

Consolidated Strategic Plan for AGH-CPDMH

May 25, 2017



Almonte General Hospital



CARLETON PLACE
& DISTRICT
MEMORIAL HOSPITAL

Table of Contents

	Page
1. Background	2
2. How The Plan Was Developed	3
3. Context for The New Plan	4-5
4. Highlights of Demographic/Utilization Review	6-10
5. Stakeholder Feedback	11-12
6. The Collective Vision for the Alliance	12-13
7. Key Strategic Directions for Both Hospitals	13-16
8. Separate Strategies and Priorities for Each Hospital	17-18
9. Next Steps	18
Appendices	19-25

1. Background

In March 2016, the Boards of Directors of Almonte General Hospital (AGH) and Carleton Place & District Memorial Hospital (CPDMH) (collectively “the Alliance Hospitals”) signed a legally binding agreement to form the **Mississippi River Health Alliance** (MRHA) to achieve the following as independent corporations:

- (i) Provide coordinated oversight of a shared CEO and the performance management system/process related to the CEO position, and
- (ii) Together with the shared CEO, proactively identify, explore and recommend strategic and system integration opportunities to the AGH and CPDMH Boards, and
- (iii) Provide oversight to the relationships established by the alliance

The Champlain LHIN Board of Directors issued a facilitated integration order in support of the MRHA on April 27, 2016.

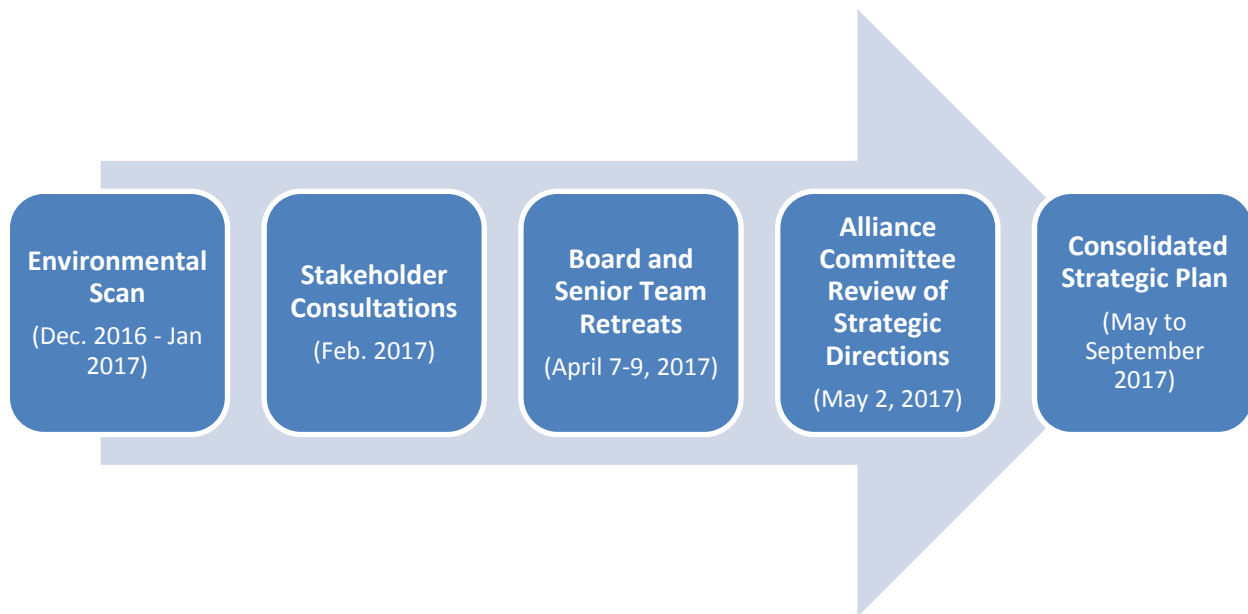
As part of their commitment to proactively planning for the future, both hospital boards agreed to build on their respective 2012-17 and 2013-17 strategic plans to create a roadmap for the growth and development of the organizations in the coming years. In order to facilitate the development of this roadmap, both boards agreed to a coordinated process to ensure alignment of their strategic planning processes, strategies, goals, priorities and timelines. In August 2016, the hospitals issued a Request for Proposals (RFP) with the following deliverables:

1. For AGH - a Strategic Plan which has clearly articulated goals each with specific metrics corresponding to expected outcomes. High-level implementation plans will be defined as the final component of the Plan.
2. For CPDMH – a Strategic Plan which has clearly articulated goals each with specific metrics corresponding to expected outcomes. High-level implementation plans will be defined as the final component of the Plan.
3. For the MRHA – a roadmap to the achievement of aligned strategic planning cycles, a common strategic framework and common criteria to help the Boards and CEO set implementation priorities for strategic goals and objectives.

In October 2016, the contract for strategic planning services was awarded to tng leaders.

2.How The Plan Was Developed

The following process steps were used to create a consolidated plan for both hospitals:



The Environmental Scanning and Stakeholder Consultation processes are described in sections 3, 4 and 5 of this report. The results of this extensive data collection process were brought forward to strategic planning retreats held in early April 2017.

The April board retreats were scheduled as follows:

- Friday, April 7th – Joint Meeting of both Boards to Review Background Materials
- Saturday, April 8th – Separate Meeting of CPDMH Board & Senior Management Team
- Sunday, April 9th – Separate Meeting of AGH Board & Senior Management Team

A summary SWOT analysis from each hospital’s board retreat is contained in Appendix A1 and A2.

Based on the two hospital retreats, two high-level strategic direction documents were developed for review by the Mississippi River Health Alliance Committee. At the Committee’s May2, 2017 meeting, there was consensus that a single consolidated strategic plan should be prepared for both Boards that highlights both the shared strategic directions and unique contributions and unique directions of each hospital. The rationale for a single consolidated plan is:

- ✓ Many shared strategic goals between the two hospitals
- ✓ Top priority for both hospitals is a single, shared clinical services plan that builds on the strengths and assets of both sites
- ✓ Strong internal and external support for the Alliance to pursue further collaborative opportunities

3. Context for The New Plan

External Environment

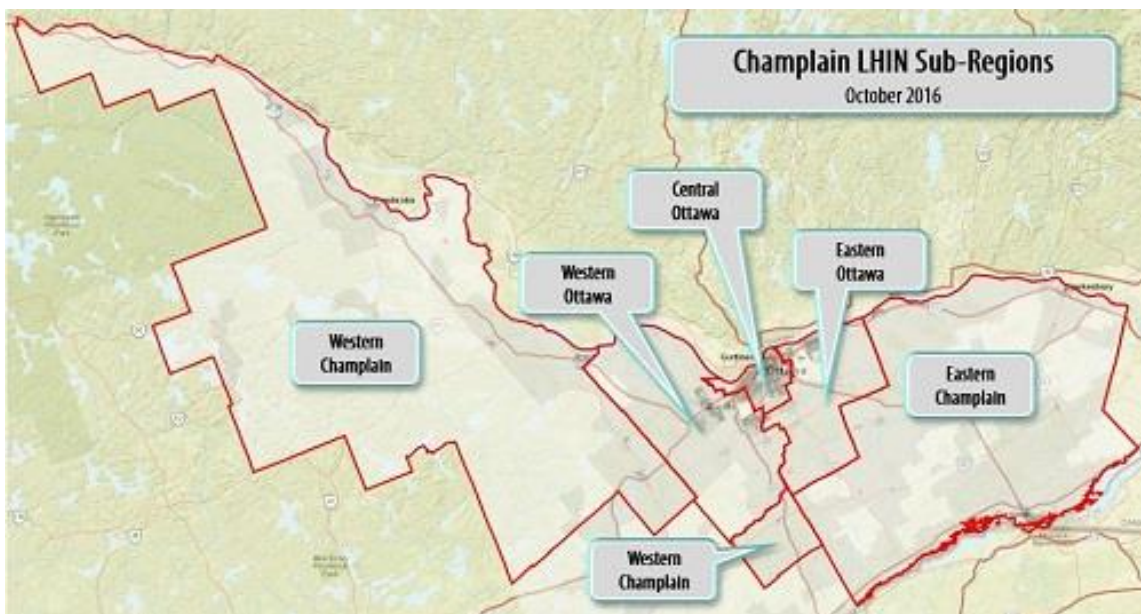
The Alliance Hospitals exist in a health system that has national, provincial, regional and local imperatives and influences. Some of these have direct relevance for the development of a vision for the preferred future of the MRHA partners.

