

The Credit Valley Hospital Strategic Plan Update

September 2007



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This strategic plan would not have been possible without the invaluable contribution of our many staff, physicians, volunteers and community partners who shared their time and their insights to help shape the strategic directions.

Special thanks are extended to the following members of the Strategic Plan Update Committee for their dedication, creative efforts and leadership:

- *Ron Noble, Vice-President, Corporate Planning, Performance and Construction (Chair)*
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Executive Summary

The Credit Valley Hospital provides leadership in the delivery of primary, secondary, and tertiary health care services to the people of Mississauga and the surrounding region. Mississauga is Canada's sixth largest city with a large multicultural community. With the establishment of Local Health Integration Networks in 2005, CVH is part of the Mississauga Halton Local Health Integration Network (MH LHIN). Although the hospital has a long history of working with other organizations, there is now a greater focus on our role as a partner in the broader LHIN community. This Strategic Plan Update represents the first opportunity the hospital has had to develop its strategic priorities in this new environment.

Over one million people reside in the MH LHIN. From 2008 to 2018 the Mississauga Halton LHIN population is expected to grow by 36% to 1.4 million (an increase of 300,000 residents). The rapid population growth, particularly among seniors, continues to challenge local health service providers in times of fiscal constraint. At CVH we have seen the impact of the growing and changing needs of our community in terms of both physical space constraints and increasing workload for our staff.

Approved plans for further physical expansion of our hospital are in place and the opening of the new wing in 2011 will greatly alleviate current space constraints. Physical space expansion will not address all of our challenges but it will have a significant impact on patient care and worklife. This Strategic Plan Update provides the direction that will bridge the gap until the increased physical capacity is available.

The strategic directions that will guide our hospital in the coming years were identified based on the input of over 150 staff, physicians and volunteers who participated in several focus groups. We also consulted with key external partners in our local health care system. The stakeholder consultation was supplemented with data analysis and documentation review. All of this input was consolidated in order to assess the strengths and areas for improvement in our hospital and to identify the opportunities and threats in our external environment.

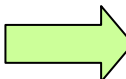
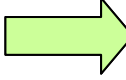


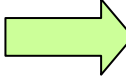
From the Current State Analysis the following key challenges were identified and have informed significantly these new strategic directions:

- We cannot do everything and do everything well; there is a need to focus on a manageable scope of high-quality core health services;
- Physical capacity constraints are a serious issue;
- Funding levels that have not kept pace with our rapid population growth will continue to challenge our hospital;
- The need to focus on innovative approaches to attract and retain the needed human resources at both the frontline and leadership levels;
- The need to prepare for the rapid growth and aging of a culturally diverse population;
- The uncertainty created by health system transformation and the formation of LHINs;
- The need to focus on working with our local and network health service provider partners more effectively;
- Increased focus on accountability and performance measurement.

The strategic directions set out in this Strategic Plan Update emphasize stability and sustainability of existing hospital services. They focus on identifying what we do well and strengthening those areas to continue to provide the highest quality service to patients and an enriching work environment for our staff, physicians and volunteers. Any new or expanded services will need to be aligned with MH LHIN priorities and planned in collaboration with other local health system partners.

The focus on sustainability is a common theme for health care providers around the world. Among the strategic directions announced by Ontario’s Minister of Health and Long-Term Care in 2006, called on the LHIN and service providers to “establish a framework for *sustainability* of the health care system that achieves the best results for consumers and the community.”

Through the strategic planning process, the following five strategic directions emerged as priorities for the hospital:

Strategic Direction		Balanced Scorecard Dimension
<i>Concentrate on operational excellence of core programs and services</i>		<i>Clinical Utilization and Outcomes</i>
<i>Show leadership as a health system partner in fostering collaboration and integration with our external and internal stakeholders</i>		<i>System Integration and Change</i>
<i>Create and enhance evidence-based, safety-focused and patient-centered systems for patients, their families and staff/physicians/volunteers</i>		<i>Patient/Client Satisfaction</i>
<i>Be the workplace of choice that provides an enriching experience for staff/physicians/volunteers and maintains required human resource capacity</i>		<i>Worklife</i>
<i>Demonstrate a solid financial performance and a strong commitment to accountability</i>		<i>Financial Performance and Conditions</i>

A brief explanation of each of these strategic directions is provided below:

Concentrate on operational excellence of core programs and services

There was an overwhelming sense from staff that the hospital is at risk of being spread too thin. There are challenges related to space, human resource, and funding constraints. Concern was expressed about the balance of regional and local core programs although there continues to be very strong support for greater regional collaboration with other health service providers.

Staff indicated that they would welcome greater communication, involvement and transparency around decision-making, including decisions about the scope of services and service delivery approaches. There is an opportunity to engage staff in defining the “business we are in” and the scope of services we will offer.

Show leadership as a health system partner in fostering collaboration and integration with our external and internal partners

The MH LHIN will need the support of local champions to move forward on integration priorities that have been identified in its first Integrated Health Service Plan. There is an opportunity for CVH to play a leadership role in areas of strength where the priorities of the hospital closely match the priorities of the LHIN. There is also an opportunity for CVH to promote a new view of “regional programs” so that they are seen as “belonging” to the entire LHIN with each health service provider having equitable access, joint ownership and a well-defined role to play in program delivery.

Internally, we will promote integration by strengthening our balanced scorecard approach to performance management and also by ensuring a balanced approach to decision-making by increasing the involvement of staff and physicians in decision-making around resource allocation and other types of decisions.

Create and enhance evidence-based, safety-focused and patient-centred systems for patients, their families and staff/physicians/volunteers

Staff and physicians throughout the hospital share a strong commitment to quality and patient-centred care. A number of systems and programs have already been put in place to support evidence-based, safety-focused and patient-centred care. Going forward we will build on our successes and leverage their benefits across the organization. We will also continue to explore innovative ways to use e-health to improve patient care.

A patient-centered approach to care requires that we have solid information to better understand who our patients are and the specific and unique needs that various sub-groups of patient groups have (e.g. seniors, children and parents, palliative care patients, patients with particular cultural needs). We will strengthen our capacity to capture regular feedback from our patients and their families and incorporate it into our planning and decision-making.

Be the workplace of choice that provides an enriching experience for staff/physicians/volunteers and maintains required human resource capacity

Having the appropriate mix of health care workers will be critical to the successful implementation of this strategic plan and the sustainability of our health care programs. Our hospital will seek to recruit and retain skilled individuals that demonstrate our values of excellence in patient care, respect, leadership, teamwork, accountability and partnership. The MH LHIN is challenged by shortages of clinical and non-clinical resources in a number of areas and maintaining a sufficient supply of health care workers will require innovative strategies at all levels – provincially, within the MH LHIN, and locally.

It is not enough for CVH to focus on ensuring the right supply and mix of staff for today. In terms of sustainability, we must also think about our future needs. We will improve our succession planning and talent management to develop attractive career paths and ensure that we are not faced with a leadership gap in the coming years.

But being a workplace of choice is about much more than having the right number of staff. We will learn from the results of our employee and physician surveys to create a working environment that is supportive, interesting and challenging. In response to staff concerns about workload pressures and human resource shortages, it will also be important to find new and

innovative ways to “work smarter”, improve efficiencies and make the best use of our physical plant. We will also support initiatives that enhance the important social aspects of worklife.

Demonstrate a solid financial performance and a strong commitment to accountability

CVH has historically been a strong financial performer. With the increasing focus on accountability we will continue our commitment to a balanced budget and transparent, credible reporting of financial performance.

The strategic directions are intended to provide guidance at a high-level. They offer a framework within which those who deliver and manage programs and services can creatively shape the specific actions that stem from the strategic plan based on their expertise and experience.

Successful implementation of this strategic plan will require the support and involvement of our staff, physicians and volunteers as well as the other health system partners in our community. The continued support of our funders including the Credit Valley Hospital Foundation, the Mississauga Halton Local Health Integration Network, the Ministry of Health and Long-Term Care and Cancer Care Ontario, will also be critical to the effective execution of the strategic directions.

We are committed to implementing the strategic directions within a framework of our values -- *Excellence in Patient Care, Respect, Leadership, Team Work, Accountability and Partnership.*

1.0 Introduction

1.1 Context

The Credit Valley Hospital's last Strategic Plan was completed in 2003 and covered a three year planning horizon from 2003 to 2006. The question of the best time to develop a new plan required consideration of many factors. On the one hand, an upcoming provincial election and pending change in senior leadership might suggest delaying the strategic planning process until there is less uncertainty. However, the extent of change that has occurred since the last strategic plan is significant. Examples include:

- Creation of Local Health Integration Networks resulting in new funding arrangements, increased focus on system integration and the need for CVH to align with LHIN priorities
- New hospital accountability requirements
- New provincial transformation priorities (e.g. the wait time strategy)
- Opening of the Carlo Fidani Peel Regional Cancer Centre and the Vijay Jeet and Neena Kanwar Ambulatory Care Centre prior to the pending hospital expansion
- Establishment of the Family Practice Teaching Unit
- Exploration of a possible medical school teaching affiliation
- Progress on hospital expansion plans

Due to these many changes, the current strategic directions and associated corporate goals may not necessarily be relevant to the current health care landscape exposing the hospital to the risk of unanticipated threats and missed opportunities. As a result, a process was launched to "update" the current Strategic Plan using a very focussed approach.

1.2 Process for Updating the Strategic Plan

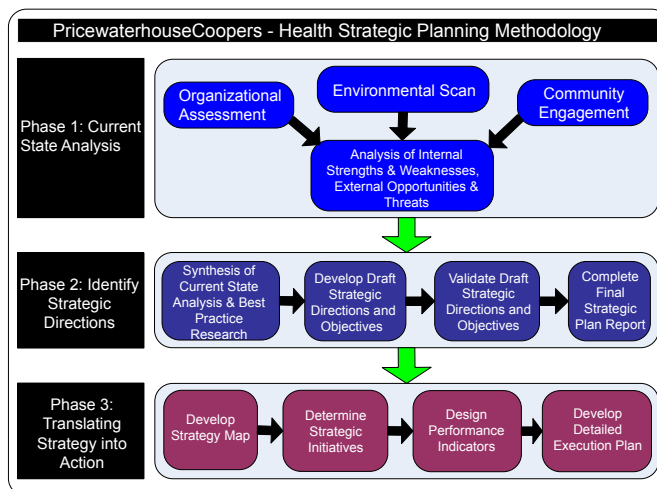
The process for updating the strategic plan was a collaborative effort involving a small group of hospital staff and consultants from PricewaterhouseCoopers LLP with expertise in strategic planning and health care. Leadership for the process was provided by the Vice-President Corporate Planning, Performance and Construction. The process followed a defined and proven methodology for facilitating strategic planning processes. It is important to emphasize that the process used was an updating or "refresh" process and did not include all of the components that would typically be included in a more comprehensive strategic planning exercise (e.g. public consultation).

An important feature of the process was its linkages to the hospital's Strategic Quality Framework, balanced scorecard and operational goals. Data and qualitative findings were organized to align with the five dimensions of the balanced scorecard:

- Clinical Utilization and Outcomes
- System Integration and Change
- Worklife
- Patient/Client Satisfaction
- Financial Performance and Conditions

Another important feature of the process was the incorporation of findings from the MH LHIN's Integrated Health Service Plan. The efficiency of the planning process was increased by leveraging information that had recently been compiled through extensive stakeholder consultation and data analysis, rather than duplicating this effort.

The diagram below describes the three phases of the project.



Phase 1: Current State Analysis

The current state analysis involved multiple data gathering streams to identify the internal strengths and weaknesses and external opportunities and threats to CVH. The objective was to identify the main drivers that need to be considered over the next three years. Key activities in this phase included:

- Review of demographic data
- Review of service utilization data
- Review of relevant hospital documentation (e.g. performance reports, accreditation report, annual reports, etc)
- Review of relevant documentation from the MOHLTC and health system partners
- Consultation with approximately 157 internal and external stakeholders (a list of the 12 internal groups and external stakeholders consulted is provided in Appendix C)
- A review of the Mississauga Halton LHIN Integrated Health Service Plan and supporting data (including environmental scan and results of LHIN community engagement sessions with providers and members of the public)

The stakeholder consultation was carried out jointly by consultants and staff. The consultants provided templates, a facilitator handbook and facilitation training to improve consistency.

Phase 2: Identify Strategic Priorities

In this phase, the information from the current state analysis was synthesized and themed. Quantitative data was analyzed in concert with qualitative data in order to provide insight on the key findings and to understand areas of consistency and agreement in comparison to those areas where divergent views exist. A SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis was conducted. The information generated was shaped into strategic

priorities/directions and action plans for the hospital. The strategic directions were aligned with our Strategic Quality Framework and the five balanced scorecard dimensions that flow from it. A draft strategic plan was prepared and disseminated for a second round of consultation with internal stakeholders and a broad range of external stakeholders. Twenty-five staff participated in feedback sessions and written feedback was submitted by eight individuals. Feedback from the consultation on the draft strategic plan was used to revise the plan and prepare a final document.

Phase 3: Translating Strategy into Action

This phase required translating the final strategic directions into operating goals to inform the development of the 2008/09 Hospital Accountability Agreement Submission. Performance measures and timelines were identified for each key action identified in the strategic plan.

2.0 Our Vision, Mission and Values

Our Vision

The Vision of the Credit Valley Hospital is to be the finest hospital in Canada in the hearts and minds of the people we serve.

Our Mission

The Credit Valley Hospital offers quality compassionate health care to the people of the growing communities of Peel and Halton.

Our Values

Excellence in Patient Care

- We will provide excellence in patient care by considering the individual's physical, emotional and spiritual needs. We see each patient as a special individual.

Respect

- We recognize and treasure the unique contribution of each member of the CVH family (staff member, volunteer and physician) and value the rights of our patients and their families.

Leadership

- We have a culture that facilitates and promotes innovation. We foster an organizational climate that encourages advancement of knowledge through education, experience and leadership.

Teamwork

- We have found the best outcomes are achieved when we work together. The diverse skills and knowledge of our CVH family can be brought together to fulfill our service objectives.

Accountability

- We acknowledge our responsibility to provide the best possible quality of care by managing our resources effectively and acknowledge our responsibility to act as advocates for our community to secure adequate resources to meet their needs.

Partnership

- We seek the opportunity to develop effective partnerships to further improve the health of our community.

3.0 Environmental Scan

The Credit Valley Hospital’s vision to be the finest hospital in Canada and our mantra of “World class. Right here.” are indicative of the hospital’s broad view of the health care system. At CVH we recognize the need to fully understand the local, regional and provincial health care environments and also look beyond to national and international trends and best practices. This is illustrated in the diagram below.



Moving from the outer layer of the diagram to the centre, this section highlights key aspects of the global, provincial, regional/LHIN and local environments in which CVH operates.

3.1 International Health Trends

HealthCast 2020 (2005) is a global research report, produced by PricewaterhouseCoopers, that looks at the responses around the world to the globalization of healthcare and efforts to create a sustainable health system. It highlights best practices in innovation and shares insight and lessons learned from around the world. The research included a survey of more than 580 healthcare leaders and service providers from 27 countries. In addition, PricewaterhouseCoopers conducted in-depth interviews with more than 120 healthcare thought leaders in 16 countries. The summary below reflects the findings from this extensive global research.

Healthcare organizations and governments around the world are urgently seeking solutions to temper costs while balancing the need to provide access to safe, quality care. Yet, conventional approaches are failing, even in the most advanced nations of the world.

While each country faces unique hurdles – regulatory, economic, and cultural – the challenges they face are remarkably similar. In their responses, common themes are emerging.

The key findings from *HealthCast 2020* (2005) research are:

- Future health spending is expected to increase at a much higher level of growth than in the past.
- There is wide support for a health system with shared financial responsibility among private and public payers.
- Universally, health systems face challenges to sustainability around cost, quality and consumer trust.
- Preventive care and disease management programs have untapped potential to enhance health status and reduce costs, but require support and integration across the industry for their benefits to be realized.
- In support of more empowered consumers, interest in pay-for-performance and increased cost-sharing is soaring.
- Information technology is an important enabler in resolving healthcare issues when there is system-wide and organizational commitment and investment.

Regardless of geography, health leaders are worried about the future of healthcare and whether their systems are built to last. There's no single model of sustainability, but "transferable lessons" exist.

Despite the many challenges that the healthcare industry faces, successful initiatives – often involving technological innovation, preventive care and consumer-focused models – are occurring in many places. These are efforts that have improved health outcomes while also saving money.

3.2 National Health Trends

The Health Care in Canada Survey (2006) is the ninth edition of a comprehensive survey of Canadian public and health care providers' opinions on health care issues. The survey, which polled the Canadian public as well as doctors, pharmacists, nurses, and managers, finds widespread support for:

- more home and community care programs
- higher medical school enrolment levels
- equitable access to pharmaceuticals
- ensuring the security of the Canadian vaccine supply
- increased funding for research; and
- a ban on the sale of junk food in schools.

Canadians are divided on the quality of health care services currently available and the impact of allowing the purchase of private health insurance for services already covered under Medicare. Canadians continue to be concerned about waiting times for elective surgery, the potential for errors while being treated in hospital, and preparedness for public emergencies such as SARS or flooding.

