Hanover and District Hospital Strategic Plan
At a Glance:

Vision

We will be recognized as a leader in rural acute health care

Mission

To be a collaborative and innovative team committed to providing quality health programs and services to our community

Values

Innovation	Accountability	Respect	Integrity	Resilience

Success Factors

Patient Focus	Empower Others	Team Engagement	Collaborative Spirit

Strategic Directions

Achieve organizational excellence in quality care and patient safety	Provide a healthy and environmentally safe workplace that reflects our values	Foster an environment that promotes organizational effectiveness and optimal performance	Together with our community and partners, actively participate and strengthen our role in the evolving integrated health care system

Motto: "Caring for People, Caring for You."

August 2010

Hanover and District Hospital Strategic Plan

Strategic Direction #1 *Achieve organizational excellence in quality care and patient safety*		**Strategic Direction #2** *To provide a healthy and environmentally safe workplace that reflects our values*	
Strategic Initiatives:	*Indicators:*	*Strategic Initiatives:*	*Indicators:*
1. Maximize patient access and flow within available resources for the following core services: • 24 hour emergency services • Medical/surgical services • Obstetrics • Diagnostic services to support core services	♦ Hours wait in ER *(Report Card – semiannual)* ♦ % ALC days *(Report Card – semiannual)* ♦ Surgical volume targets *(Report Card – semiannual)*	1. Increase employee engagement, ensuring quality of life and workplace satisfaction	♦ % absenteeism *(Report Card – semiannual)* ♦ % utilization of physical incentive programs*(G&O update)* ♦ Staff turnover rate/vacancies*(Report Card – semiannual)*
2. Integrate technology to support decision making for both clinical and non-clinical service access	♦ Increase usage of clinical pathways and order sets (*Annual presentation to the Board from EBC)* ♦ % of Electronic Patient Record implementation *(G&O update)* ♦ % increase of video clinical care applications *(Report Card – semiannual)*	2. Ensure a dynamic and diverse workforce of highly skilled people	♦ % Mentorship Program Utilization*(G&O update)* ♦ % Utilization of E-Learning*(Report Card – semiannual)*
3. Implement initiatives that further develop ,maintain, and nurture a culture of safety and a secure environment	♦ Patient Safety Indicators reporting (*To L&P on a quarterly report)* ♦ Utilize Accreditation framework to obtain full compliance with the required organizational practices related to patient quality and safety.*(G&O update)* ♦ Full compliance with relevant Safer Health Care Now Initiatives*(G&O update)* ♦ Create a system to monitor/evaluate Hospital security on an ongoing basis.*(G&O update)*	3. Develop a formalized framework that includes career planning and advancement, succession, and transition planning	♦ Develop a formalized Human Resource strategic plan *(G&O update)*
		4 Pursue Green Initiatives based on environmental best practices.	♦ Expand recycling programs *(G&O update)* ♦ Expand use of solar energy in facility *(G&O update)*

Strategic Direction #3 *Foster an environment that promotes organizational effectiveness and optimal performance*		**Strategic Direction #4** *Together with our community and partners, actively participate and strengthen our role in the evolving integrated health care system*	
Strategic Initiatives:	*Indicators:*	*Strategic Initiatives:*	*Indicators:*
1. Maintain a model of governance and management that is effective and accountable	♦ Accountability Agreement *(Report Card – semiannual I)* ♦ Continued education for Board members *(G&O update)*	1. Address Priority Population Health Issues and optimize an integrated plan across Hanover and District Hospital with community Partners	♦ Board and management participation with LHIN initiatives *(G&O update)* ♦ Adopt the chronic disease management model *(G&O update)*
2. Ensure appropriate and sustained infrastructure investment	♦ Maintain working capital position *(G&O update)* ♦ Continued investment in building and building systems and medical/surgical equipment *(G&O update)*		
3. Effectively utilize performance measures to enhance administrative decision making and to create efficiencies	♦ Develop a system to support measurement of performance *(G&O update)* ♦ Acute weighted cases*(Report Card – semiannual)* ♦ Acute patient days*(Report Card – semiannual)* ♦ Acute separations*(Report Card – semiannual)* ♦ Current Ratio*(Report Card – semiannual)* ♦ Total margin*(Report Card – semiannual)*	2. Align Hanover and District Hospital's role with the MOHLTC/LHIN transformation plan providing an integrated Patient/Client Centered Health Service across Grey Bruce and throughout the LHIN.	♦ Identify opportunities to integrate services to improve co-ordination and delivery of services and programs *(G&O update)* ♦ Pursue relationships with community partners that will strengthen and improve the delivery of quality care across the spectrum of providers *(G&O update)* ♦ Identify and address unnecessary duplication *(G&O update)*

Policy Covering: **Hospital Goals & Objectives**		
Effective Date: May 24 2011	Board Approval Date: May 24, 2011	Policy # **202**
Supersedes Policy #/Dated: #202 March 16, 2010	Section: Board Policy	
Issued by: Board Chair		Page 1 of 1

It is the policy of the Board of Directors of Hanover and District Hospital to annually set goals and objectives for the hospital, based on the Strategic Plan.

