing Specific Market shares – i.e. Mental Health • Great willingness of other organizations/agencies to collaborate • Partner with others/create new relationships • EMR 	<ul style="list-style-type: none"> • Continued slow economic recovery • Provincial/Ministry Funding decreasing • System integration • Increase demand for services • Not being lead organization • Pressure for partnerships & amalgamation • Not seen by some partners as collaborative • Community we serve is not growing • Concern of some for survival

Table 7: SWOT Analysis OSMH’s Enablers and Challenges

Based on a review of OSMH’s Enablers and Challenges at the board retreat and with the Strategic Planning Work group the SWOT analysis supported fulsome discussion and identification of the OSMH Mission and Vision.

Appreciation is extended to all those who participated in the Orillia Soldiers' Memorial Hospitals' strategic planning process. This included patients, staff, credentialed staff, volunteers, system partners, community leaders and community service providers. Thank you for sharing your concerns and aspirations for Orillia Soldiers Memorial Hospital.

Strategic Planning Work Group & Senior Leadership Team

- Jeffrey French, Chair , Board of Directors
- Paul Leskew, First Vice-Chair, Board of Directors
- Daniel Germain, Second Vice-Chair and Treasurer , Board of Directors
- Al Scott, Board Member& Chair of Governance Committee
- Dr Reza Behjati, Pathologist
- Dr Erika Catford, Chief of Family Medicine
- Jill Colin, Manager, OR, Recovery Room and Endo
- Angela Harwood, Vice President, People and Planning
- Pat Campbell, President and CEO

The Senior Leadership Team

- Pat Campbell, President and CEO
- Dr. Nancy Merrow, Chief of Staff & Vice President, Medical Affairs
- Doug Murray, Executive Vice President Corporate Services & CFO
- Cheryl Harrison, Vice President, Regional Patient Programs
- Angela Harwood, Vice President, People and Planning
- Kari Simpson-Adams, CNE and Program Director, Local Patient Programs

Others Involved in the Senior Leadership Planning Sessions:

- Terry Dyni -Director, Community Relations
- Susan Anderson, Director Finance& Decision Support

2015-2016 OSMH Board of Directors

Elected Voting Members

Jeffrey French, Chair

Paul Leskew, First Vice-Chair

Daniel Germain, Second Vice-Chair and Treasurer

Penny Bonner

Jacques Boulet

Ted Emond

Michael McMurter

Angelo Orsi

Leigh Popov

Al Scott

Brian Sirbovan

Paulette Wilson

Ex-Officio Voting Members

Steve Clarke

Chuck Penny

Glenna Tinney

Ex-Officio Non-Voting Members

Pat Campbell, President and CEO, Secretary

Dr. Anjana Chawla, President, Medical Staff Association

Dr. Ben McNaull, Vice President, Medical Staff Association

Dr. Nancy Merrow, Chief of Staff

Kari Simpson-Adams, Chief Nursing Executive

