



Strategic Action Plan 2015-2018

STRATEGIC AREA: QUALITY CARE & SAFETY

STRATEGIC GOAL	STRATEGIC OBJECTIVE	EXECUTIVE LEAD	ANNUAL OPERATIONAL INITIATIVES					
			By March 31, 2016, MAHC will:		By March 31, 2017, MAHC will:		By March 31, 2018, MAHC will:	
			Initiative	Measure / Target	Initiative	Measure / Target	Initiative	Measure / Target
Drive patient and provider safety and quality outcomes in our two acute-care sites	1. Ensure the quality and safety plans continue to advance the organization's ongoing commitment to being recognized for excellence and outstanding care.	K. Fleming	<i>1a-16:</i> Identify quality and safety indicators for comprehensive analysis designed to test systems and processes with the intent of modification resulting in improved patient outcomes and organizational performance.	<ul style="list-style-type: none"> – 10% improvement in Falls and Least Restraints – Maintain Hand Hygiene rates – Maintain wound management rates 	<i>1a-17:</i> Identify quality and safety indicators for comprehensive analysis designed to test systems and processes with the intent of modification resulting in improved patient outcomes and organizational performance.	<ul style="list-style-type: none"> – 2 quality and safety indicators identified, one of which to be a surgical procedural indicator – 10% improvement with previous year target/measures if below industry standard or maintenance of previous year performance 	<i>1a-18:</i> Identify quality and safety indicators for comprehensive analysis designed to test systems and processes with the intent of modification resulting in improved patient outcomes and organizational performance.	<ul style="list-style-type: none"> – 2 quality and safety indicators – 10% improvement with previous year target/measures – sustain target/measures identified in 16/17
	2. Embed a culture of patient and family-centered care/service excellence and best practice.	K. Fleming R. Alldred-Hughes	<i>2a-16:</i> Develop conceptual framework for Patient and Family-Centered Care and identify core outcome measures for evaluating its implementation.	<ul style="list-style-type: none"> – Conceptual framework 	<i>2a-17:</i> Assess core outcome measures for implementation success of conceptual framework.	<ul style="list-style-type: none"> – 2 outcome measures 	<i>2a-18:</i> Assess core outcome measures for implementation success of conceptual framework.	<ul style="list-style-type: none"> – 2 outcome measures

STRATEGIC AREA: PARTNERSHIPS & COLLABORATION

STRATEGIC GOAL	STRATEGIC OBJECTIVE	EXECUTIVE LEAD	ANNUAL OPERATIONAL INITIATIVES					
			By March 31, 2016, MAHC will:		By March 31, 2017, MAHC will:		By March 31, 2018, MAHC will:	
			Initiative	Measure / Target	Initiative	Measure / Target	Initiative	Measure / Target
Be active participants in the broader health system and align with regional and provincial priorities building healthy communities	3. Actively partner with key stakeholders to support the creation of high functioning integrated systems that will improve care.	N. Bubela, H. Featherston	<i>3a-16:</i> Continue active participation on the Health Links roll-out in partnership with all service providers with a focus on referring medically complex and/or 'at risk' Alternate Level of Care patients through the 'Central Intake' including the family, and linking patients to transitional housing as appropriate.	<ul style="list-style-type: none"> – 10 patients referred to Central Intake. 	<i>3a-17:</i> Continue active involvement in the evolution of the Health Links initiative.	<ul style="list-style-type: none"> – Continued partnership. 	<i>3a-18:</i> Continue active involvement in the evolution of the Health Links initiative as it matures and evolves.	<ul style="list-style-type: none"> – Continued partnerships.
			<i>3b-16:</i> Support the implementation of Community Health Hubs through collaboration with the Primary Care sector, NSM LHIN and MOHLTC and the creation of outcome indicators to measure success.	<ul style="list-style-type: none"> – MAHC participation on implementation committee – Development of outcome indicators 	<i>3b-17:</i> Continued involvement in the evolution of the Community Health Hubs initiative.	<ul style="list-style-type: none"> – MAHC participation 	<i>3b-18:</i> Continued involvement in the evolution of Community Health Hubs including participation in the three year evaluation.	<ul style="list-style-type: none"> – MAHC participation
			<i>3c-16:</i> Continue to liaise with community partners and identify partnership opportunities.	<ul style="list-style-type: none"> – One new partnership initiated. 	<i>3c-17:</i> Continue to liaise with community partners and identify partnership opportunities.	<ul style="list-style-type: none"> – One new partnership initiated. 	<i>3c-18:</i> Continue to liaise with community partners and identify partnership opportunities.	<ul style="list-style-type: none"> – One new partnership initiated.