Over the past few years, First Ministers of Health have confirmed their commitment to several health care priorities including: primary care, home care, health human resources, wait times, healthy Canadians, Aboriginal health, information management and pharmaceutical management. There has been increasing emphasis on improved access to quality health care services as demonstrated by announcement of wait time guarantees. The First Ministers'

agreement in 2004 has led to focused activity to reduce wait times. As a result, wait times have declined, in some cases dramatically, for some health care services in some provinces.

3.3 Provincial Health Trends

The MOHLTC has been executing an aggressive transformation agenda for the Ontario health care system since 2003. This agenda for change is being driven by the vision of the Minister of Health as follows:

“A health care system that helps people stay healthy, delivers good care when they need it, and will be there for their children and grandchildren.”

In January 2006, the Deputy Minister of Health announced that “the Ministry will focus on providing stewardship for the health system.” The shift from a focus on health care operations to a greater emphasis on strategy, accountability, and stewardship has already begun

On June 29 2006 the Minister of Health released the draft Strategic Directions to support the achievement of the Ministry’s vision which includes:

- Renewing Community Engagement and Partnership
- Improving Health Status
- Ensuring Access and Equity
- Improving Quality and Health Outcomes
- Establishing a system that is Sustainable

The vision and strategic goals have and will continue to impact every part of the health system. Achieving the Ministry’s stewardship mandate will require detailed review of many of the programs and services that may not be fully aligned with the new vision and goals. LHINs and Family Health Teams are critical vehicles for health system transformation through integration. This model will only be successful if providers work together in partnership, and cooperate in good faith to fulfill the provincial LHIN legislation which calls for health providers to demonstrate integration activities.

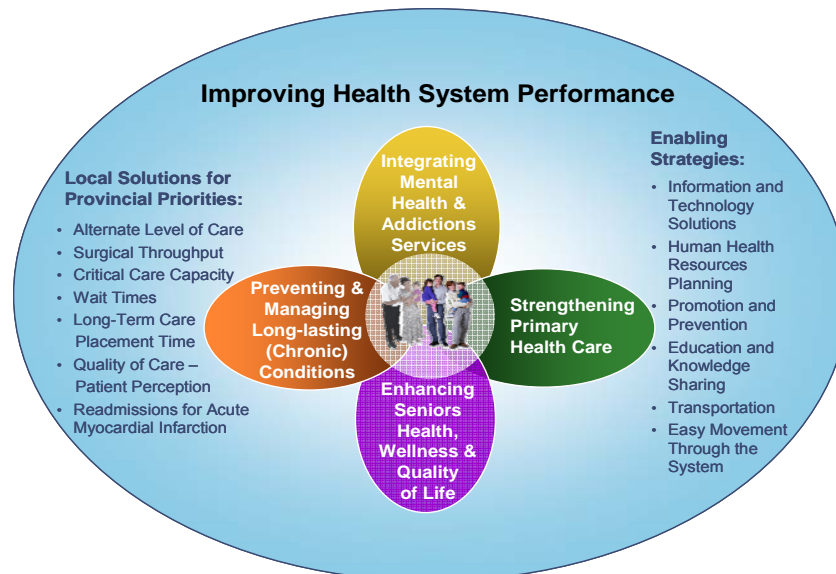
3.4 Mississauga Halton LHIN

Credit Valley Hospital is part of the Mississauga Halton Local Health Integration Network (MH LHIN). The MH LHIN was created in June 2005 which means that this is the first opportunity to incorporate the LHIN into the hospital’s strategic planning process.

The mandate of the LHINs is to plan and fund local health care services and facilitate integration of health services. Health service providers that are funded by the LHIN include Hospitals, Long-Term Care Homes, Community Care Access Centres, Community Mental Health and Addictions, Community Health Centres, Community Support and Service Agencies and

Community Health Centres. These providers are expected to deliver services that are aligned with identified LHIN priorities.

The MH LHIN's first Integrated Health Service Plan, completed in October 2006, identified the following priorities for the next three years in order to improve health system performance:

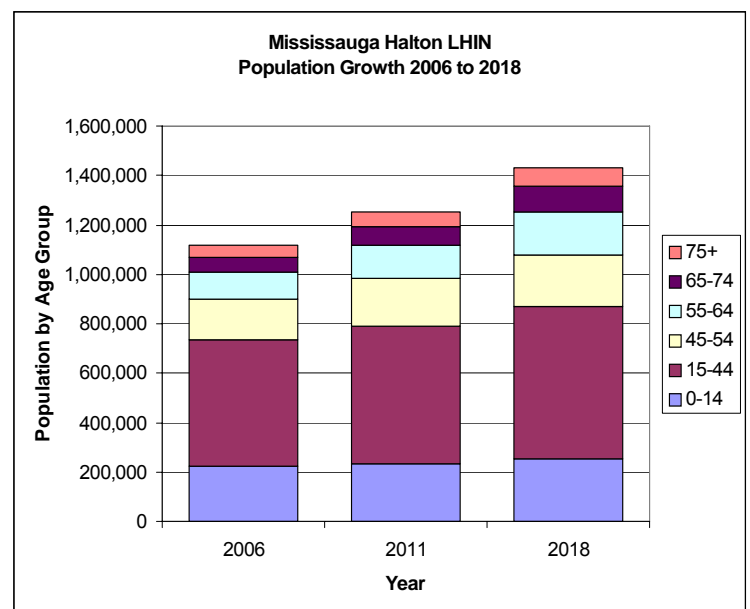


Detailed Planning and Action Teams have been established by the MH LHIN to work with the community to move forward in addressing the priority areas.

For the benefit of staff and others who are not familiar with the MH LHIN an overview is provided in this section and more detail is provided in an Appendix B.

MH LHIN is a large, diverse and rapidly growing region:

- The MH LHIN covers an area of over 900 square kilometres.
- There is a mix of both urban and rural communities including: major urban centres (Mississauga), smaller urban centres (Towns of Milton, Georgetown and Oakville), and many smaller and/or rural areas.
- Over 1 million people reside in the MH LHIN and approximately 64% of them live in the City of Mississauga.
- MH LHIN is the fourth largest LHIN in terms of population and has been experiencing a growth rates that is over twice that of the provincial growth rate (3.29% over 10 year compared to 1.46%).
- From 2008 to 2018 the Mississauga Halton population is expected to grow by 36% to 1.4 million (an increase of 300,000 residents).



- An important factor for future health service utilization is the anticipated growth in the seniors' population; MH LHIN is projected to have the second highest growth rate in seniors to 2018 among the 14 LHINs.
- MH LHIN also has a large and growing population of children and youth; the proportion of residents aged 0 and 19 is 26.3% (285,186) and is much higher than the provincial average of 24.5%.
- Growth among children and youth is expected to continue to be high over the next decade (17.3%) while in many Ontario communities the child and youth population will decline or remain stable.
- MH LHIN residents are relatively well educated with 55.1% of the population having completed some form of post secondary education; however close to one in five individuals (18%) has not completed high school.
- MH LHIN is an extremely diverse community with a proportion of immigrants and visible minorities that is higher than the provincial average; 29.2% of the population within the LHIN is a visible minority compared with 19.1% in the province.
- 37% of MH LHIN residents indicated that English and/or French was not their mother tongue compared to a provincial average of 24%.
 - The Francophone population comprises 1.8% of the MH LHIN population; over half of the 15,600 francophone residents in the LHIN live in the City of Mississauga; 29% of Francophones in the Regional Municipality of Peel are also a racial minority.¹
 - There are 3,230 identified aboriginals within MH LHIN

Health status of MH LHIN residents is better than the provincial average:

- Over 62% of residents in MH LHIN report being in excellent or very good health (provincial average 60.8%)
- 5.2% of births are low birth weight babies, slightly lower than the 5.6% provincial average
- The prevalence of several chronic diseases (Arthritis/Rheumatism, High Blood Pressure, Asthma, Diabetes, Heart Disease, Chronic Bronchitis) is below the provincial average and rank among the lowest of the LHINs.
- MH LHIN has one of the lowest hospitalization rates compared to the provincial rate
- MH residents are relatively good performers in terms of behaviours that reduce the risk of chronic disease management

There are many health service providers in the MH LHIN:

The MH LHIN currently has 85 health service providers funded by the LHIN. These include:

- Community Support Services (41)
- Long Term Care Homes (27)
- Mental Health and Addiction (14)
- Public Hospitals (3)

¹ Statistical Profile - Francophones in Ontario. Government of Ontario Office of Francophone Affairs. September, 2005.

CVH is one of 3 acute care hospitals in MH LHIN:

The MH LHIN has three hospital corporations within its boundaries, spread over six sites: The Credit Valley Hospital (Mississauga), Trillium Health Centre (one site in Mississauga and one site in Etobicoke), and Halton Healthcare Services Corporation (sites in Oakville, Milton and Georgetown). There are collectively approximately 1,090 acute care hospital beds in operation within the MH LHIN. For detailed descriptions of the health system profile of the MH LHIN please refer to Appendix B.

MH LHIN has one of the lowest levels of per capita funding in the province:

In addition to Credit Valley Hospital, the largest healthcare providers within the MH LHIN are: Halton Healthcare Services Corporation, Trillium Health Centre, Mississauga Halton Community Care Access Centre, and ErinOak Kids. The Ministry of Health and Long Term Care base funding for the MH LHIN was \$856 million; 94% of which was allocated to hospitals, long term care facilities and community care access centres. Mississauga Halton ranks second lowest in overall funding per capita compared with the other 13 LHINs. This presents a challenge in terms of responding to population growth and aging. Another concern for the MH LHIN is the high proportion of residents that venture outside of the region for their hospital services. In addition, about 25% of MH LHIN residents have a primary care physician outside of the LHIN.

MH LHIN has fewer physicians and nurses, on a per capita basis, than the provincial average:

Physicians. In 2004 there were 732 family physicians and 582 specialist physicians in the MH LHIN. This translates into 70.33 family physicians and 55.92 specialist physicians per 100,000 population. In relation to the other LHINs, Mississauga Halton is below the provincial benchmark in all categories of specialization. Overall the LHIN ranks 11th in terms of number of family physicians and specialists per 100,000 residents, suggesting that there is currently a significantly greater shortage of physicians in this region compared with other areas of the province.

In 2004, 27.1% of patients visiting a primary care physician within the MH LHIN actually resided in another LHIN. For specialists this figure was 32.9% indicating that a significant number of patients are traveling outside of their own LHIN to access primary care in MH LHIN. Alternatively, 25.2% of MH LHIN residents visited a primary care physician outside of their LHIN.

The Ontario government has announced plans to expand the number of physicians trained by establishing a new medical academy at the University of Toronto's Mississauga Campus.

Nurses. In 2005 there were 5,962 nurses (all types including RN, RN-extended and RPN's) working in the MH LHIN which translates into a nursing per capita of 5.5 which is significantly lower than the provincial rate of 9.1 and 12th among the LHINs. In terms of areas of employment, nurses within the MH LHIN are below the provincial average in Long-Term Care, Complex Continuing Care/ Rehabilitation, Addictions and Mental Health, and CCAC.

The age distribution of MH LHIN nurses shows a somewhat higher proportion of younger (30-49 years) and older (60+ years) nurses. This may indicate that a retention strategy will be important to ensure these nurses remain in this LHIN to provide local health services.

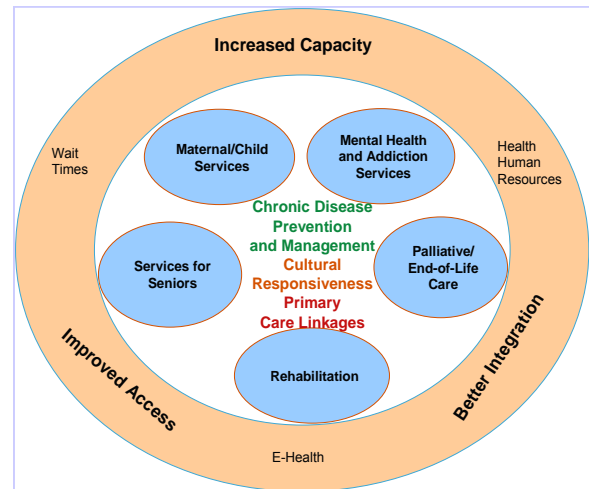
3.5 Central West LHIN

CVH reports to MH LHIN, is funded by MH LHIN and is physically located within the boundaries of the MH LHIN. However, because regional programs have broader boundaries, CVH also provides some services to the residents of the neighbouring Central West LHIN.

The Central West LHIN includes all of Dufferin County, the northern portion of Peel Region, parts of north-western Toronto, and south-west York Region. Current estimates are that the population exceeds 720,000. More than half of the entire population resides in the City of Brampton. The Central West LHIN population is younger than that of the province and has the highest birth rate in the province. The Central West LHIN population is expected to reach 943,935 by 2016. The population of seniors (65 years of age and over) is expected to grow by 90.6% (or over 50,000) between 2001 and 2016. This is the highest among the 14 LHINs and significantly more than the provincial average. There is a substantial immigrant population and about 40% of the population is visible minorities, the highest proportion in the province. There is a tremendous amount of variability across the LHIN, with some areas, particularly in the southern part of the LHIN, experiencing significantly more immigration than the north.

Per capita spending in the Central West LHIN is the lowest, or among the lowest, in the province, in every health services sector. So like, the MH LHIN, Central West LHIN is challenged to meet the needs of a rapidly growing population.

The priorities for the Central West LHIN are depicted in the diagram.



3.6 Trends in Patient Care

This section highlights trends related to patient centred approaches that improve patient satisfaction. The model presented at the beginning of this chapter positions the patient at the centre. CVH is committed to a patient-centred approach to service delivery and our first value statement is “excellence in patient care. The previously described “Our People Care Program” demonstrates the hospital’s commitment to customer service and patient satisfaction.

The results of extensive customer service research by the Institute for Citizen Centred Services indicate that the main drivers of client satisfaction are:

- Timeliness
- Outcomes
- Service providers that offer knowledge, fairness and go the “extra mile”.

Very recent research by the Institute has also found that the presence of the third driver can overcome or offset the first two drivers. That is, clients may be willing to overlook service that is not timely if the service provider they eventually connect to is knowledgeable, fair and goes the extra mile.²

To increase patient satisfaction, it is important to listen to what patients say. Engaging patients and clinicians in candid discussions is a good place to start. For example, patients are less interested in hotel-like amenities from providers than in comprehensive, quality healthcare that is accessible, accountable, coordinated and provides continuity of care.³

In “*Towards a Canadian Model of Integrated Healthcare*”, Leatt et al, note that increasingly dissatisfied consumers is one of the reasons behind the growing interest in integrated health care. The research identifies several things that consumers want:

- Consumers want “one-stop shopping”
- Consumers want treatment choices
- Consumers want a greater choice of providers
- Consumers want timely access to health services
- Consumers want reassurance that care is of a high quality
- Consumers want better information to make decisions
- Consumers do not want their time wasted.

Many consumers clearly know what they want and “consumerism” is on the rise.

² Institute for Citizen Centred Research

³ Adapted from “Primary Care Advocacy Toolkit,” by Primary Care Society, (2005), “Consumers and Primary Care,” Cary, A. and B. Goldberg, S. McDaniel, (2003), H&HN research, (2005).

4.0 CVH Organizational Overview and SWOT Analysis

The Credit Valley Hospital operates as a 386 bed regional community hospital providing leadership in the delivery of primary, secondary, and tertiary health care services. The hospital provides a broad spectrum of clinical services within ten diverse programs: general medicine, surgery, renal, oncology, emergency, mental health, continuing care/rehabilitation, obstetrics and gynaecology, paediatrics and cardiac services. CVH also provides regional programs in oncology, maternal/child care, medical genetics and nephrology.

The current facility covers approximately 770,000 square feet and a further 270,000 square feet is planned for construction to house complex continuing care, paediatrics, labour & delivery and laboratory services. Construction of this expansion is scheduled to begin in fiscal 2007/08 and is expected to be completed by 2010/11.

The previous chapter described the environment within which CVH operates. This chapter focuses on CVH. It is a summary of key findings from the internal current state analysis organized according to the five dimensions of the hospital's balanced scorecard.

The findings also incorporate a SWOT Analysis -- a strategic planning tool used to evaluate the Strengths, Weaknesses, Opportunities, and Threats for an organization.

Strengths and weaknesses (or areas for improvement) have an internal focus and are identified for each of the five balanced scorecard dimensions.

The opportunities and threats stem from an analysis of the external environment and highlight relevant external issues/pressures that have significant implications for the hospital.

A SWOT analysis helps to develop a strategy by providing a way to match the organization's resources and capabilities to the pressures and threats it is likely to face. A successful strategy is one that will:

- Leverage the hospital's strengths;
- Minimize the area's for improvement;
- Mitigate the external threats; and
- Capitalize on opportunities

Later in this document, the rationale for each of the strategic directions will be explained in terms of the SWOT analysis. The SWOT analysis was greatly influenced by the extensive input received through the stakeholder consultation as well as findings from quantitative data and written reports.

More detailed information is available in the Appendix A.