Procedures:

1. The President/CEO will present a list of Goals and Objectives to the Quality Governance Committee for discussion and approval in May of each year.

2. The Board will approve the Goals and Objectives at the May board meeting.

Appendix 1: Current Goals and Objectives

Goal 1:
To continue to develop and grow the acute care programs and services of Hanover and District Hospital, and thus remain a highly respected rural organization that is a role model, resource, and key partner in the circle of health care.

Objectives:

1. Implement and sustain a plan for the provision of larger OR volumes.
   Actual date accomplished – Ongoing

2. To strengthen within our fiscal resources Hanover and District Hospital's diagnostic services and operating room capabilities to support the 24 hour emergency services and surgical capacity.
   Actual date accomplished – Ongoing

3. To investigate the clinic based services to address current identified gaps.
   Actual date accomplished – Ongoing

4. To continue to be recognized as a role model for our ongoing initiatives.
   Actual date accomplished – Ongoing

Goal 2:
To develop and implement Quality programs to enhance the feeling this is a "Great Place to Work"

Objectives:

1. Ongoing support for "Quality of Work-life" initiatives.
   Actual date accomplished – Ongoing

2. Continue to improve and reinforce the compliance requirements for implementation of Bill 168 (Workplace Violence and Harassment)
   Actual date accomplished – Ongoing

3. Implement Quality of Work-life Survey follow-up action plan.
   Actual date accomplished – _____

4. To increase utilization and efficiencies of current educational systems and programs (i.e. HRIS, E-learning, Performance Management, Attendance Management etc.)
   Actual date accomplished – Ongoing

5. To provide education and training opportunities to address core competencies and promote developmental opportunities for staff, volunteers and Board Directors.
   Actual date accomplished – Ongoing

6. To continue to enhance and develop initiatives for recruitment & retention.
   Actual date accomplished – Ongoing

Goals 3:
To continue to improve the Quality and Safety of our services through the Quality Governance Quality *Improvement Plan* and the ongoing development of safety initiatives that supports a culture of safety for staff, visitors and patients.

Objectives:

1. Implement Medication Patient Safety Processes including:
   * Computerized medication administration records (c-MAR)
   * investigate with GBHS Unit dose medication distribution system
   * Full medication reconciliation for surgical patients
   Actual date accomplished _____

2. Implement a Surgical Safety Checklist and publicly report compliance indicator.
   Actual date accomplished _____

3. Achieve a 60% hand hygiene compliance rate before initial patient contact/patient environment contact.
   Actual date accomplished _____

4. To develop, improve and monitor hospital wide workplace safety initiatives.
   Actual date accomplished - Ongoing

Goal 4:
Enhance the effectiveness and efficiencies of our Systems, Infrastructure and Processes.

Objectives

1. Implement the LEAN to Laboratory department.
   Actual date accomplished _____

2. To reduce readmission rates within 30 days.
   Actual date accomplished _____

3. To ensure that the "required Homecare services," are requested when frail elderly present in Emergency.
   Actual date accomplished _____

Goal 5:
To continue to enhance and maintain a culture that strives towards green health care and healthy lifestyles.

Objectives:

1. Investigate energy conservation and waste management practices consistent with conservation/waste plans
   Actual date accomplished _____

2. To increase hospital wide involvement and participation in innovative projects that reduces the carbon foot print of the hospital.
   Actual date accomplished - Ongoing

3. To continue to provide healthy initiatives to promote healthy lifestyles.
   Actual date accomplished - Ongoing

Goal 6:
To promote and enhance a culture of fiscal responsibility throughout the organization.