The following are some key ‘take-aways’ from the environmental scan:

- The federal government’s focus during the most recent funding negotiations with the provinces has been on home care and mental health services. The new federal health agreement reduces the Canada Health Transfer from 6% to 3% and offers new funding for the two priority areas.
- The provincial government’s health transformation agenda has been unfolding over 10 + years and an ongoing priority has been to reduce dependence on hospital-based care through greater investments in primary care, home care and community care.
- Provincial health strategy is consistent with a growing body of international research on high-performing health systems¹.
- Performance measurement in hospitals has traditionally focused on financial and utilization performance, and more recently on quality improvement indicators but the Ministry and the LHINs are increasingly interested in health system performance as measured by ‘The Triple Aim’ (*“the best care, for the whole population, at the lowest cost”*).
- The passage of Bill 41 (*‘Patients First’*) represents the first major structural changes in Ontario’s health care system in a decade – specifically the dissolution of CCACs and the expanded responsibilities of the LHINs. These changes will lead to debate about the organization, funding and delivery of future home care services.
- Health system funding reform continues to evolve with the refinement of funding methodologies and the introduction of bundled (integrated) payment models. The Ministry is developing new small hospital funding models and is planning to consult with hospital stakeholders later this year.
- Lanark County is bisected by the Champlain and South East LHINs, with county-based health services such as Lanark County Mental Health generally falling within the purview of the South East LHIN. As such, AGH and CPDMH along with the Champlain LHIN have less influence over the quality and quantity of service provided to residents of the catchment area.

¹ Baker, Ross and Dr. Renata Axler, *“Creating a High Performing Health Care System for Ontario: Evidence Supporting Strategic Changes in Ontario”*, (University of Toronto), October 2015

- The Champlain LHIN is supporting two rural health hub pilot projects (Arnprior and Barry's Bay) in addition to the five provincial pilot sites.
- The Champlain LHIN does not have a comprehensive clinical services plans nor a strategy for small hospitals but instead has chosen to develop regional plans for specific services; more recent LHIN plans that are likely to impact AGH and CPDMH are:
 - Orthopedics
 - Sub-Acute Care
 - Home Care
 - Inpatient Mental Health
 - Child and Youth Services
- There is uncertainty about the new LHIN sub-regions in terms of functions, roles and accountabilities and it is unclear how the new sub-regions will impact the LHIN's funding priorities and overall strategic plan. Almonte and Carleton Place are part of the **Western Champlain sub-region** which consists of all of Renfrew County plus North Lanark and Kemptville.



Other important contextual issues potentially impacting our collective future and the communities we serve are:

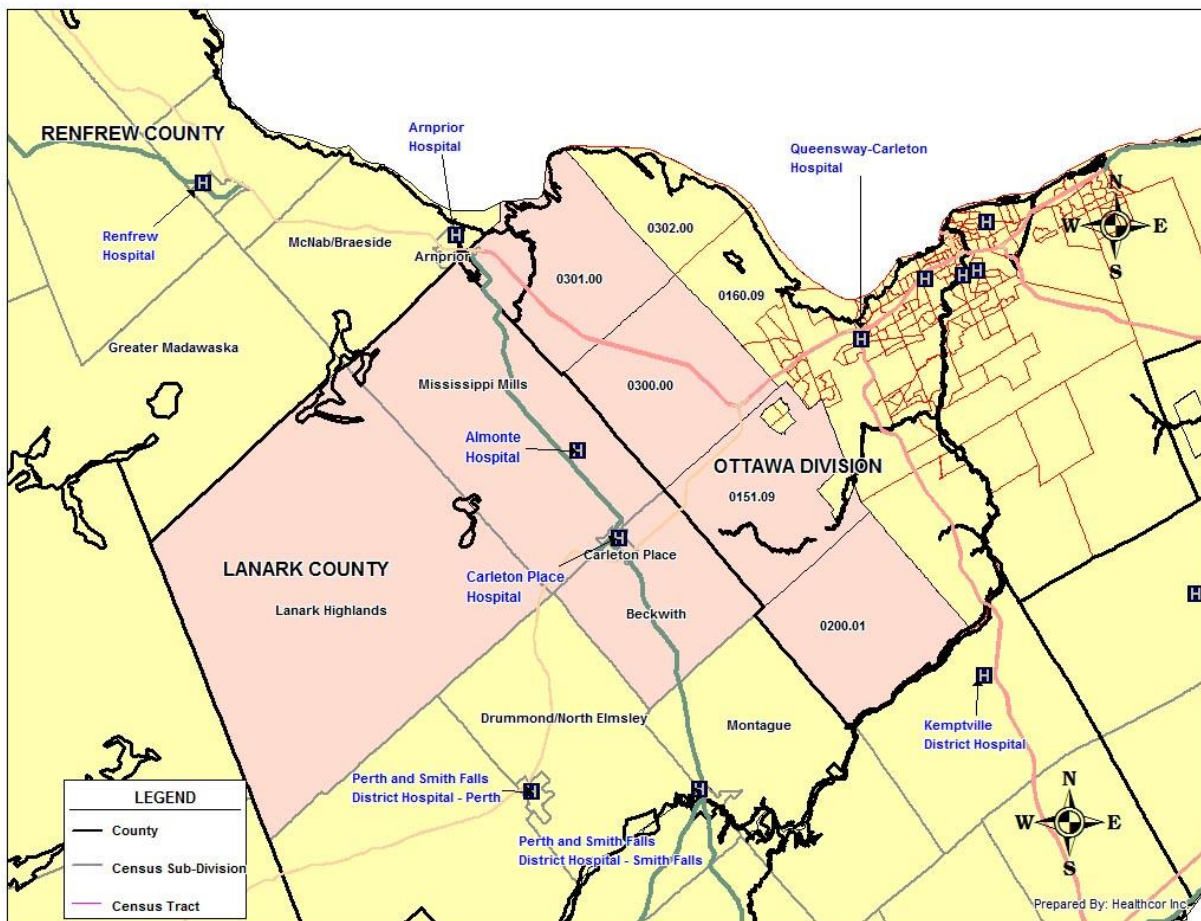
- Funding of small hospitals has not kept pace with operating expenses
- The lack of multi-year hospital funding creates challenges for planning future staffing and services
- Provincial election – to be scheduled on or before June 7, 2018
- Municipal elections – scheduled for October 22, 2018