4.1 Clinical Utilization and Outcomes

Inpatient Services

The majority of hospital inpatients come from Mississauga, Brampton and Oakville. There are increasing patient volumes coming from Brampton and Milton. This is of particular significance as these regions are the two fastest growing communities in Canada. CVH offers a regional Maternal Child Program and experiences high obstetrical volumes. As a result, 62% of hospital patients are women and 38% are men.

Hospital inpatient separations are a measure of the utilization of inpatient services. Separations count how many people left the hospital whether due to discharge home, transfer to another facility or death. From fiscal 2004 to 2005 the total number of hospital separations increased by 3.6% and from 2005 to 2006 they decreased by 1.6%. The net change in hospital separations over the three fiscal periods, was an increase of 2%.

The total number of hospital patient days reflects the volume of patients in short term, long term and special care nursery units as well as how long they stayed in the hospital. Patient days have increased 2.2% over the past three fiscal years. In terms of programs, Medicine/ Cardiology, Oncology/ Medicine/ Palliative Care, and Surgical units have the highest percentage of total patient days. Adult, Paediatric and Newborn patients continue to represent the majority of patient days. Although the total number of patient days has increased, this increase is a result of increases in short term unit patient stays. Long term patient days have actually decreased by 2.3% over the three fiscal periods.

The average length of stay (short term and special care nursery units) has continued to decrease over the past three fiscal years from 5.1 to 4.8 days. The greatest percentage decreases in average length of stay were seen in Labour and Delivery (19.6% decrease), and the Coronary Care Unit (16.4% decrease). Length of stays in the Emergency Room and Paediatrics and Gynaecology increased the most at 10.1% and 5.8%, respectively. The average total hospital occupancy rate (short term, long term and special care nursery units) at CVH has increased by 2.6% over the last three fiscal periods to 90%. The unplanned readmission rate continues to decline.

Emergency Department

Visits to the Emergency Department continue to be one of the most important entry points into the hospital. The total number of urgent and emergent cases seen in the Emergency Department has steadily increased over the past three fiscal years, as the population in the region continues to experience significant population growth. The majority of these patients (79.68%) left the emergency department with consent; 13 % were admitted to CVH. Six percent of patients left without being seen by a health care professional. This is often an indication of long wait times in the Emergency Department.

Another useful indicator of Emergency Department performance is the proportion of patients assessed as non-urgent or less urgent. These lower acuity patients may be better served in a community-based primary care setting such as a doctor's office. The number of non-urgent patients seen continues to decrease while the number of less urgent patients has increased.

Ambulatory Care

The total number of ambulatory care visits has increased by 29.5% over the past three fiscal periods.

Surgical Procedures

The total volume of surgical procedures at CVH has increased 17.0%. Day surgeries have experienced a greater percentage growth compared with inpatient surgeries. This has placed significant pressure on limited operating room capacity and prompted the hospital to explore the development of an off-site ambulatory surgical facility.

STRENGTHS:

- CVH has professional frontline staff, effective clinical outcomes and provides excellent patient care within well established, high quality programs. These strengths demonstrate the perceived fulfillment of CVH's mission statement.
- Patient volumes are increasing significantly both on an inpatient and outpatient basis highlighting CVH's efforts to respond to growing community needs.

AREAS FOR IMPROVEMENT:

- Capacity constraints in terms of physical space, inpatient beds and human resources are serious limitations.
- Staff and physicians are concerned about the impact of physical space constraints on patient and staff safety.
- Shortages in frontline staff (e.g. support staff) result in inefficient use of professional services.
- More data and better access to data are necessary for the purposes of decision making and performance monitoring to improve clinical utilization and outcomes.

4.2 System Integration and Change

Internal Systems

CVH currently has both an Information Management and Information Technology strategic plan in place. These programs set out the plans for the hospital's Electronic Health Record (EHR).

Our hospital has a number of automated systems in place including a new validated automatic registration process for recurring patient visits to the cancer clinic, reducing line-ups during registration. CVH was diligent when developing its automated systems to ensure minimal interruptions to its systems caused by down times

The charter for the Electronic Data Documentation Integrated Everywhere (EDDIE) Program has been completed and will be implemented over the next two years.

The hospital is also taking a lead role in the coordination of the MH LHIN's strategic direction of technology infrastructure.

The quality of data reported to the Canadian Institute of Health Information (CIHI) is also very important to CVH. Front line managers regularly access this data to develop reports. The

organization has also identified the need for more data analysts and improved education on how to use the data.

CVH utilizes wireless and handheld technology to improve the delivery of care to patients.

CVH has implemented a Strategic Quality Framework from which stems the Balanced Scorecard, which is used as a performance monitoring and decision tool. The four levels of reporting for performance measurement are identified as: The Board level, the corporate level, the Programme/Department level and the Unit/Team level. All levels of reporting consistently measure performance based on the five dimensions highlighted in CVH's Strategic Quality Framework.

CVH also has a Patient Safety Plan which outlines our ongoing commitment to patient safety. This plan and accompanying Action Plan follow the seven steps described by the National Health Service (2004):

1. Create a culture of safety
2. Lead and Support Staff
3. Integration of Risk Management
4. Safety Event Reporting
5. Involve and Communicate with Patients and the Public
6. Learn and Share Safety Lessons
7. Implementation of solutions

Patient safety related initiatives also include the adoption of the six Safer Healthcare Now! Interventions, annual staff safety workshops using the Canadian Council on Health Services Accreditation's required organizational practices and other programs such as the 3M six sigma initiative.

Broader Health System Perspective

Staff members are heavily involved with and have taken on a leadership role in a number of external committees.

There are examples of the creative use of technology to support regional collaboration such as the use of videoconferencing for cancer case conferencing (tumour boards).

CVH is also involved in a number of external collaborations and integration initiatives. An example of this collaboration is the Reach portal, the first step towards a regional electronic health record offering provider access to patient information for CVH, Halton Healthcare Services and William Osler Health Centre. This solution aligns well with the LHIN's e-Health strategy by:

- Providing an electronic health record to promote service delivery and self care;
- Providing integration and links into primary health care services;
- Providing a "bridge" for patient information between hospitals and the CCS;
- Creating and promoting a culture of common knowledge.

An additional example of external collaboration and integration is Shared Services West, which is a not for profit corporation, owned and operated by four hospital corporations: The Credit

Valley Hospital, Halton Healthcare Services, Trillium Health Centre and William Osler Health Centre. The corporation is involved in contract management, procurement and logistics services. SSW has delivered year-after-year contract savings of the order of 3-4% on \$220 million of spending on medical/surgical supplies. SSW is in the process of developing a future supply chain vision to expand its current services across other neighbouring LHINs and/or expand the services it currently offers to its existing clients by offering a wider range of back office functions.

STRENGTHS:

- CVH has a positive organizational culture
- CVH has a number of information systems to facilitate successful integration and change and has been a leader in the implementation of health information systems to enhance the delivery of care. This is significant because of the growing focus on health informatics within the industry, community and media.
- CVH has strong community partnerships and support and is perceived as a community leader and is engaged in a number of important LHIN initiatives including the e-health committee and seniors' expert panel. This is important because a hospital that is engaged with the community will better understand its needs thereby improving service delivery.

AREAS FOR IMPROVEMENT:

- Succession planning to avoid a potential human resource shortfall resulting from a significant proportion of senior staff reaching retirement age in the next five years.
- Clearly define CVH's core business and the programs on which CVH will focus to ensure that resources and expertise are not spread too thin.
- Address the inherent conflict between the departmental and programmatic structure within the hospital.
- Articulate clearly the hospital's programmatic structure and strengthen the hospital's approach to change management.
- Enhance collaboration with community partners and improve partnerships throughout the continuum of care (e.g. CCAC, other area hospitals, LHINs etc) to build upon the hospital's reputation within the community.

4.3 Patient/Client Satisfaction

The Canadian Council on Health Services Accreditation recently recognized CVH's "Our People Care Program" as a "leading practice". The program assists staff in their understanding of the patient's perspective of satisfaction. The ultimate goal of the program is to improve the patient's satisfaction. The program is voluntary and more than 900 employees including 14 physicians have participated. Outcomes of the program indicate that it is truly making a difference and is valued by staff.

STRENGTHS:

- It is perceived that CVH has a good reputation amongst its' patients, is patient safety focused and has patients who appreciate the quality of care delivered.
- Staff and health care providers within the organization feel they are working in a patient-focused organization and that patients are receiving quality services.

WEAKNESSES:

- Based on data from the 2004/05 CVH Hospital Report Card the hospital scores average in terms of 'communication' with patients, and below average with respect to 'consideration', 'responsiveness', and 'overall impression'. CVH ranked sixth on this scorecard dimension within its immediate peer group. (CVH is making steps to address these deficiencies and based on preliminary patient satisfaction performance data from 2005/06 the hospital has improved in terms of some patient satisfaction indicators and now ranks second amongst its immediate peer group hospitals.)
- Patient/client satisfaction is impacted by the lack of physical space and increased wait times in areas such as the operating room and the emergency department.

4.4 Worklife

Based on the 2006/2007 Human Resources Balanced Scorecard Report, at the end of fiscal 2007 there were approximately 2854 employees at CVH, 1665 of which are employed on a full time basis. The annualized staff turnover rate in fiscal 2006 was 9.0%, up from 7.8% the previous year. There are 251 physicians with privileges (including active and associate). The hospital attracted 571 adult and 410 youth volunteers last year.

STRENGTHS:

- Satisfaction surveys have been conducted for staff, physicians and volunteers.
- The perception of worklife at CVH includes low turnover rates, good relationships amongst staff, physicians and management and good communication through the avenues such as the internal and external websites and the "In the Loop" publication.
- Staff members enjoy working for CVH and do not appear to be highly motivated to seek employment elsewhere.
- Social activities for staff are organized by a number of informal departmental-based groups and Club 2200 which is hospital-wide.

WEAKNESSES:

- Work load must be alleviated, inefficiencies in roles must be removed and recruitment strategies must be developed.
- There is declining staff morale (attributed to increasing workload) which acts as a barrier to improving overall satisfaction.
- Club 2200, a group that organizes social activities for staff, does not receive funding or staffing support.

4.5 Financial Performance and Conditions

It was generally perceived by the focus group participants that CVH has made a commitment to balance its budget and has managed to meet this commitment consistently. Fundraising capabilities and transparency were also perceived strengths. This is important because CVH stakeholders feel CVH is an accountable and responsible organization.

STRENGTHS:

- The hospital is high performing from a financial perspective.
- It was generally perceived by the focus group participants that CVH has made a commitment to balance its budget and has managed to meet this commitment consistently.
- Fundraising capabilities and transparency were also identified as strengths.
- CVH stakeholders feel CVH is an accountable and responsible organization.
- The introduction of a balanced scorecard methodology was intended to facilitate a balanced organization-wide approach to decision making instead of solely a financial approach.

WEAKNESSES:

- There is a perception that, at times, finances drive decision making.
- Key areas of the hospital, support services for example, suffered due to financial constraints and these cuts were felt throughout the hospital.

4.6 Opportunities and Threats

OPPORTUNITIES

Phase II Redevelopment Project

In July 2007, the Credit Valley Hospital's Phase II Redevelopment Project moved forward with the release of a request for proposals (RFP) to build and finance the new addition and expansion at the hospital. The redevelopment project will expand the hospital by 270,000 square feet and renovate approximately 70,000 square feet. Highlights of the redevelopment project include:

- Increasing capacity from 392 to 471 beds (with additional room for growth);
- Doubling the number of labour and delivery rooms from seven to 15;
- Providing a new high-dose rate radiation therapy suite and resources for expanded cancer treatments;
- Increasing the number of bassinets from 22 to 37 to facilitate care for pre-term and other newborns requiring specialized neonatal care.
- An expanded laboratory from approximately 15,000 square feet to 42,000 square feet to provide more in-house support for diagnostics.

The new expansion will serve to address the needs of the growing population, increase patient access to health services and care and alleviate current physical space constraints at the hospital.

New Ambulatory Surgical Facility

A potential opportunity exists to build an off-site ambulatory surgical facility, which would free up existing operating space at CVH for more complicated surgeries, improve access to care and decrease waiting times for patients who require surgery. Neighbouring hospitals would have access to the facility, creating an additional opportunity for collaboration.

E-Health

The use of information and information technology in health care (e-Health) is widely recognized as a transformational tool in driving the change agenda and in leading to improved integration of the health care system, and more effective and efficient service delivery. The Ontario government is in the process of renewing its e-Health Strategy and has recently developed the following new vision for e-health:

Ontario's Vision for e-Health

By 2015, Ontario's health system is the safest, highest quality, and most sustainable in Canada because people have the right information, at the right time, and in the right place. Ontarians are confident that:

- *They have the information they need to make decisions about their health and health care;*
- *Providers and clinicians are freed to focus on timely and highest quality care; and*
- *Government and LHINs ensure an accountable, equitable, effective, and efficient health system.*

Since the development of the provincial e-health vision, many LHINs (including the MH LHIN) have completed e-health strategic plans. Key elements of these plans include establishing an appropriate infrastructure, facilitating information sharing and connectivity and utilizing IT for advancement in strategic priority areas such as chronic disease prevention and management. LHINs will work with health service providers to implement the following MOHLTC provincial e-Health initiatives:

- Ontario Laboratory Information System (OLIS)
- Enterprise Master Person Index (EMPI)
- Ontario Drug Benefits program Emergency Department Drug Profile (ODB ED)
- Wait Times Information System (WTIS)
- Smart System for Health network connectivity and secure email

Diversity

Cultural diversity is an important factor in achieving the provincial strategic direction of “access, and equity of access”. There is a wealth of research that shows that culture, language, race and religion are important considerations in the planning and delivery of health services. The rich cultural diversity of the MH LHIN could be a catalyst for developing alternative approaches to service delivery. Central West LHIN is one of the most diverse LHINs in the province and they have established cultural diversity as one of their IHSP priorities. The Central West LHIN IHSP states that they believe “the need to improve responsiveness to diversity bridges all of the priority areas. Our diversity offers opportunities and brings perspectives that will enrich the LHIN’s work to create more effective and responsive health services“. There is an opportunity for CVH to link with both the Central West LHIN and Mississauga Halton LHIN to benefit from the expertise they are developing in this area.

Collaboration with Health System Partners

Collaboration with our health system partners in the MH LHIN and Central West LHIN has the potential to result in development of standard protocols/pathways for patient care and innovative strategies to improve patient flow, ensure timely and comprehensive access to healthcare and reduce unnecessary service duplication. Collaboration would allow health care partners to share our expertise, use resources more effectively and efficiently and potentially increase funding opportunities.

There is an opportunity for CVH to play a leadership role in working with the MH LHIN and health system partners to define a set of principles for regional programs so that they are truly “owned” by the region with different organizations playing specifically defined roles. CVH would also define its own focus with respect to its regional programs to show leadership in the programs the organization currently offers and to be strategic in exploring opportunities for new programs or expanding its existing regional programs.

New Funding Model

Historically, one of the challenges for CVH has been a hospital funding model that did not adequately recognize our community’s rapid population growth. The development of a new funding model, announced in September 2007, has the potential to address this issue. The provincial government is developing a new funding model for LHINs called the Health-Based Allocation Model. The Health-Based Allocation Model has been under development since early 2006 and will include both population-based indicators and direct measures of health status, to provide a more accurate measure of local health needs.

The Health-Based Allocation Model determines each LHIN’s fair share of funding based on:

- Direct measures of health status
- Population-based factors such as age, gender, socio-economic status, rural geography and patient flows
- Provider characteristics

Population-based factors include demographics, population growth and aging, health status, vulnerable populations, and patient flows. Provider-based factors include economies of scale, case mix, specialized programs, as well as teaching and research mission.

THREATS

Human Resource Shortages

With the current shortage of skilled resources in the health care industry it may be difficult for CVH to improve access to care and work load issues in the future. It is important to note that these shortages include both non-clinical and clinical resources. The lack of human resources is amplified by the funding constraints facing the organization and the industry as a whole. The shortage of skilled resources poses a potential threat to patient safety and quality of patient care as well.

Lack of Succession Planning

A significant portion of the work force will retire in the near future; however, succession plans have not been put into place leaving the organization vulnerable to leadership gaps and loss of corporate memory.

Increased Demand for Health Care Services

Increasing demand for health care services due to the aging and growing population is a potential threat due to the increasing shortage of health care providers, limited physical capacity at the hospital, historical funding which did not match the population growth, and the increasing acuity of disease.

Changing Government Priorities/ Elections

Changing government priorities and an upcoming election were perceived as a threat due to the uncertainty that these factors introduce into a system that is already in the midst of major transformation. There is the risk that other societal issues could overshadow health care and compete for new investment. A new provincial government may wish to introduce new priorities and approaches that may have an impact on the hospital.

Increased Accountability

There is an increasing emphasis on accountability both in terms of reporting to LHINs and the Ministry and in terms of public accountability. While the hospital is very committed to demonstrating accountability there is a recognition that closest scrutiny will likely be on those areas that are easiest to measure (e.g. surgical wait times) requiring a high investment of time in measuring performance in areas that may or may not be priorities for the hospital. Development of systems for generating high quality, accessible performance data requires resources.

Privatization

Privately funded clinics are a potential threat if they have the ability to provide more timely service than public facilities. They may also increase competition for scarce health human resources.