Objectives:

1. Strive to meet all of the hospital accountability indicators.
   Actual date accomplished - Ongoing

2. Continue HBAM education
   Actual date accomplished - Ongoing

3. Continue education of Managers re: budgets and Hospital Indicator tool
   Actual date accomplished - Ongoing

4. Investigate back office efficiencies
   Actual date accomplished _____

5. Ensure implementation of Procurement polices
   Actual date accomplished _____

Hanover and District Hospital
Quality Governance Balanced Report Card
Report Date: Fiscal Year 2011 – 2012 (first six months)

Hospital Accountability Agreement Indicators

Indicator	Reported (Freq.)	Q2	Q4	HAA 2nd qtr benchmark/ corridor	Variance from 2nd qtr benchmark/ corridor	Actual 2nd qtr 2010/11
Total Weighted Cases	Semiannual					711
Total Acute Separations (Discharges)	Semiannual					436
Total Acute Patient Days	Semiannual					3,276
Day Surgery Cases	Semiannual					514
Ambulatory Visits	Semiannual					1,705
Emergency Visits	Semiannual					9,908
Current Ratio (assets/liabilities)	Semiannual					1.8
Total Margin	Semiannual					2.9

Patient Focus

Indicator	Reported (Freq.)	Q2	Q4	Target Q2	Variance from 2nd qtr benchmark	Benchmark Source	Actual 2nd qtr 2010/11
Hours in ER Care - Urgent/Emerg - Less Urgent	Semiannual	Q2	Q4	8 hours 4 hours		Provincial Reporting	2.1 1.1
% ALC Days	Semiannual	Q2	Q4	9%		Network Avg	31.6%
Provincially Funded Surgical Volume Targets	Semiannual	Q2	Q4				
Pediatric Surgeries Dental-extractions/restoration				4		Provincial Avg.	6
Cholecystectomies				27		Provincial Avg.	28
Anorectal Procedures				4		Provincial Avg.	2
Groin Hernia Repair				16		Provincial Avg.	14
Ventral Hernia Repair				9		Provincial Avg.	0
Intestinal Surgery				2		Provincial Avg.	5
Overall patient satisfaction (%) ER	Semiannual	Not Available				NRC Picker	Not reported
Overall patient satisfaction (%) In-pts	Semiannual	Not Available				NRC Picker	Not reported

Quality of Work Life/Learning

Indicator	Reported (Freq.)	Q2	Q4	Target	Variance from 2nd qtr benchmark	Benchmark Source	Actual 2nd qtr 2010/11
% Utilization of E-learning	Semiannual			100%		Internal	38%
Employee Turnover Rate (%)	Semiannual			2%		OHA	0
Position Vacancy Rate (budgeted FTEs vs actual FTEs)	Semiannual			1.14		GBHN	0.03%
Absenteeism Rate (total sick dollars divided by total compensation dollars)	Semiannual			1.66		OHA	1.01

	On target
	Caution
	Needs improvement

	HAA Agreement
	Budget
	Physician Indicator

Hanover and District Hospital
Quality Governance Balanced Report Card Quality Improvement Plan
Report Date: Fiscal Year 2011 – 2012 (first quarter)

Quality of Work Life/Learning

	Quality Dimension	Q1	Q2	Q3	Q4	Start Performance	Target Performance	Variance
Improve provider hand hygiene compliance before initial patient contact/patient environment contact Reporter: C.Speer	Safety					48%	60%	
Medication Reconcilliation Reporter: C.Speer	Safety					63.5%	85%	
Reduce readmission rates within 30 days – discharge summaries complete within 48 business hours for patients with Hanover physician – inpatients with Hanover physician discharged with appointment to visit their FHT or specialist Reporter: S. Schope/E.Millar	Effective-ness					New New	80% 75%	
Reduce unnecessary time in acute care – Estimated date of discharge established within 48 hrs of admission – Provisional discharge destination identified & charted within 48 hrs of admission Reporter: S. Schope/E.Millar	Effective-ness					New New	80% 100%	
Order Set Compliance Reporter: A. Rawn	Effective-ness					2008 – 19.38%	+10% = 29.38%	
Establish process to measure # of elderly presenting with failure to cope to ER receive referral to CCAC for additional home services Reporter: S. Schope/E.Millar	Access							
Increase OR volumes Reporter: M.Ferguson	Access					2009/10 – 1,122	+3% = 1,156	
Patient satisfaction: Explained reason for ED wait Reporter: S.Speer/E.Millar	Patient-centered					37.3%	+5% = 42.3%	
Implement patient centered model of care Reporter: E.Millar	Patient-centered							

	On target
	Caution
	Needs improvement

	HAA Agreement
	Budget
	Physician Indicator