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STRATEGIC AREA: EDUCATION & INNOVATION

STRATEGIC GOAL	STRATEGIC OBJECTIVE	EXECUTIVE LEAD	ANNUAL OPERATIONAL INITIATIVES					
			By March 31, 2016, MAHC will:		By March 31, 2017, MAHC will:		By March 31, 2018, MAHC will:	
			Initiative	Measure / Target	Initiative	Measure / Target	Initiative	Measure / Target
Recognized as a learning organization that provides hands-on experience and capitalizes on process improvements and technology	4. Continue to progress IT Systems to Stage 5 of the HIMS Scale.	T. Smith	4a-16: Pilot project in one area for Computerized Physician Order Entry (CPOE)	- Successful implementation in one clinical area	4a-17: Roll out Computerized Physician Order Entry (CPOE) hospital wide	- Successful implementation organizational wide	4a-18: Pilot closed loop medication management in one clinical area	- Successful implementation in one clinical area
	5. Strengthen and leverage existing partnerships with learning institutions.	R. Alldred-Hughes	5a-16: Explore e-learning systems and evaluate their effectiveness to ensure optimal knowledge transfer within the organization.	- Achieve positive work life pulse response to career development opportunities.	5a-17: Develop a system to align educational opportunities with MAHC priorities.	- Achieve positive work life pulse response to training questions.	5a-18: Explore additional partnerships with Colleges/Universities to provide learning opportunities to our people.	- Achieve positive work life pulse response to training questions.
	6. Foster creative agility that embraces and supports technological change, system innovation and process improvement.	V. Demian	6a-16: Embrace new technological opportunities that streamline patient care and create 'value add' while eliminating 'waste' based on the new Cerner System	- Identify 2 process improvements that demonstrate innovative care based on new technology (e.g. OTN enhancement)	6a-17: Continue to embrace new technological opportunities that streamline patient care and create 'value add'.	- Identify 2 additional process improvements that demonstrate innovative care based on new technology.	6a-18: Continue to embrace new technological opportunities that streamline patient care and create 'value add'.	- Identify 2 additional process improvements that demonstrate innovative care based on new technology.
T. Smith		6b-16: Develop a formal process at registration to capture patient email address to provide billing information via email.	- Establish baseline data as to the number of individuals receiving billing information via email. - The addition of electronic payment option information to receipts/bills.	6b-17: Increase the number of people receiving billing information electronically and accessing electronic payment options.	- 10% increase	6b-18: Increase the number of people receiving billing information electronically and accessing electronic payment options.	- 10% increase	

STRATEGIC AREA: PEOPLE

STRATEGIC GOAL	STRATEGIC OBJECTIVE	EXECUTIVE LEAD	ANNUAL OPERATIONAL INITIATIVES					
			By March 31, 2016, MAHC will:		By March 31, 2017, MAHC will:		By March 31, 2018, MAHC will:	
			Initiative	Measure / Target	Initiative	Measure / Target	Initiative	Measure / Target
To develop a competitive advantage through our people by attracting, developing and retaining a highly skilled, values-based Team	7. Implement the Strategic Human Resources Plan	R. Alldred-Hughes	7a-16: Fully Implement a newly branded MAHC onboarding program.	- Reduce turnover within the first year of employment 18.7% to 13.58%	7a-17: Implement effective communication/difficult conversations training and managing in a unionized environment training for leadership.	- Sustain positive results of number of grievances filed per year. (Less than 25)	7a-18: Implement a reward and recognition program aligned with Patient & Family Centred Care.	- Achieve positive rating of Worklife Pulse Questions related to recognition for good work.
	8. Inspire a shared purpose and team-based approach with physicians, staff and volunteers to partner with patients and families	Dr. J. Goossens	8a-16: Implement a revised Recruitment & Retention Committee Terms of Reference and committee structure.	- Implementation by March 31, 2016	8a-17: Trend exit interview data and develop remedial initiatives and action plans. Focus on increasing ED recruitment and reducing ED physician turnover.	- Reduction in turnover of ED Physicians. - Decreased reliance on Health Force Ontario physicians.	8a-18: Develop and implement initiatives aimed at increasing physician retention.	- Increase in physician recruitment and retention.

STRATEGIC AREA: SUSTAINABLE FUTURE

STRATEGIC GOAL	STRATEGIC OBJECTIVE	EXECUTIVE LEAD	ANNUAL OPERATIONAL INITIATIVES					
			By March 31, 2016, MAHC will:		By March 31, 2017, MAHC will:		By March 31, 2018, MAHC will:	
			Initiative	Measure / Target	Initiative	Measure / Target	Initiative	Measure / Target
Be a top performing hospital that invests in our facilities, continuous	9. Develop a Stage 1 submission to the Ministry of Health and Long-Term Care for	H. Featherston	9a-16: Completion of Master Program / Master Plan and revision of Pre Capital Submission	- Revised Pre-Capital Submission to MOHLTC	9a-17: If approval to proceed is received from the MOHLTC, proceed to the next stage in the	- If approval to proceed received, submission of Stage 1 proposal	9a-18: Stage 2 submission underway	- If approval to proceed received, Stage 2 submission underway



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efficiencies, and makes environmentally responsible choices.	capital redevelopment.				capital planning process			
	10. Meet all Hospital Services Accountability Agreement obligations and ensure financial and operational stability through a combination of process improvement, re-design, revenue generation and utilization management.	T. Smith	10a-16: Development of a progressive scorecard approach to provide physicians with utilization data for the top ten diagnosis including length of stay, CMG analysis, patient profile analysis, 30-day Re-admission rates, diagnostic testing utilization (performance and utilization).	<ul style="list-style-type: none"> - Report developed - Roll out process established and implemented 	10a-17: Continue to evaluate data and identify one key utilization metric for improvement organization-wide and development action plan	<ul style="list-style-type: none"> - Action Plan developed - 5% improvement on identified measure 	10a-18: Re-evaluate utilization metrics/reports to ensure optimum utilization of resources	<ul style="list-style-type: none"> - Revised reports and reduced conservable days.