BOTH OPPORTUNITIES AND THREATS

The following external factors were perceived as both opportunities and threats depending on the approach the organization takes to addressing them:

Local Health Integration Networks

The LHINs pose an opportunity for the organization to become involved and help shape system priorities. This can help to ensure the success of the LHIN because the concept of regional planning is excellent and can facilitate inter-hospital communication and collaboration.

Some feel that LHINs may pose a threat because of the power they hold to determine priorities and allocate funding. There is also a concern that LHIN priorities may not necessarily be

aligned with hospital priorities. For example, acute maternal/child services are a hospital priority but are not an identified priority for MH LHIN at this time (although it is a priority for the Central West LHIN).

Teaching Affiliation

The new teaching affiliation for undergraduate medical students with the University of Toronto will serve to introduce new physicians to the organization and brings a culture of learning to the organization. However, the success of the initiative hinges on the ability to attract physicians to new teaching and supervisory roles and provide appropriate recognition of their time and the opportunity cost of time away from their regular practices.

New Brampton Hospital

The new hospital, scheduled to open in the fall 2007 in Brampton, poses an opportunity for the organization since it may alleviate some of the patient load issues and associated wait times the hospital is facing. However, the new hospital may be attractive to current and potential future staff.

MOHLTC Funding Announcements

MOHLTC funding announcements were viewed as an opportunity when funding is made available for services aligned with hospital priorities and its mission. Funding announcements can be a threat when they require the hospital to pursue areas that it does not view as a priority often requiring the time and attention of staff to develop these new programs at the expense of other areas.

5.0 Key Strategic Directions and Priorities

CVH is located in one of Canada's fastest growing communities. Over the years this has resulted in the need for continual growth and expansion from both a program perspective and a physical space perspective. Consultation with our stakeholders revealed a high degree of agreement that the strategic directions for the next phase in our hospital's evolution must reflect a shift in this focus.

Approved plans for the next wave of physical expansion are in place and the opening of the new wing in 2011 will greatly alleviate current space constraints. This strategic plan must provide the direction to bridge the gap until the increased physical capacity is available. *New strategic directions must emphasize a focus on service excellence, stability and sustainability of existing hospital services.* Any new or expanded services will need to be aligned with MH LHIN priorities and planned in collaboration with other local health system partners.

"...the Commission takes the view that: Sustainability means ensuring that sufficient resources are available over the long term to provide timely access to quality services that address Canadians' evolving health needs"
- Report of the Commission on the Future of Health Care in Canada.

The focus on sustainability is consistent with global, national and provincial trends. An international survey of close to 600 health care leaders concluded that creating a sustainable future is the main concern of health care organizations around the world. Sustainability also emerged as a major theme in the report on the Commission on the Future of Health Care in Canada (the Romanow Report).

And, among the five strategic directions announced by Ontario's Minister of Health is the need to "establish a framework for *sustainability* of the health care system that achieves the best results for consumers and the community." The Minister's framework for sustainability includes:

- Equitable allocation of health resources according to the health needs of the population including disease management
- Optimized use of available resources to deliver health care
- Planning and decision making based on evidence, analysis of need and value of investment
- Efficient service delivery
- Increased use of appropriate care settings
- The local health system is moving toward an electronic health information system
- Financial stability

The Minister's framework for sustainability acknowledges that sustainability is not just about cost containment. The focus on sustainability in its broadest sense must permeate all aspects of service delivery at CVH.

The following five strategic directions stem from this overarching strategy of service excellence, stability and sustainability and link to the Strategic Quality Framework and the five balanced scorecard dimensions:

Strategic Direction	Balanced Scorecard Dimension
<i>Concentrate on operational excellence in core programs and services</i>	<i>Clinical Utilization and Outcomes</i>
<i>Show leadership as a health system partner in fostering collaboration and integration with our external and internal stakeholders</i>	<i>System Integration and Change</i>
<i>Create and enhance evidence-based, safety-focused and patient-centered systems for patients, their families and staff/physicians/volunteers</i>	<i>Patient/Client Satisfaction</i>
<i>Be the workplace of choice that provides an enriching experience for staff/physicians/volunteers and maintains required human resource capacity</i>	<i>Worklife</i>
<i>Demonstrate a solid financial performance and a strong commitment to accountability</i>	<i>Financial Performance and Conditions</i>

From the Current State Analysis the following key challenges were identified and have informed significantly these new strategic directions:

- We cannot do everything and do everything well; there is a need to focus on a manageable scope of high-quality core health services
- The need to focus is driven by constraints related to physical space, human resources and funding
- These constraints have contributed to concerns expressed by staff and physicians about worklife and patient safety
- There is a need to find innovative approaches to attract and retain the needed human resources at both the frontline and leadership levels
- There is a need to prepare for the rapid growth and aging of a culturally diverse population
- There is uncertainty created by health system transformation and the formation of LHINs
- There is a need to work more effectively with our local and network health service provider partners
- There is increased focus on accountability and performance measurement by the LHIN and the Ministry of Health and Long-Term Care.

Each strategic direction is described in more detail below. The sections below provide an overview description of each strategic direction. The rationale for each direction is also clearly outlined with links back to the strengths, areas for improvement, opportunities and threats identified through consultation and quantitative analysis.

These broad strategic directions provide a framework for hospital programs and departments to develop more specific strategies for their areas of responsibility.

5.1 Operational excellence of core programs and services

Strategic Direction:

Concentrate on operational excellence in core programs and services.

Overview:

As noted earlier, CVH has experienced two decades of growing, changing and diversifying to meet the needs of the rapidly growing communities it services. Currently there are 10 programmes: General Medicine, Surgery, Renal, Oncology, Emergency, Mental Health, Continuing Care/ Rehabilitation, Obstetrics and Gynaecology, Paediatrics and Cardiac Services. CVH also has four regional programmes: Medical Genetics, Renal, Oncology and Maternal/Child Care.

New services have come about in two ways – either proactively, based on the hospital's own initiative or reactively, in response to Ministry funding announcements. In a period of financial constraint, hospital resources have become increasingly lean. There was an overwhelming sense from staff that the hospital is at risk of being spread too thin making it difficult to maintain high quality service delivery.

Concern was expressed about the balance of regional and local core programs particularly when some regional programs are not fully funded. For many the question, “are we a community hospital with regional programs or a community-based regional hospital?” is fundamental to the hospital's mission. However, these concerns do not diminish the very strong support for greater regional collaboration with other health service providers.

Three levels of decision-making criteria are required:

- Which provincial programs do we accept?
- Which LHIN/regional programs do we accept?
- Which internal programs do we expand?

Staff and physicians have expressed a desire for greater communication, involvement and transparency around decision-making, including decisions about the scope of services and service delivery approaches. There is an opportunity to engage staff and physicians in defining the “business we are in”, the scope of services we will offer and how to ensure that our corporate value of “excellence in patient care” continues to be achieved. This will be particularly important in determining how the hospital will cope with physical capacity constraints over the next three years.

Rationale for the Strategic Direction:

From the environmental scan, the following findings highlight and support the need to concentrate on strengthening existing core programs and services:

Strengths to Leverage:

- Good outcomes vs. our peer hospitals despite doing more with less funding, staff and space
- Quality and professionalism of staff and physicians
- Strong frontline care and support services

- Strong and well established regional programs
- Up-to-date programs and services

Weaknesses/Areas for Improvement to Minimize:

- Need to clarify CVH's prime areas of focus - define core business
- Capacity constraints as evidenced by: shortages of human resources and physical space combined with growing community and needs, patient flow challenges and wait times
- Limited use of some areas of the hospital outside of regular "business hours"
- Financial constraints
- Program management structure can be a constraint and has led to a need for more clarification/direction around whether or not CVH is to be programmatically or departmentally organized
- Mission/vision are not inspiring
- Need to be proactive instead of reactive

Threats to Mitigate:

- The MH LHIN is one of only a small number of LHINs with both a large and growing child/youth population *and* a large and rapidly growing seniors population; there will be continued need to find innovative solutions to respond to growth pressures at both ends of the age spectrum
- With the current shortage of skilled resources in the health care industry it will be challenging to improve access to care
- LHIN priorities will be reviewed over time and may not necessarily align with the core services CVH wishes to strengthen (e.g. maternal and child care)
- LHIN operational processes are still evolving and the requirements and process to maintain/receive funding support from the LHIN are not yet clear
- An increase in privately funded clinics could pose a threat if they are able to provide more timely service than public facilities. This change in the competitive health care landscape could make it more important for CVH to differentiate itself based on access, quality and innovation.

Opportunities on which to Capitalize:

- The MOHLTC's strategic directions emphasize improving quality and health outcomes, as well as using available resources to ensure the health system is sustainable
- The new funding formula that is under development will address some of the pressures facing CVH such as population growth and aging
- The proposed new ambulatory care surgical facility will provide additional operating room capacity
- The opening of A and H block anticipated in 2010/11 will provide additional inpatient capacity, including capacity related to maternal/child care
- Looking to other jurisdictions for potential innovative solutions

5.2 Leadership as a health system partner

Strategic Direction:

Show leadership as a health system partner in fostering collaboration and integration with our external and internal stakeholders.

Overview:

With the creation of LHINs in 2005, health service providers are expected to work together to identify and implement integration opportunities in collaboration with the LHIN. The first Integrated Health Service Plan for the MH LHIN was completed in October 2006 and outlines the priority areas for the LHIN over the next three years. The MH LHIN has launched a number of planning groups. As they continue to put staff and processes in place, the LHIN will need the support of local champions to move forward on integration priorities. There is an opportunity for CVH to play a leadership role in areas of strength where the priorities of the hospital are closely aligned with the priorities of the LHIN. CVH's current involvement in LHIN activities is described in Appendix D.

There is also an opportunity for CVH to take the lead in redefining the concept of a regional program so that it promotes the spirit of collaboration and integration. Currently, regional programs are assigned to specific health care providers who are deemed to be the "owners" of these regional programs. A different approach would be to identify regional programs as "belonging" to the entire LHIN with each health service provider having joint ownership, clear accountabilities and a well-defined role in program delivery.

IM/IT is critical to the collection and reporting of reliable data on health system performance and outcomes. It was recognized that while there is a tendency to focus on those areas that are easiest to measure (e.g. surgical wait times and outcomes) there must be a commitment to measuring performance across the continuum of care. Our balanced scorecard will facilitate this.

Employees and physicians expressed strong support for being more involved in decision-making around resource allocation and other types of decisions. There is a perception that resource allocation decisions are heavily driven by financial data with less emphasis on qualitative evidence. Employees and physicians have an interest in being more informed about how these decisions are made and having an opportunity to contribute their input and expertise. The hospital will need to enhance its priority-setting and decision-making processes to improve transparency and promote participatory leadership.

Rationale for the Strategic Direction:

From the quantitative analysis and stakeholder consultation, the following findings highlight and support the need to *show leadership as a health system partner in fostering collaboration and integration*.

Strengths to Leverage:

- CVH is one of the largest organizations in the MH LHIN
- CVH is the lead for regional programs in oncology, renal, maternal/child and medical genetics

- CVH is part of a number of successful community partnerships and external stakeholders in the MH LHIN view CVH as a positive and responsive health system partner
- Examples of partnerships that facilitate system integration include:
 - The 'REACH' portal offers providers access to patient information for CVH, Halton Healthcare Services and William Osler Health Centre and also aligns with the LHINs e-health strategy.
 - Shared Services West, is a not-for-profit corporation, owned and operated by CVH, Halton Healthcare Services, Trillium Health Centre and William Osler Health Centre, which specializes in contract management, procurement and logistics services
 - CVH is an active member of the Child Health Network working collaboratively with 19 other hospitals in the Greater Toronto Area to improve services for mothers, babies and children.

Weaknesses/Areas for Improvement to Minimize:

- The organization needs to recognize potential areas to improve its partnerships throughout the continuum of care (e.g. playing a more active role in mental health and addictions)
- CVH's current values statement does not mention collaboration or integration
- Lack of a comprehensive electronic charting system

Threats to Mitigate:

- The increasing demand for health care services due to the aging and growing population is a huge and complex issue which can best be addressed with the combined expertise and resources of multiple health system partners working together
- Health system capacity is an issue for MH LHIN as demonstrated by:
 - a relatively high percentage of MH LHIN residents receive hospital services outside of the LHIN;
 - there are a number of sectors and health professional groups where MH LHIN per capita resources fall far below the provincial average; and
 - there are a number of service gaps.

Opportunities on which to Capitalize:

- The MH LHIN Integrated Health Service Plan has identified priority areas for the next three years
- The MH LHIN has put a structure in place to move forward on addressing the priority areas; CVH is a member of several LHIN committees and has taken on a number of leadership roles (e.g. Seniors and e-Health)
- CVH is currently involved in working with its health system partners on a number of potential regional programs and initiatives
- Collaboration with the health system partners in the MH LHIN and Central West LHIN could reduce redundant services and ensure timely and comprehensive access to healthcare. Collaboration would allow health care partners to share their expertise, use resources effectively and efficiently and potentially increase funding opportunities
- Throughout the province, balanced scorecards are being developed for LHINs that will include performance measures for the health system as a whole with health service providers sharing joint accountability for meeting performance targets

5.3 Evidence-based, safety-focused and patient-centred systems

Strategic Direction:

Create and enhance evidence-based, safety-focused and patient-centered systems for patients, their families and staff/physicians/volunteers

Overview:

This strategic direction was in the last strategic plan and is just as relevant today as it was then. Staff throughout the hospital share a strong commitment to high quality, patient-centred care.

A number of systems and programs have already been put in place to support evidence-based, safety-focused and patient-centred care. A few examples include: Our People Care, Safer Healthcare Now, the Balanced Scorecard and decision-support and information management functions. Going forward it will be important to build on our successes and leverage their benefits across the organization.

The notion of a patient-centered approach to care requires that we have a good understanding of who our patients are and the specific and unique needs that patient groups have. For example, we know that the aging population is having an impact on health care systems everywhere since seniors are high consumers of health care services. Our hospital has created the Senior Care Task Force to ensure quality care for seniors throughout their hospital experience at Credit Valley and support their continuum of care. An organizational assessment of seniors and geriatric services at CVH is also underway to identify the services and supports required to ensure that we are providing safe, patient-centered care to our seniors that is consistent with best practices. Just as hospitals have learned that children require a different approach to care, so too must care be adjusted for the elderly and their families.

We also need to continue our efforts to provide culturally responsive care and services to our diverse population. The population growth in our community is due in large measure to individuals and families immigrating from other countries. Newcomers often require supports to navigate the health system and access needed services. Both newcomers and longer established residents may have specific needs in relation to language, culture, race or religion.

We will also need to strengthen our capacity to capture regular feedback from our patients and their families and incorporate it into our planning and decision-making. We know that our patients are more informed than ever before and expect to be actively engaged in decisions about their health care. Our ability to provide patients/families with access to information about health care will be valuable to the population we serve.

The hospital is involved in e-health planning at the LHIN level and this has the potential to lead to new opportunities to further improve our ability to deliver on this strategic direction. The Report of the Canada Health Council (January 2005) identifies a clear link between patient safety and information technology. An excellent example of this is the availability of the Ontario Drug Benefits (ODB) database to physicians in emergency rooms, which ensures that for the population covered by ODB, the potential for drug contraindications is greatly reduced.

Rationale for the Strategic Direction:

From the quantitative analysis and the stakeholder consultation the following findings highlight and support the need to *create and enhance evidence-based, safety-focused and patient-centered systems for patients and staff.*

Strengths to Leverage:

- Staff perceive that members of the community appreciate the hospitals high quality of care and excellent staff
- Track record of providing safe care (e.g. a lower 'Readmission Rate than our peers for Specific Medical Conditions' indicating a lower rate of complications and adverse events during hospitalization for specific medical conditions)
- Near miss reporting has increased indicating staff's commitment to quality improvement and a supportive organizational culture
- Falls Clinic and Fall Exercise Program help to reduce falls among seniors
- The Our People Care (OPC) program was recognized as a "leading practice" by the Canadian Council on Health Services Accreditation and an external evaluation of the program concluded that "OPC works"⁴

Weaknesses/Areas for Improvement to Minimize:

- Increased wait times and physical space constraints are growing concerns from both a patient safety and a patient satisfaction perspective
- Based on Hospital Report 2005, CVH's scores for Patient Satisfaction in the Emergency Department are below community 1 hospitals and provincial averages for all reported categories (similar performance seen in immediate peer group)

Threats to Mitigate:

- Seniors represent the fastest growing segment of the MH LHIN population
- Increasing demand for health care services

Opportunities on which to Capitalize:

- Provincial and national focus on patient safety
- e-health
- Specialized Services for Frail Seniors
- Potential to develop a regional portal for patients

⁴ The Credit Valley Hospital Final Report 2004-2006 Evaluation of "Our People Care". TAPE Educational Services Inc. April 17, 2007.

5.4 Workplace of Choice

Strategic Direction:

Be the workplace of choice that provides an enriching experience for staff/physicians/volunteers and maintains required human resource capacity.