4. Highlights of Demographic/Utilization Review

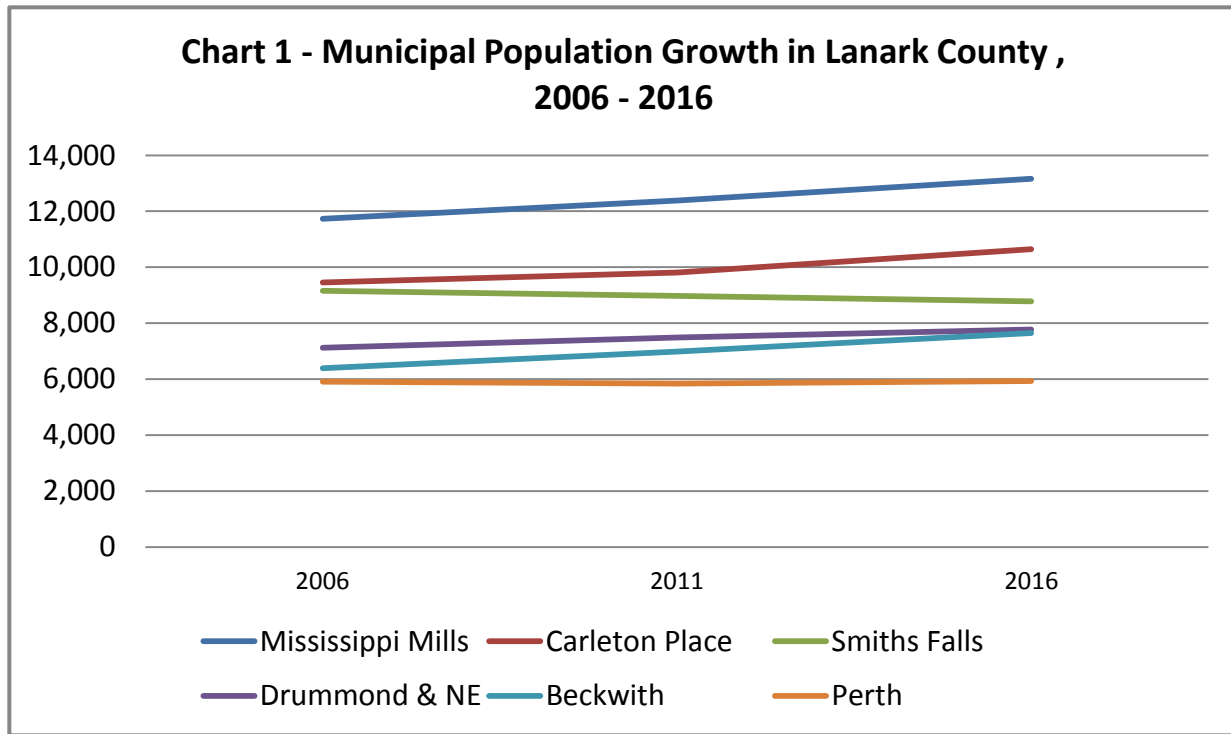
A Demographic/Utilization review document was prepared by the tng consulting team (based on data prepared by Healthcor Inc.).

The following are some key 'take-aways' from the review of demographic, health status and utilization data:

- The combined catchment area of the Alliance includes a number of West Ottawa census tracts (see map below) totaling 21,922 residents according to the 2016 Census; an increase of 5.7% since 2011.