Overview:

The ability to provide access to high-quality, safe and effective patient-centred health services is dependent on having the right mix of health care providers with the right skills in the right place at the right time.⁵ Achieving and maintaining the appropriate mix of health care workers will be critical to the successful implementation of this strategic plan and the sustainability of quality health care programs. Our hospital will seek to recruit and retain skilled individuals that demonstrate our values of excellence in patient care, respect, leadership, teamwork, accountability and partnership. The Ministry of Health and Long-Term Care is playing a primary role in planning for health human resources and ensuring the right supply and mix of health care professionals through HealthForceOntario.⁶ It is important to recognize that shortages in non-clinical areas must also be addressed. However, ensuring a sufficient supply of health care workers will require innovative strategies at all levels – provincially, within the MH LHIN, and locally.

The physician to population ratio and nurse to population ratios in MH LHIN are among the lowest in the province.⁷ Hence, MH LHIN has a strong focus on Health Human Resources Planning which they have identified as one of the “enabling strategies” for improving health system performance.

It is not enough for CVH to focus on ensuring the right supply and mix of staff for today. In terms of sustainability, we must also think about our future needs. Many staff reported that we need to improve our succession planning and talent management. This was mentioned as a particular concern at the leadership level (both administrative and medical leadership). A high proportion of the hospital’s leaders have been at the hospital a long time (many have been here since the hospital opened). On the one hand this has contributed to a very experienced and cohesive leadership team. On the other, it means that these individuals are in an age group where many will be eligible to retire in the next five to ten years. Planning must begin now in order to avoid a leadership gap in the future.

But being a workplace of choice is about much more than having the right number of staff. CVH must also provide a working environment that is supportive, interesting and challenging. The latest employee survey found that our overall corporate results are quite positive and position CVH as an employer of choice among our peers. Staff enjoy working at CVH and working with each other. But there is clearly room for improvement.

Staff reported that workload and the impact of their job on their personal life are the two most important things in their working life at CVH. Consultation with staff confirmed that many staff members are concerned about workload both in terms of being stretched too thin and in terms of the inefficiencies that result when staff members are required to perform roles that are not

⁵ Health Human Resources Action Plan - Status Report, Government of Canada, December 2005

⁶ HealthForceOntario, Presentation by Josh Tepper, Ministry of Health and Long-term Care, to Ontario LHIN CEOs, September 2006.

⁷ Integrated Health Service Plan, Mississauga Halton LHIN, October 2006.

matched to their skill sets because there is no one else available to do it. Over the years, CVH has had to make tough decisions to reduce services in critical areas (e.g. support staff). In response to staff concerns about workload pressures and human resource shortages, it will be important to find new and innovative ways to “work smarter” and improve efficiencies.

The Physician Survey also reinforced the need to focus on physician satisfaction and worklife. Better communication, transparency of decision-making and improving relationships among physicians, administration and the board will be critical.

Rationale for the Strategic Direction:

From the data analysis and the stakeholder consultation, the following findings highlight and support the need to *be the workplace of choice that provides an enriching experience for staff/physicians/volunteers and maintains required health human resource capacity.*

Strengths to Leverage:

- The level of competence of the staff is considered extremely high
- Professional Practice Liaison
- Employee Spirit Program
- The three highest ranked categories in the 2006 Employee Survey were co-worker cohesion, job satisfaction and patient focus
- The three highest ranked categories in the 2006 Physician Satisfaction Survey were collegial nurse-physician relations, cooperation and cohesion with physician colleagues
- There is a positive working culture and cohesiveness among staff and physician groups that work together
- The leadership team is cohesive, loyal and has a long history with the hospital
- The number of staff and volunteers have increased over the last three years
- Club 2200 and other social groups play an important role in building employee morale through social activities

Weaknesses/Areas for Improvement to Minimize:

- The MH LHIN is below the provincial average for the supply of physicians, nurses and other health professionals
- Staff are feeling the pressure of increased workloads
- The right skill sets are not always available for the task
- Employees gave the hospital relatively low ratings for team recognition and reward, workload and opportunities for Advancement
- Physicians gave the hospital relatively low ratings for involvement in decision-making and satisfaction with administration and the Board
- There is no succession planning

Threats to Mitigate:

- Pending retirement across the leadership team and other professions
- Opening of the new hospital in Brampton may attract staff away from CVH

Opportunities on which to Capitalize:

- MOHLTC has acknowledged human capital capacity issues and the need for more effective health human resource planning in their strategy
- Introduction of new professional groups (e.g. physician assistants)
- Use of advanced nursing roles to enhance services (e.g. nurse practitioners, advanced practice nurses, clinical nurse specialists)

- Leverage the hospital's excellent track record in attracting hospital volunteers (including youth volunteers)

5.5 Solid financial performance and commitment to accountability

Strategic Direction:

Demonstrate a solid financial performance and a strong commitment to accountability

Overview:

Given the high visibility of health care and the amount of public funds allocated to this sector, there is increasing emphasis on ensuring that decision makers are accountable for the funds expended. A focus in the immediate term is on demonstrating "value for money", i.e. are the expenditures yielding the desired outcomes? The creation of Ontario's Health Council, which will develop and report on a series of indicators on the performance of the health care system, is an example of this trend. The new Service Accountability Agreements place increased emphasis on performance measurement and reporting. Over time, LHINs will embed financial indicators and other performance measures in their service agreements with hospitals.

CVH has historically been a strong financial performer. The hospital has consistently balanced its budget through system integration, process redesign, and resource adjustments. However, the hospital continues to be challenged by funding levels that have not kept pace with our rapid population growth. Other health and social service providers in our community are facing similar resource pressures. CVH will collaborate with its community partners to continually educate funders about the growing needs of our diverse community. The new funding model being developed by the Ministry promises to address population growth and other factors that affect the demand for services at our hospital. It will be important to keep abreast of the progress with the funding model and provide input to the LHIN and Ministry as appropriate.

Rationale for the Strategic Direction

From the data analysis and the stakeholder consultation, the following findings highlight and support the need to demonstrate a solid financial performance and a strong commitment to accountability.

Strengths to Leverage:

- CVH is one of the high-performing acute care hospitals in the area of financial performance and we are committed to maintaining a balanced budget
- Proactive in process efficiencies and redesign
- Very successful at fundraising
- Strong case costing function and case costing data is used to support service planning

Weaknesses/Areas for Improvement to Minimize:

- Staff perceive that finances have driven decision making about service delivery
- Financial planning timelines sometimes mean that departments are not aware of their budgets until the Fall

- More discussion and collaboration with departments when making decisions regarding resource reductions
- Need to recognize that reductions in non-patient areas may still affect staff and patients
- The program management structure contributes to managers and directors feeling a lack of control of program budgets
- Data availability and data quality can be improved

Threats to Mitigate:

- Upcoming election could result in a shift in investment priorities
- LHIN priorities for investment may not be aligned with CVH's needs
- Requests from the Ministry and LHINs to introduce new initiatives without full funding

Opportunities on which to Capitalize:

- New funding model
- LHIN priorities for investment that are aligned with CVH's needs and strengths
- e-Health
- Unlike many health service providers, CVH has the capacity to demonstrate and justify expenditures based on reliable case cost data
- Strong fundraising base
- Other service providers in our community are facing funding challenges, creating opportunities for collaboration around advocacy initiatives

6.0 Implementation of Strategic Directions

The following charts summarize the key actions and timing for the implementation of each of the identified strategic directions. The key actions are not intended to be an exhaustive list of what the hospital will do over the next three years. Rather they are intended to have a strategic focus that is very closely aligned with the strategic direction and are critical to “bridging the gap” until the next wave of physical expansion is complete.

Based on these high-level strategic key actions, operational plans will be developed at the program and departmental level for review by senior leadership. Specific plans and deliverables will be adjusted each year to reflect the annual operating plans, budgets and resource constraints.

Achievement of these strategic directions will not be possible without the ongoing support of the hospital’s staff, physicians, volunteers and Foundation Board.

Strategic Direction	Balanced Scorecard Dimension	Key Actions		
		2008/2009	2009/2010	2010/2011
Concentrate on operational excellence of core programs and services	Clinical Utilization and Outcomes	<ul style="list-style-type: none"> Review and clarify the scope of services to be provided at CVH and be more strategic about the services we offer recognizing the hospital's strengths as well as LHIN and provincial priorities; this will include a focus on core medical and surgical services, in particular: <ul style="list-style-type: none"> Develop and implement an interim plan for the delivery of surgical services until additional capacity is available; including an estimation of the expansion required to meet community needs and make the best use of available resources as well as the impact on related departments Define the role of General Internal Medicine and the Hospitalist program in light of potential future directions. Review the hospital's program management structure and identify ways to remove the barriers posed by the model Finalize the decision regarding the teaching affiliation 	<ul style="list-style-type: none"> Receive approval for an ambulatory surgical facility Support a LHIN-wide consultation on the development and implementation of the ambulatory surgical facility 	
		<ul style="list-style-type: none"> Implement process redesign opportunities to improve patient flow between hospital departments and reduce unnecessary work; for example, this will include continued work on the Patient Registration initiative and the 3M Patient Flow project 		

Strategic Direction	Balanced Scorecard Dimension	Key Actions		
		2008/2009	2009/2010	2010/2011
Show leadership as a health system partner in fostering collaboration and integration	System Integration and Change	<ul style="list-style-type: none"> Develop a plan for working with the MH LHIN that includes: <ul style="list-style-type: none"> linking the appropriate hospital resources to the planning groups and initiatives that are most aligned with CVH strengths identifying where we wish to show leadership or make a contribution developing a set of principles that redefine the regional program concept to reinforce a delivery model based on collaboration, integration and joint ownership Implement a structured, transparent priority-setting and decision-making process Improve the availability and quality of data management to support decision making Revisit the hospital's values to see if they reflect the increased focus on collaboration and integration and the hospital's role in teaching 	<ul style="list-style-type: none"> Expand the Regional Provider Portal to include physicians in the community 	
		<ul style="list-style-type: none"> Continue to provide leadership in development of potential regional programs that have already been identified including: gynaecological oncology, vascular surgery, thoracic surgery, eye care, geriatric services and colorectal cancer screening Implement Ministry e-health initiatives and the MH LHIN e health strategy Implement opportunities for the integration of back office functions with other service providers in the MH LHIN Continue implementation of key components of the CVH electronic health record 		

Strategic Direction	Balanced Scorecard Dimension	Key Actions		
		2008/2009	2009/2010	2010/2011
Create and enhance evidence-based, safety-focused and patient-centered systems for patients and staff/physicians/volunteers	Patient/Client Satisfaction	<ul style="list-style-type: none"> Continue to pursue patient safety enhancements and pandemic preparedness. 		
		<ul style="list-style-type: none"> Identify strategies to improve responsiveness and overall patient satisfaction throughout the hospital Continue to promote the Our People Care program to new staff and other health service providers Continue to implement evidence-based, patient-centered approaches for key target groups such as: “seniors friendly hospital” for elderly patients, supportive care for oncology patients, family-centred care for parents and children, and culturally responsive care Enhance and expand the Diversity program for all staff members 		<ul style="list-style-type: none"> Provide a patient portal to enhance communication with patients

Strategic Direction	Balanced Scorecard Dimension	Key Actions		
		2008/2009	2009/2010	2010/2011
Be the workplace of choice that provides an enriching experience for staff/physicians/volunteers and maintains required human resource capacity	Worklife	<ul style="list-style-type: none"> Address issues identified within the 2006 staff and physician satisfaction surveys, including engaging staff in forums to improve work processes and create a rewarding, safe, environmentally-friendly workplace Support social activities for staff, physicians and volunteers that contribute to improved morale 	<ul style="list-style-type: none"> Assess opportunities to utilize new health professional roles that have been introduced by the Ministry Assess opportunities to leverage the hospital's success in recruiting increasing numbers of hospital volunteers ensuring that trained volunteers are available to assist hospital departments as appropriate Develop and implement a comprehensive talent management program that includes succession planning and strategies to identify and nurture future leaders 	

Strategic Direction	Balanced Scorecard Dimension	Key Actions		
		2008/2009	2009/2010	2010/2011
Demonstrate a solid financial performance and strong commitment to accountability	Financial Performance and Conditions	<ul style="list-style-type: none"> • Improve communications to educate staff about the Service Accountability Process • Show leadership in advising the LHIN on the development of financial performance measures, agreements and the proposed new funding model • Continue to educate funders and the broader community about the needs of our growing patient population and work with our health system partners to advocate for appropriate resources to ensure sustainability 	<ul style="list-style-type: none"> • Evaluate the effectiveness and efficiency of the hospitals process for preparing the Service Accountability Agreement Response 	



CREDIT VALLEY
THE CREDIT VALLEY HOSPITAL

PRICEWATERHOUSECOOPERS 

The Credit Valley Hospital Strategic Plan Update

September 2007

Appendices

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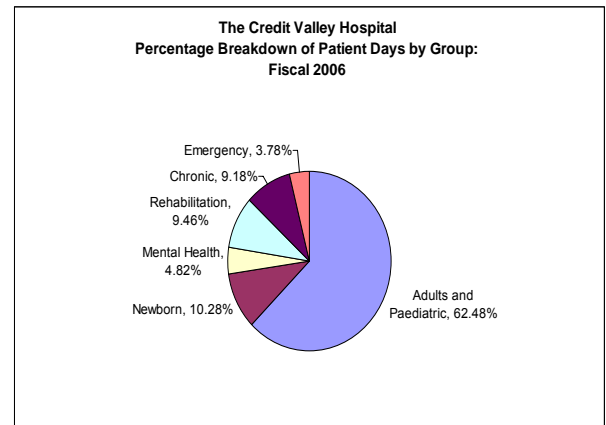
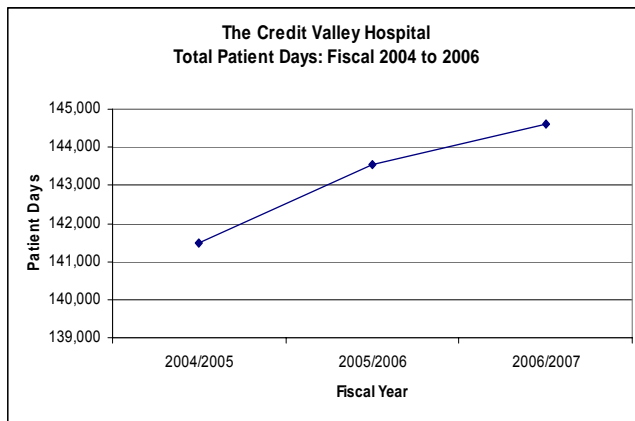
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Appendix A: Detailed Internal Environmental Scan

The following appendix provides additional detail regarding the internal environmental scan undertaken at CVH. In order to better understand the utilization of hospital resources by patients at CVH we present data on patient days, hospital separations, hospital bed occupancy and length of stay, emergency services, obstetrics, ambulatory care, surgical care, diagnostic imaging volumes, pharmacy and laboratory medicine workload and health human resources.

Patient Days

The total number of patient days (short term, long term and special care nursery patient days) at CVH has increased steadily over the past three fiscal periods (2.2%). The greatest proportion of patient days (62.48%) can be attributed to the care of adult and paediatric patients. In addition the hospital continues to see high newborn, rehabilitation and chronically ill patient volumes.



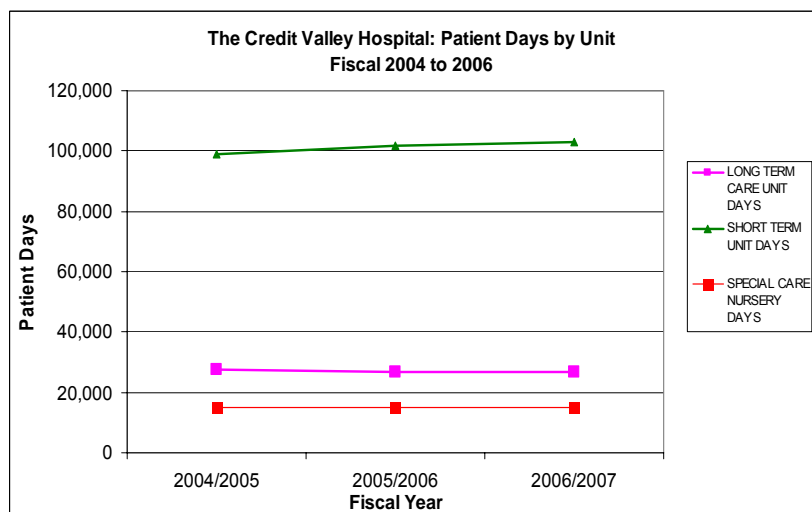
Source: Stats-GL (Short Term Units, Long Term Units, Special Care Nursery)

Short Term Unit Patient Days:

This graph compares the total number of short term and long term unit patient days at CVH. As the graph indicates these short term unit patient volumes are increasing indicating that the demands on the short term units will continue to pose important challenges for the hospital going forward. This is also of particular importance as the majority of CVH's patients are served on a short term basis (71%).

Long Term Unit Patient Days:

The graph also shows the total number of long term unit patient days at CVH. Patient days in both the Rehabilitation and Complex Continuing Care units declined over the past three fiscal periods resulting in an



Source: Stats-GL, (Short Term Units, Long Term Units, Special Care Nursery)

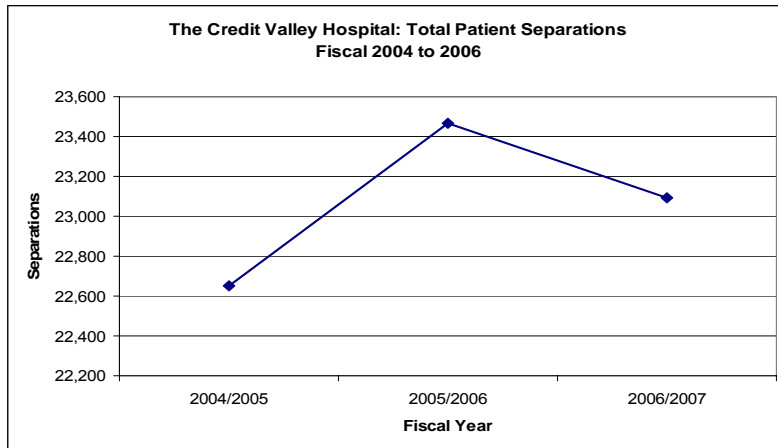
overall reduction in long-term care patient days of 2.32%.

Special Care Nursery Days:

Total patient days in the special care nursery remained relatively steady over the three fiscal periods.

Hospital Separations

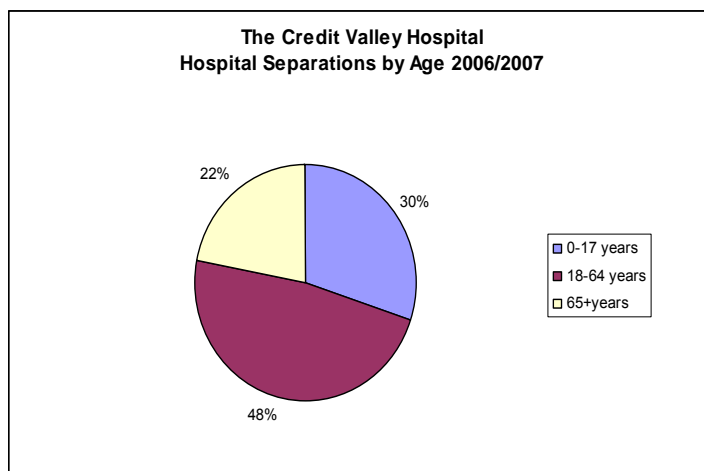
CVH experienced an overall increase in total hospital separations over the past three fiscal periods (1.95%). Total separations, however, declined by 1.6% between fiscal 2005 and 2006.



Source: Abstracting (DAD)

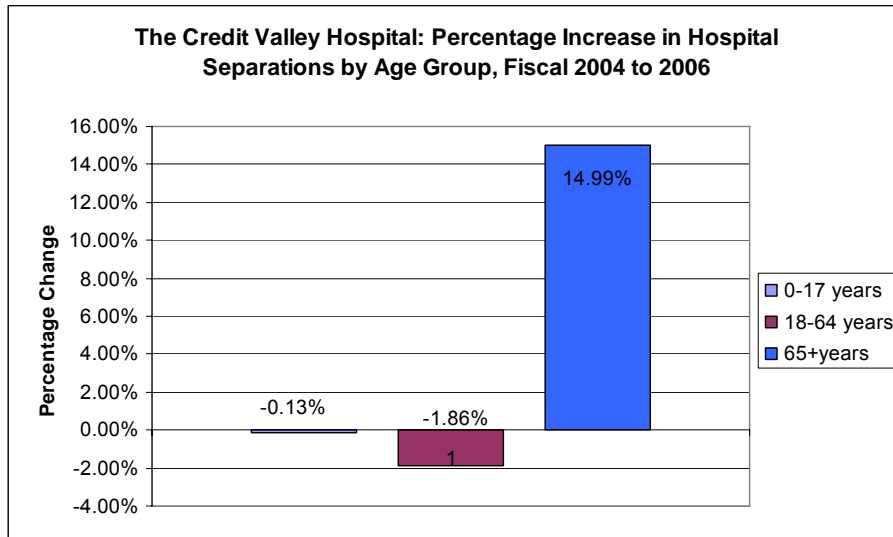
Age Distribution

Hospital separations based on age distribution clearly show that the majority of CVH’s patients are between the ages of 18 and 64 years of age. When combined, however, hospital separations for patients 0 to 17 years and 65+ years old represent 52% of total separations. This is of particular significance as the region experiences considerable growth in both its youth and senior populations.



Source: Abstracting (DAD)

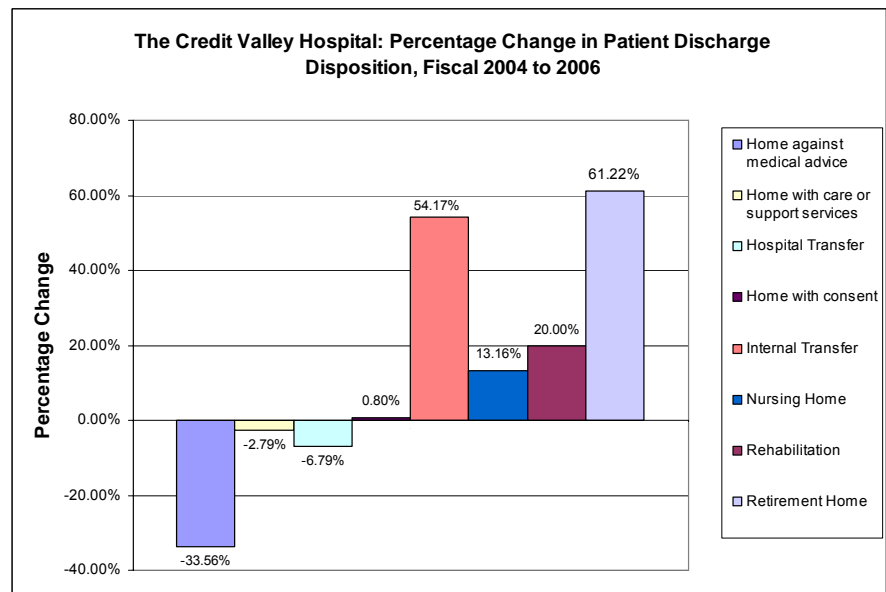
The percentage increase in separations for patients 65 years and older is the greatest among the three age segments at 14.99%. In fact, the total number of hospital separations of patients 0 to 17 and 18 to 64 years old has actually decreased over the last three fiscal periods.



Source: Abstracting (DAD)

Discharge Disposition

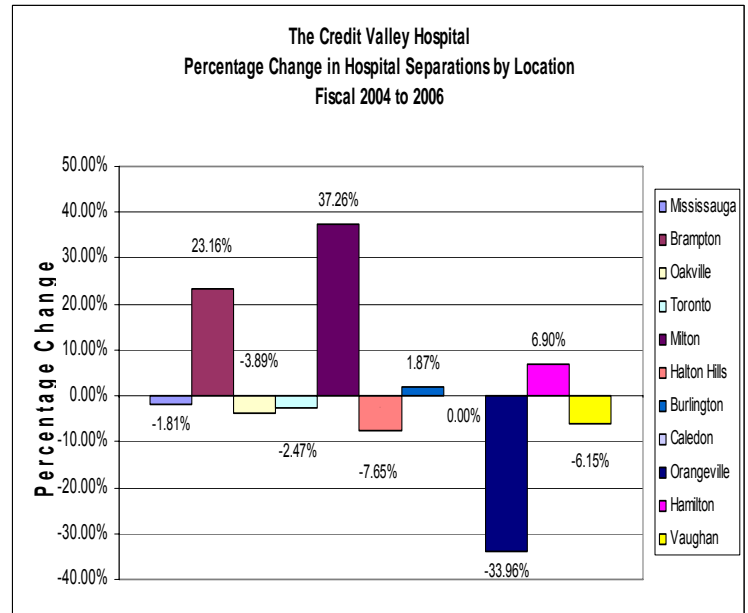
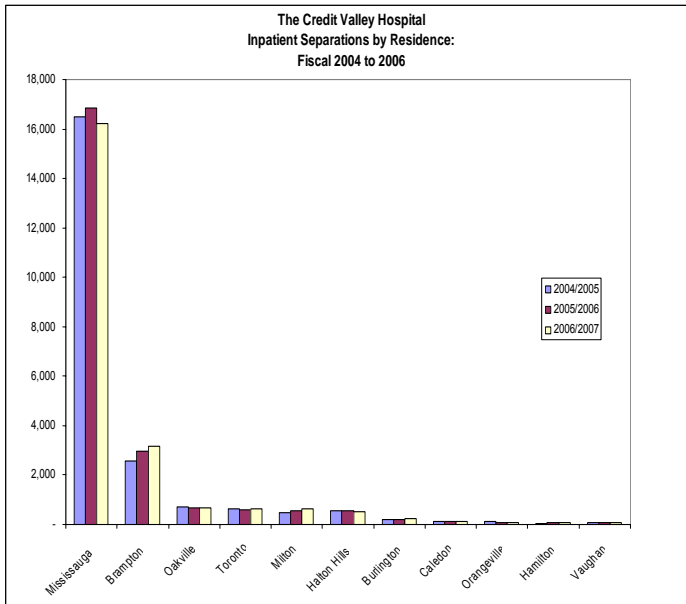
The majority of CVH's patients (84.7%) are discharged to their homes. The graph shows, however, that the number of patients discharged to nursing and retirement homes has increased significantly - further underscoring the important healthcare challenges facing our aging population. Internal transfers of patients have also increased highlighting the important role of the multidisciplinary healthcare team in the care of patients.



Source: Abstracting (DAD)

Top Areas of Residence

The graph below shows where CVH patients reside. Mississauga continues to supply the greatest proportion of patients at 72%. However, proportionate to other cities within the region, this is declining. The hospital is seeing the greatest percentage increase in hospital separations from Brampton and Milton, 23.16% and 37.26%, respectively. This is not surprising as these two cities are experiencing some of the greatest population growth in the Province.



Source: Abstracting (DAD)

Hospital Occupancy

The CVH continues to be a very busy hospital with high occupancy rates in its short term acute care, long term and special care nursery units. Average hospital occupancy rate has increased from 88.0% to 90.66% over the past three fiscal periods. (This data was taken from the Stats-GL database and includes short term units, long term units, and special care nursery)

Length of Stay

The average length of stay (short term unit and special care nursery) for a patient at CVH has decreased by 5.26% (or 0.27 days) over the past three fiscal periods indicating that patients are receiving treatment in a more timely fashion and being discharged earlier. The greatest decreases in average length of stay were seen in the Labour and Delivery, ICU and the Coronary Care Unit. However, the Emergency Room experienced a significant increase in average length of stay.

	2004/2005	2005/2006	2006/2007	% change (3 fiscals)
1B - Surgical	5.36	5.17	5.13	-4.37%
1C - Paediatrics/Gynae	2.54	2.72	2.69	5.80%
2B - Medicine/Surgery	11.64	11.85	11.66	0.18%
2B - Nephrology	10.51	11.61	11.03	4.95%
2C - Medical	10.76	10.42	9.93	-7.77%
2C - Oncology	11.16	9.73	11.37	1.86%
2C - Palliative Care	36.22	33.32	35.11	-3.08%
3B-Cardiac	8.75	8.31	8.61	-1.51%
3B-Medical	9.91	9.21	9.24	-6.79%
3C - Obstetrics and LD	2.09	2.14	2.14	2.57%
Coronary Care Unit	10.21	19.78	8.54	-16.37%
Emergency Room	1.26	1.31	1.39	10.13%
ICU	7.23	8.18	5.99	-17.16%
Labour and Delivery	1.55	1.13	1.25	-19.55%
Nursery	1.76	1.78	1.78	1.10%
Special Care Nursery	12.90	12.65	12.72	-1.38%
Average LOS	5.07	4.97	4.80	-5.26%

Source: Abstracting (DAD)

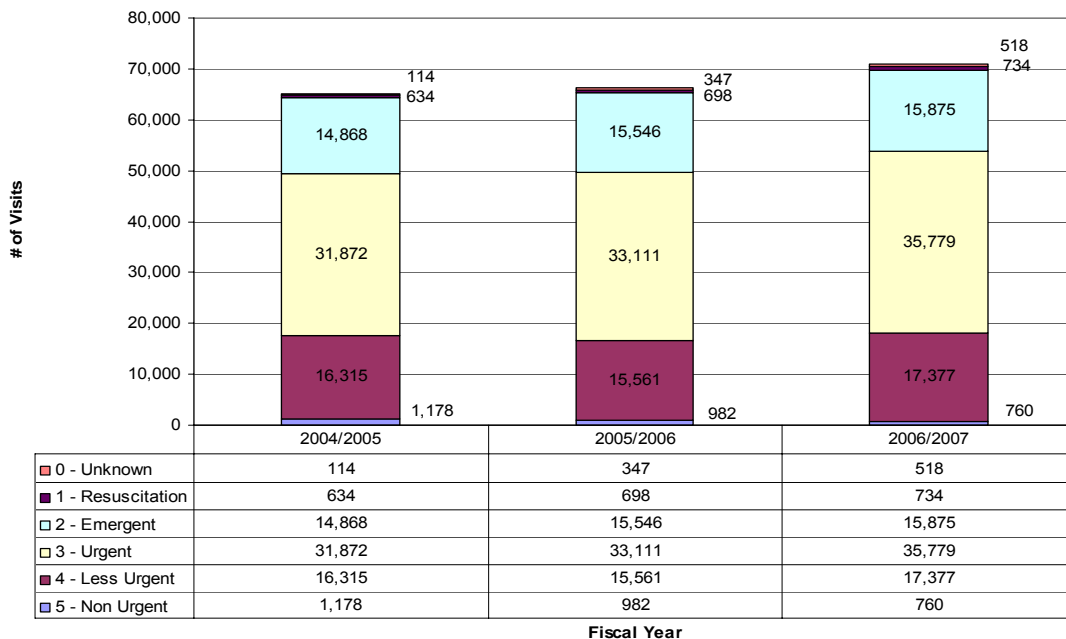
Emergency Services

Emergency Room: Visits by Triage Level

The graph below compares Emergency Room (ER) visits by triage level for CVH from fiscal 2004 to 2006. Patients triaged with a non-urgent or less urgent status may not need to be treated in the ER. The graph indicates that over the past three fiscal periods the number of non-urgent cases seen at CVH's emergency room has decreased significantly. The vast majority of cases continue to be of a less urgent, urgent or emergent nature.

Emergency room visits have increased over the past three fiscal years by 9.33% as the population within the region continues to grow. Urgent, emergent and resuscitation triage levels have all experienced significant increases in volumes indicating the CVH's ER continues to provide an important, more specialized service to the community.

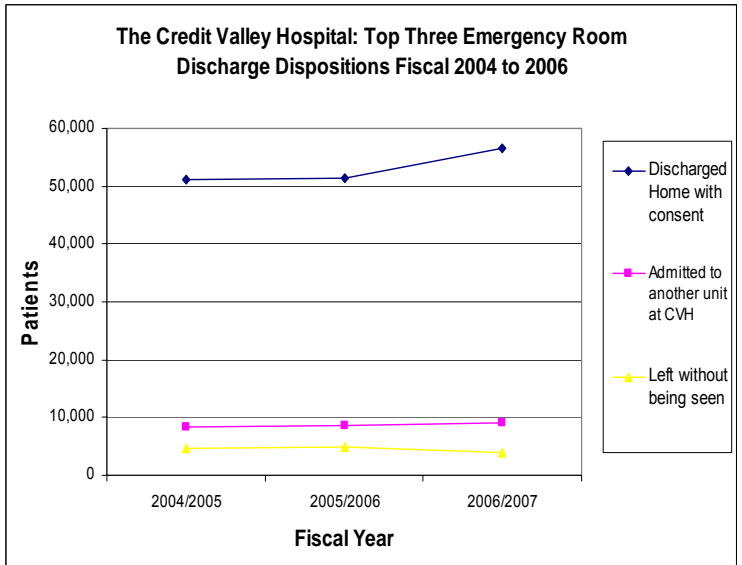
**The Credit Valley Hospital:
Emergency Visits by Triage Level, Fiscal 2004/2005, 2005/2006, 2006/2007**



Source: Abstracting (NACRS)

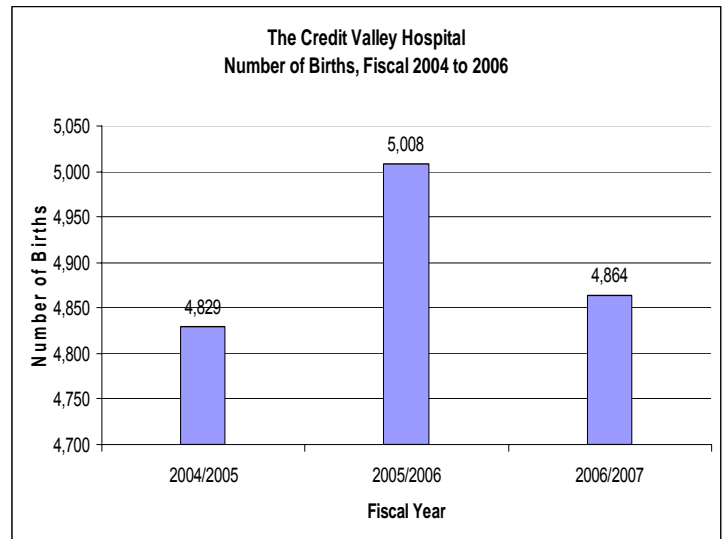
Emergency Room Visits By Discharge Disposition				
	2004/2005	2005/2006	2006/2007	% total (2006/2007)
Discharged Home with consent	51,098	51,468	56,604	79.68%
Left without being seen	4,666	5,013	4,028	5.67%
Left against medical advice	230	321	381	0.54%
Admitted to CCU or OR at CVH	148	172	131	0.18%
Admitted to another unit at CVH	8,340	8,575	9,171	12.91%
Transferred to another acute care facility	149	175	184	0.26%
Expired	83	102	111	0.16%
Same Day Surgery	172	113	109	0.15%
Clinic	13	14	12	0.02%
Mental Health/Rehabilitation	1	0	41	0.06%
RET Home/CC/NH/Home S/S	81	292	271	0.38%
Total	64,981	66,245	71,043	

Source: Abstracting (NACRS)



Obstetrics

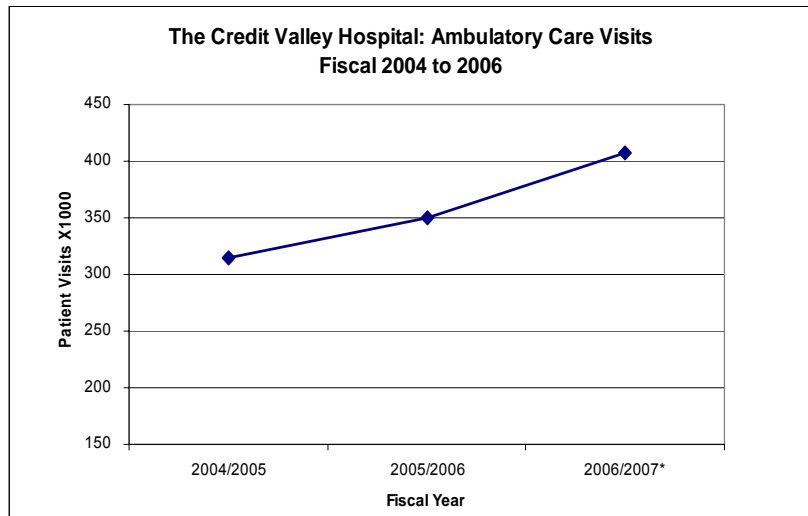
The CVH is home to the Region's Maternal Child Program that provides an important service to expectant mothers, newborns and their families. Between fiscal 2005 and 2006 total births decreased by 2.88%, however, despite this the total number of births at CVH has still increased over the last three fiscal years.



Source: Stats-GL Database

Ambulatory Care

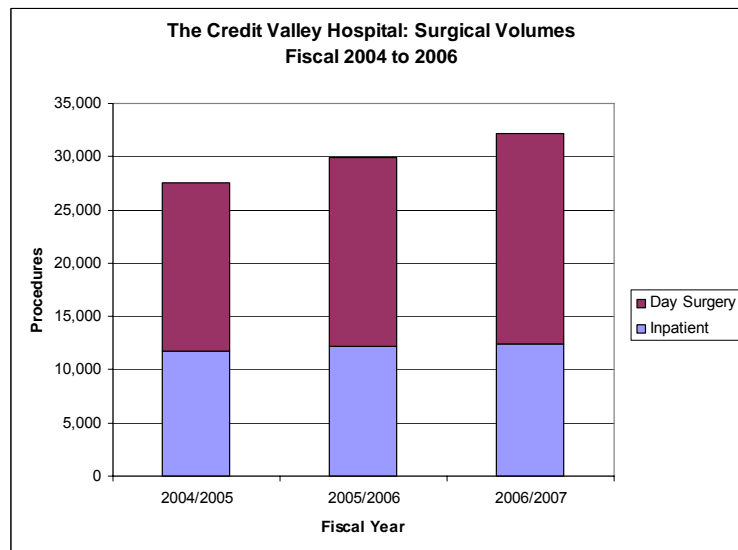
Ambulatory care continues to play an important role at CVH. The total number of ambulatory care visits (including ER visits) increased by 29.51% over the last three fiscal years indicating that this form of service model for treatment is playing an increasingly important role in the delivery of care to patients within the community.



Source: Stats-GL Database

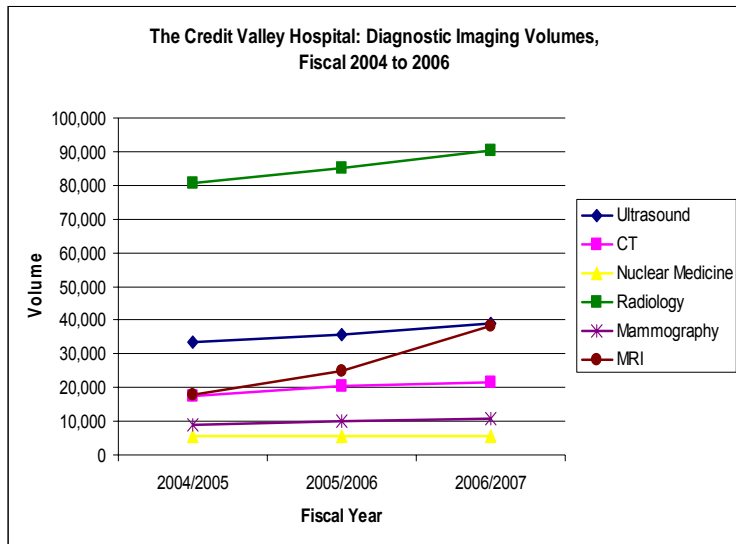
Surgical Care

The CVH has 10 operating rooms. Over the past three fiscal periods the total volume of surgeries performed at CVH has increased by 17.0%. Of particular significance is that surgeries performed on an outpatient basis (day surgery) represent a greater proportion of this total. This is important as the field moves towards more minimally invasive forms of surgery which require shorter lengths of stay.



Diagnostic Imaging Volumes

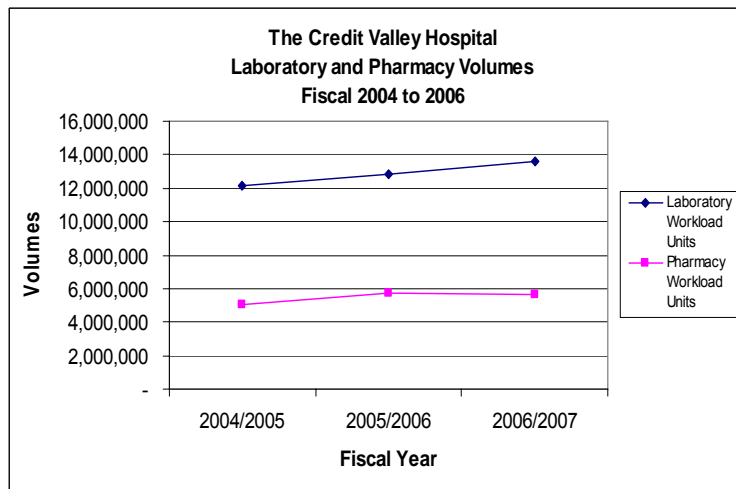
Diagnostic Imaging continues to play a vital role in the diagnosis of patients at CVH. Radiology continues to represent the greatest proportion of diagnostic imaging tests; however, MRI shows the greatest percentage growth in volume (115.69%) over the last three fiscal periods.



Source: Stats-GL Database

Pharmacy and Laboratory Medicine Workload

Workload units in both Laboratory Medicine and Pharmacy at CVH have continued to increase over the past three fiscal periods.



Source: Stats-GL Database (Laboratory Workload data includes genetics volumes)

Health Human Resources

CVH's staffing compliment has increased by 9.22% of the last three fiscal periods. Total turnover rate has increased slightly, and the number of staff who left involuntarily has decreased. Volunteers continue to play a vital role in the delivery of care at the hospital and both adult and youth volunteers have increased by 34.66% and 45.90% respectively.

Health Human Resources at CVH			
	2004/2005	2005/2006	2006/2007
Total Employees	2613	2760	2854
FTE	1454	1614	1665
Physicians (active and associate)	243	245	251
Total Turnover rate	7.9%	7.8%	9.0%
Exiting staff left involuntarily	33.0%	31.0%	20.1%
Volunteers - Adult	424	566	571
Volunteers - Youth	281	361	410
Total Volunteers	705	927	981

Source: Human Resources Report for Balanced Scorecard

Appendix B: Detailed Mississauga Halton LHIN Information

Health System Profile

The Trillium Health Centre

The Trillium Health Centre is a regional centre for Cardiac, Stroke, Neurosurgery, and Sexual Assault and Domestic Violence with a specialized focus in women's and children's health services. Services within the hospital are provided under the umbrella of eight health systems – Cardiac, Diagnostics and Pharmaceuticals, Emergency, Medicine, Mental Health, Neurosciences/ Musculoskeletal, Surgery, and Women's and Children's Health. It has a total of 778 inpatient beds across the two sites and a range of outpatient programs.

Strategically the hospital is focused on:

- Developing a service delivery model with the patient at the center;
- Integrating with community healthcare providers;
- Developing a culture of innovation and leadership;
- Understanding the importance and implications of financial sustainability and
- Identifying new and innovative ways to use electronic information to improve the delivery of patient care

CVH and Trillium Health Centre have a long history of collaboration on joint initiatives.

Halton Healthcare Services

Halton Healthcare Services Corporation is a multi-site hospital with a range of services including anaesthesia, clinical laboratories, diagnostic imaging, emergency, dialysis, family medicine, geriatrics and rehabilitation, medicine, obstetrics and gynaecology, ophthalmology, paediatrics, psychiatry and surgery.

Strategically the hospital is focused on:

- Demonstrating a firm commitment to the MH LHIN initiative;
- Offering a service delivery model focused on the needs of patients with chronic conditions;
- Developing an organizational culture focused on patient safety;
- Responding to the needs of the better-informed patient by providing patient focused service;
- Ensuring continued success in employee and physician recruitment as a "workplace of choice";
- Preparing to build on opportunities arising from the internet by building on current and new technologies to better serve patients and families and;
- Responding to the growing and aging population within the region.

The Milton site is scheduled to expand to 127 beds by 2010, becoming a full service community hospital with a greater reliance on specialist physicians, including acute and complex continuing care.

Mississauga Halton Community Care Access Centre

The Mississauga Halton Community Care Access Centre (CCAC) is the community's local point of access to community health care services such as in-home nursing support, personal support, physiotherapy; specialized programs (e.g. acquired brain injury program, child and

family services, palliative care etc), information and referrals, and assistance with placement into Long-Term Care Homes. CCACs were recently restructured from 42 to 14 organizations to align with the LHIN boundaries. The MH CCAC became operational on January 1, 2007.

ErinOak Kids

ErinOak Kids is a regional centre funded by the MH LHIN to address the needs of children and youth with physical, developmental and communication disabilities. The organization offers practical help, interpersonal support, and a wide range of rehabilitation programs in a way that is family centred, co-ordinated and close to home. The program serves children and families in the Halton, Peel and in some cases Waterloo Wellington and Dufferin.

Peel Public Health

Peel Public Health is not funded by the LHIN but is an important part of the local health care system. Its mandate is to continually improve the health of the community by working in partnership to promote health and prevent illness. Peel Public Health offers a wide range of public health services to ensure residents and workers obtain credible information on preventing illness and improving the health of the community.

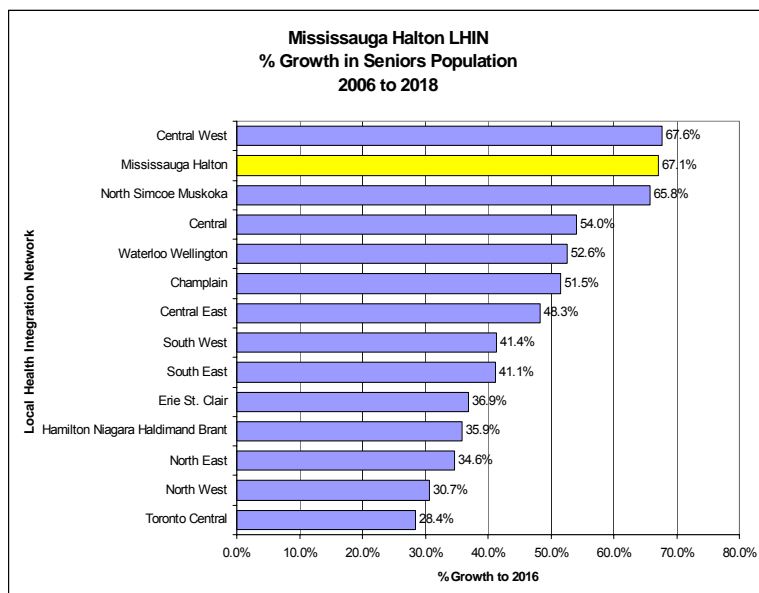
Demographic Profile

The following information was taken from the Mississauga Halton LHIN Integrated Health Services Plan (IHSP).

For further information please visit <http://www.mississaugahaltonlhin.on.ca/>

Population Growth: The Mississauga Halton LHIN is home to over 1 million people (approximately 8.4% of the population of Ontario), making it the fourth largest LHIN in terms of population. This area has experienced high population growth rates (average growth rate of 3.29% from 1994 to 2004; over twice that of the province 1.46%). From 2008 to 2018 the Mississauga Halton population is expected to grow by 36% to 1.4 million (an increase of 300,000 residents) (fourth highest rate among the LHINs; third highest in terms of absolute growth; 20% provincial growth rate)

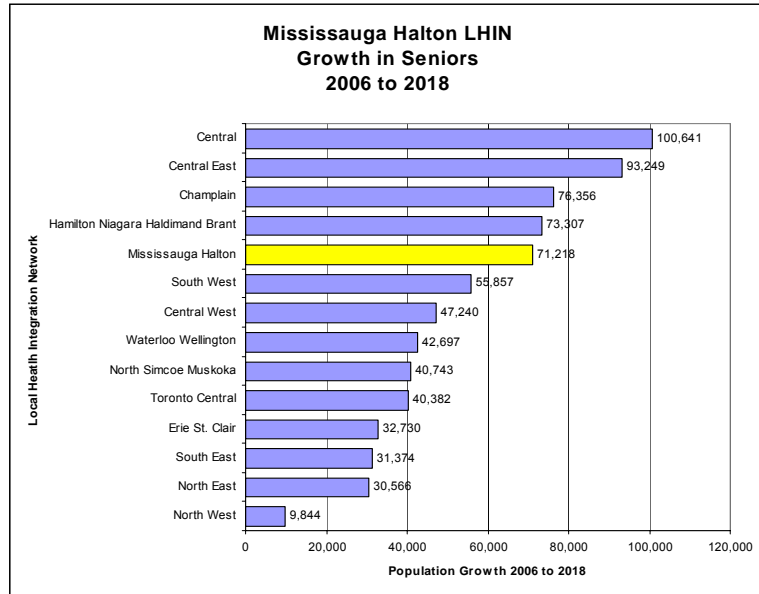
Population Aging: The population of MH LHIN has an average age of 33.6 years, close to the provincial average of 35.6 years. Adults aged 55 years and greater, however, will experience the most significant growth (averaging 4.14% annually) in the coming years. In fact, by 2018 residents 55 years and older will rise to 350,000 (represent 25% of the total population of MH LHIN).



According to the latest census figures there are 107,500 residents 65+ years old living in the MH LHIN. The MH LHIN is ranked 5th in overall population growth in seniors (65+ years of age), and it is projected to have the second highest growth rate in seniors to 2018 among the fourteen LHINs.

This has important impacts on healthcare utilization rates as one-third of all hospitalizations and more than one half of all hospital stays are attributed to seniors (age 65+). Patients in this age cohort have on average longer lengths of stay, and more complex and chronic diseases that use more hospital resources (use more acute inpatient resources rather than ambulatory services).

Children and Youth: The proportion of the population in the MH LHIN between the ages of 0 and 19 is 26.3% (285,186) and is higher than the provincial average of 4.5%. Over the next decade, however, this segment of the population will represent a smaller proportion of the total population. The LHIN's pediatric population is distributed unevenly as southern portions fall below the provincial average of 26.3% while northern communities exceed this rate. Growth in this age group is expected to continue to be high over the next decade (17.3%, compared to the provincial average of 0.4%)



Percent of Population 0-19 Years, by Mississauga Halton LHIN Community, Ontario, 2001

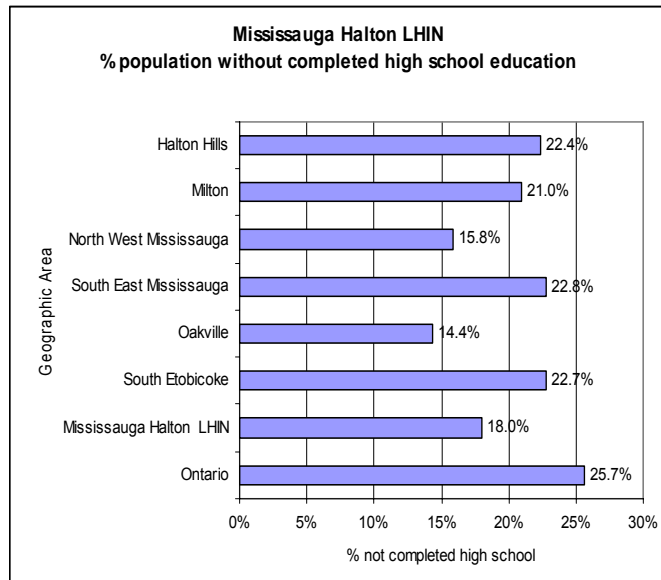
Population	Halton Hills		Milton		Oakville		NorthWest Mississauga		Southeast Mississauga		South Etobicoke		Mississauga Halton LHIN		Ontario	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Total Population, 2001	48,180	100.0%	31,470	100.0%	144,735	100.0%	241,660	100.0%	331,595	100.0%	102,970	100.0%	900,610	100.0%	10,800,979	100.0%
Age 0-4	3,375	7.0%	1,525	4.8%	9,075	6.3%	17,485	7.2%	19,365	5.8%	5,215	5.1%	56,040	6.2%	637,481	5.9%
Age 5-9	3,975	8.3%	2,005	6.4%	11,085	7.7%	20,750	8.6%	22,005	6.6%	5,990	5.8%	65,810	7.3%	732,673	6.8%
Age 10-14	3,640	7.6%	2,245	7.1%	11,270	7.8%	19,720	8.2%	22,115	6.7%	5,980	5.8%	64,970	7.2%	746,251	6.9%
Age 15-19	3,100	6.4%	2,540	8.1%	9,915	6.9%	18,475	7.6%	22,665	6.8%	6,030	5.9%	62,725	7.0%	725,875	6.7%
0-19 Total	14,090	29.2%	8,315	26.4%	41,345	28.6%	76,430	31.6%	86,150	26.0%	23,215	22.5%	249,545	27.7%	2,842,280	26.3%

Source: 2001 Census, Statistics Canada

Socio-Economic Profile

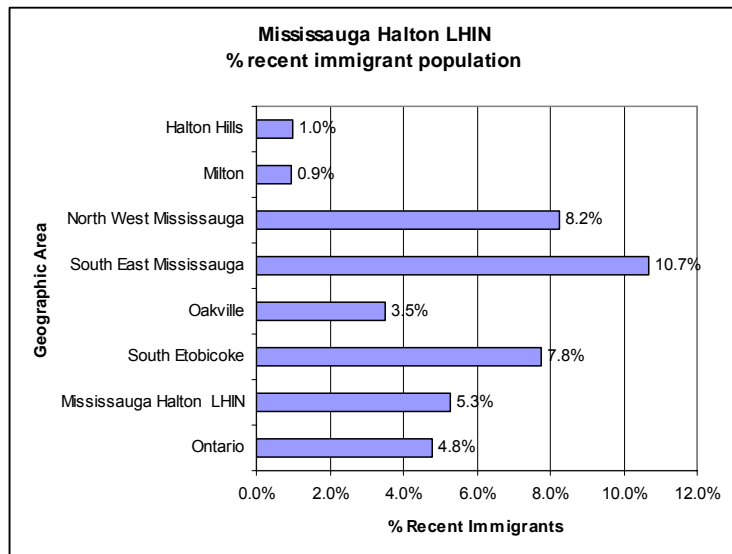
Education: The population of Mississauga Halton is also well educated with 55.1% of the population completing some form of post secondary education. Although 18% of the population has not completed high school, this figure is well below the provincial average of 25.7%. On average the residents of Oakville and South Etobicoke have acquired a higher degree of education compared with other communities within the LHIN.

Mississauga Halton LHIN Education Level



Ethno-Cultural Diversity: The Mississauga Halton LHIN is an extremely ethnically diverse community with a proportion of immigrants and visible minorities that is higher than the provincial average. Specifically, 29.2% of the population within the LHIN is a visible minority compared with 19.1% in the province. This trend, however, is not uniform as South Etobicoke and Mississauga have a much higher visible minority population compared with the remaining communities within the LHIN.

Percent Population who are Recent (Five-Year) Immigrants, Mississauga Halton LHIN

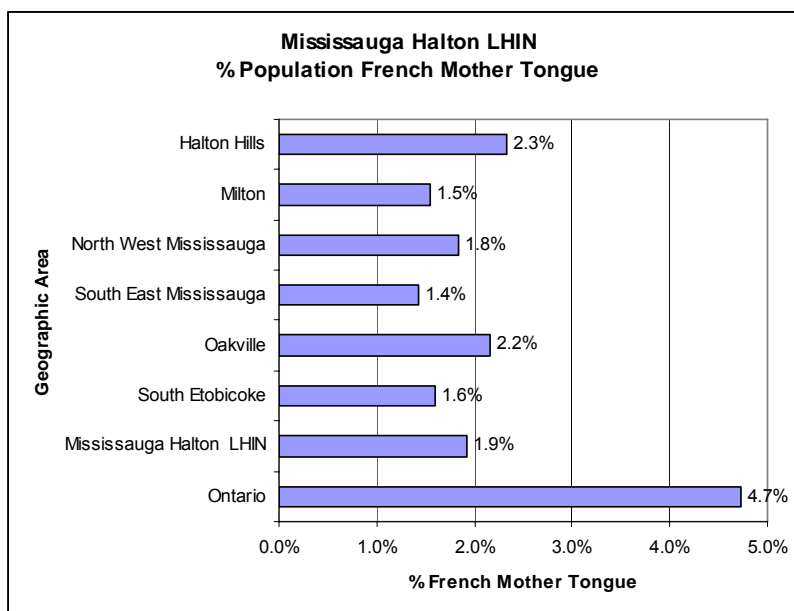


Examining the mother tongue (the first language learned at home in childhood and still understood by the individual) of individuals within the LHIN is also reflective of its ethno-cultural diversity. In 2001, 37% of MH residents indicated that English and/or French was not their mother tongue (provincial average was 24%).

Francophone Community:

Mississauga Halton's Francophone population comprises 1.9% of its total population, as contrasted with a Provincial average of 4.7%. There are 15,600 francophone resident in the LHIN but over half live in the City of Mississauga. Furthermore, 29% of Francophone's in the Regional Municipality of Peel are also a racial minority.¹

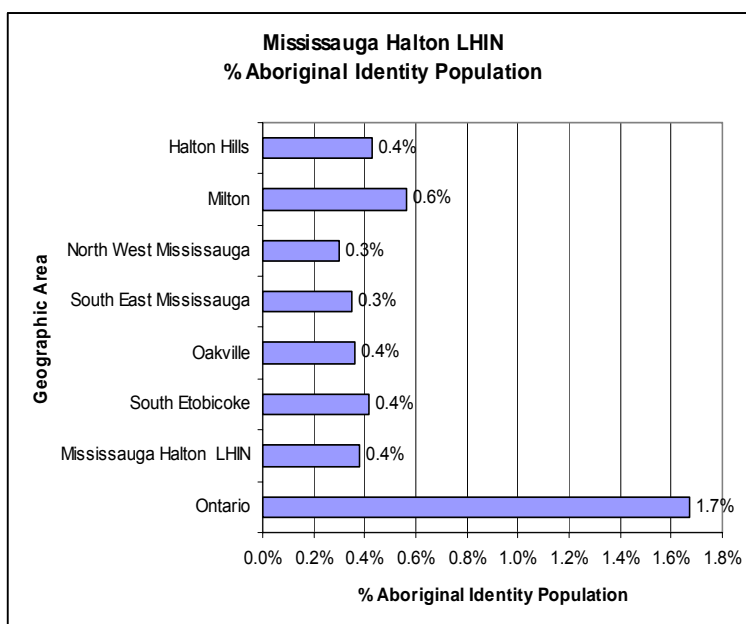
Percent of Francophone Residents



Aboriginal: The 3,230 identified aboriginals within Mississauga Halton LHIN form a small portion of the population (0.4%), compared with the 1.7% provincially. The highest concentration within the LHIN is in Milton, where 0.6% of the population is of Aboriginal ethnic identity. The population is much smaller than in other LHINs because of the lack of First Nations reserves within the MH LHIN.

Health status characteristics and non-medical health determinants of Aboriginal people are typically different from the non-Aboriginal population. For example, infant mortality, unintentional injury deaths, suicides and smoking rates are higher in Aboriginal communities. Census data for Aboriginal populations are particularly susceptible to incomplete enumeration on First Nations reserves.

Proportion of Aboriginal Population in Mississauga Halton LHIN



¹ Statistical Profile - Francophones in Ontario. Government of Ontario Office of Francophone Affairs. September, 2005.

Appendix C: Consultation Participants

First Round of Consultation:

The following internal groups participated in focus groups to gather input for the development of the strategic plan:

Internal

- Credit Valley Hospital Board of Directors
- Credit Valley Hospital Foundation Board and Staff
- Credit Valley Hospital Volunteer Association
- Executive Council
- Medical Advisory Committee
- Executives of the Medical Staff Association
- AIM
- Fiscal Advisory Group
- Clinical Programs Directors
- HR Advisory Group
- Supervisory Group
- Department representatives and frontline staff

Representative of the following organizations participated in an interview to obtain input for the development of the strategic plan:

:

External

- Mississauga Halton Local Health Integration Network
- Central West Local Health Integration Network
- Mississauga Halton CCAC
- Canadian Mental Health Association, Peel Branch

Second Round of Consultation:

The draft strategic plan was sent to the following internal and external groups for feedback:

Internal Stakeholders:

- All participants in the initial internal focus groups (see Appendix C)
- Credit Valley Hospital Board of Directors
- Credit Valley Hospital Executive Council
- Credit Valley Hospital Medical Advisory Committee

External Stakeholders:

- Canadian Mental Health Association, Peel Branch
- Cancer Care Ontario
- Central West Local Health Integration Network
- Child Health Network for the Greater Toronto Area
- GTA/905 Alliance
- Halton Healthcare Services
- Halton Peel Emergency Services Network
- Halton Peel Palliative Care Network
- Mississauga Halton Community Care Access Centre
- Mississauga Halton Local Health Integration Network
- Peel Public Health
- Region of Peel
- The University of Toronto
- Trillium Health Centre
- United Way of Peel Region
- William Osler Health Centre

Appendix D: CVH Participation in LHIN and Provincial Engagement

Mississauga-Halton LHIN Engagement				
Mrs.	Marg	Bachle	Critical Care Committee	Member
Ms.	Gail	Lang	Critical Care Committee	Member
Dr.	Janos	Pataki	Critical Care Committee	Member
Mr.	Jamie	Bowie	e-Health Advisory Committee	Member
Mr.	Dan	Germain	e-Health Advisory Committee	Chair
Dr.	Stephan	Mostowy	Expert Panel - Chronic Disease Prevention & Management	Member
Dr.	George	Wu	Expert Panel - Chronic Disease Prevention & Management	Member
Dr.	Dianne	Giacomelli	Expert Panel - Mental Health & Addictions	Member
Mrs.	Connie	Day	Expert Panel - Primary Care	Member
Dr.	Barbara	Clive	Expert Panel - Seniors	Member
Dr.	Margaret	Grant	Expert Panel - Seniors	Member
Ms.	Debbie	Hollahan	Halton-Peel Diabetes Network	Member
Mr.	Wayne	Fyffe	Health Care Leaders Collaborative	Member
Dr.	Sheldon	Fine	Integration Advisory Group	Member
Mr.	Ron	Noble	Integration Advisory Group	Member
Dr.	Paul	Philbrook	Integration Advisory Group	Member
Mr.	David	Rowe	Integration Advisory Group	Member
Ms.	Rhonda	Warrian	Surgical Efficiency Target	Chair
Mr.	David	Rowe	Wait Times Committee	Member
Mrs.	Marie	Lang-Berkowitz	Wait Times Committee	Member
Mrs.	Karyn	Lumsden	Wait Times Committee	Member
Dr.	Tom	Short	Wait Times Committee	Member
Dr.	Lance	Tin	Wait Times Committee	Member
Ms.	Rhonda	Warrian	Wait Times Committee	Member
Mr.	Don	Old	Wait Times Committee	Member
Mrs.	Sandy	Beckett	Wait Times Committee	Member
Dr.	Sheldon	Fine	Wait Times Committee	Member
Mrs.	Karyn	Lumsden	Hip & Knee Surgery Protocol Development Committee	Member
Mrs.	Karyn	Lumsden	Steering Cte - Integrated Model of Care - Hip Fracture Patients	Member
Mr.	Wayne	Fyffe	Leaders' Forum	Member
Mr.	Wayne	Fyffe	ALC Committee (Appropriate Care)	Member
Mrs.	Margaret	Bachle	ALC Committee (Appropriate Care)	Member
	Neeteka	Sharma	Detailed Planning & Action Team-Chronic Disease Prevention Management	Member
Ms.	Cheryl	Barnet	Detailed Planning & Action Team-CDPM	Member
Dr.	Barbara	Clive	Detailed Planning & Action Team-Mental Health & Addictions	Co-Lead
Mrs.	Louise	Smith	Detailed Planning & Action Team-Primary Health Care	Member
Mr.	Pat	Mercuri	Detailed Planning & Action Team-Primary Health Care	Member

Mississauga-Halton LHIN Engagement

Mrs.	Connie	Day	Detailed Planning & Action Team-Primary Health Care	Co-Lead
Dr.	Paul	Philbrook	Detailed Planning & Action Team-Primary Health Care	Member
Dr.	Nabil	Philips	Detailed Planning & Action Team-Mental Health & Addictions	Member
Mrs.	Sandy	Beckett	Detailed Planning & Action Team-Seniors	Member
Mrs.	Helen	Andersen	Detailed Planning & Action Team-Chronic Disease Prevention Management	Member
Ms.	Carol	Wilkinson	Detailed Planning & Action Team-Mental Health & Addictions, Children & Youth	Member
Mrs.	Gerry	O'Brien	Detailed Planning & Action Team-Primary Health Care	Member
Dr.	Roman	Jovey	Detailed Planning & Action Team-Mental Health & Addictions	Member
Mrs.	Kathryn	Hayward-Murray	Detailed Planning & Action Team-Mothers & Newborns	Member
Dr.	George	Wu	Detailed Planning & Action Team-Chronic Disease Prevention Management	Member
Ms.	Cori	Chapman	Detailed Planning & Action Team-Mothers & Newborns	Co-Lead
Ms.	Angie	Kingma	Detailed Planning & Action Team-Mental Health & Addictions	Member
Dr.	Bob	Sauls	Detailed Planning & Action Team-Palliative-End of Life	Member
Dr.	Alison	Arnot	Detailed Planning & Action Team-Mental Health & Addictions	Member
Mrs.	Ladan	Dadgar	Decision Support Committee	Member
Dr.	Derek	Archer	Physicians' Breakfast Meeting	Member
Dr.	Barbara	Clive	Physicians' Breakfast Meeting	Member
Dr.	Dennis	Forrester	Physicians' Breakfast Meeting	Member
Dr.	Ronald	Grossman	Physicians' Breakfast Meeting	Member
Dr.	Matt	Gysler	Physicians' Breakfast Meeting	Member
Dr.	Roman	Jovey	Physicians' Breakfast Meeting	Member
Dr.	Stephan	Mostowy	Physicians' Breakfast Meeting	Member
Dr.	Richard	O'Connor	Physicians' Breakfast Meeting	Member
Dr.	Paul	Philbrook	Physicians' Breakfast Meeting	Member
Dr.	Emilio	Rodriguez-Marin	Physicians' Breakfast Meeting	Member
Dr.	Tom	Short	Physicians' Breakfast Meeting	Member
Dr.	Deepa	Soni	Physicians' Breakfast Meeting	Member
Dr.	Tony	Vettese	Physicians' Breakfast Meeting	Member
Dr.	George	Wu	Physicians' Breakfast Meeting	Member
Dr.	Sawson	Younan	Physicians' Breakfast Meeting	Member

Central West LHIN Engagement

Dr.	Paul	Philbrook	Central West - MH Community Family Medicine and Public Health Network	Member
Mrs.	Shelley	DeHay-Turner	Central West LHIN Palliative/End of Life Planning Day	Member
Dr.	Bob	Sauls	Central West LHIN Palliative/End of Life Planning Day	Member

Provincial Engagement

Mr.	Wayne	Fyffe	Child Health Network for GTA	Chair
Ms.	Donna	Laevens-VanWest	Halton-Peel Emergency Services Network	Member
Mrs.	Marg	Bachle	Halton-Peel Home Education Steering Committee	Co-Chair
Mrs.	Donna	Laevens-VanWest	Halton-Peel Home Education Steering Committee	Member
Dr.	Barbara	Clive	Halton-Peel Home Education Steering Committee	Member
Mrs.	Helen	Andersen	Halton-Peel Kidney Care Network	Co-Chair
Mr.	David	Rowe	Quality Healthcare Network	Chair
Dr.	Sheldon	Fine	Regional Cancer Network	Member
Mr.	David	Rowe	Cardiovascular Health Network	Member
Dr.	Manish	Maingi	Cardiovascular Health Network	Member