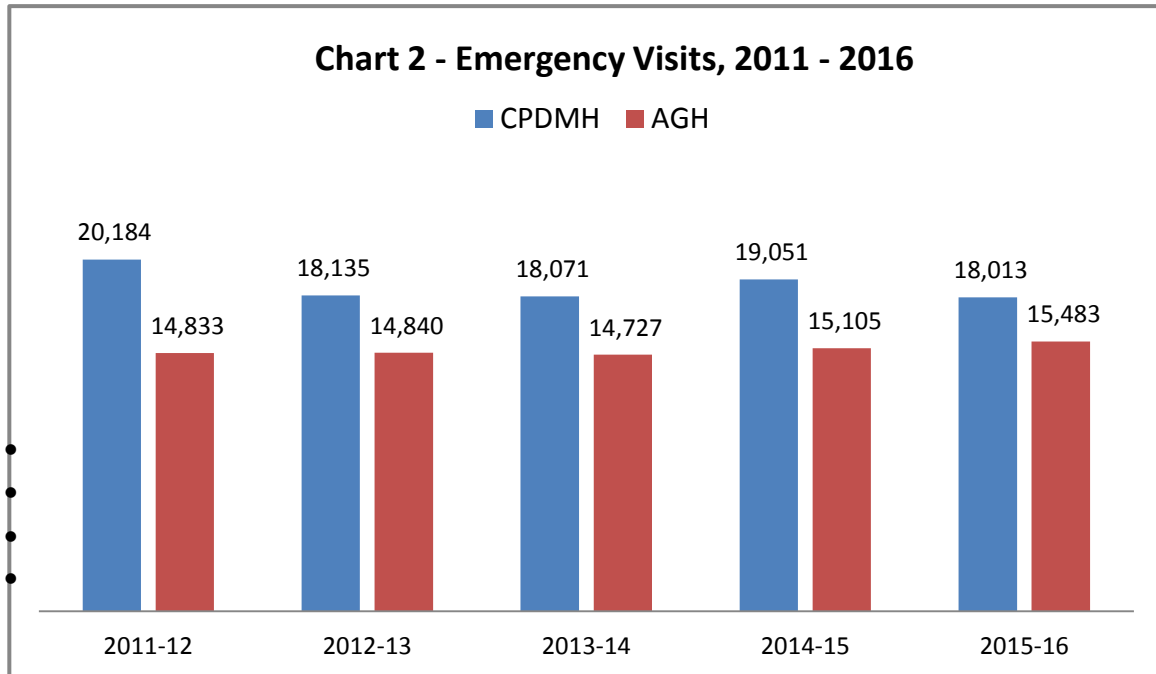


- Within Lanark County, North Lanark including Carleton Place and Mississippi Mills are continuing to experience stronger population growth than the rest of Lanark County (see Chart)



- Stronger population growth rates are expected to continue in Carleton Place and Mississippi Mills and in the larger Alliance catchment area including the portions of West Ottawa
- South Lanark communities are stagnant or declining in population and, as a result, are aging more quickly than North Lanark
- Current population forecasts used by LHINs are developed by the Ministry of Finance and do not account for local municipal planning indicators such as building permits and housing starts. As a result, in faster growing areas, provincial forecasts tend to underestimate local population growth

- Annual emergency (ER) visits have increased slightly at AGH but have been declining over time at the CPDMH site despite local population growth (see Chart 2). It is difficult to know how much of this decline is attributable to the aging ER physical plant at CPDMH which has been approved by the Ministry of Health and Long Term Care for upgrade.



- Compared to other small hospitals, both sites have a higher proportion of CTAS 1-3 (i.e. higher acuity) ER visits

- Unlike the patient origin profile for ER visits and inpatients, Carleton Place and Mississippi Mills make up a relatively small proportion of the same day surgery (SDS) volumes.
- Using the combined MHRA catchment area, there are a number of repatriation opportunities based on outflow of cases to Ottawa facilities:

Repatriation Opportunities

To grow existing services:

- Inpatient Obstetrics and OB/Gyn procedures
- General Surgery
- Urology
- Orthopedic Surgery

To create new SDS services for:

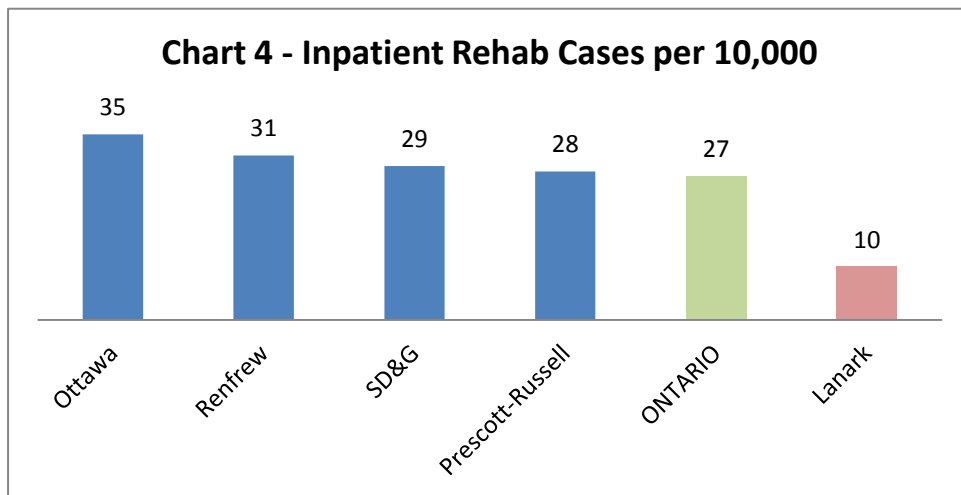
- Gastroenterology
- Ophthalmology

- The projection of future bed requirements based on Ministry of Finance population projections suggests no additional acute beds are needed if there are improvements in utilization (i.e. ALC rates of 15%, occupancy rates of 70%, gradual length of stay improvements over time). This assumes no change in market share through repatriation and/or new services. Achievement of this target will depend on other the success of other system-level initiatives to increase support outside of acute care.

Chart 3 – Acute Bed Projections for Both Hospitals, 2015 - 2040

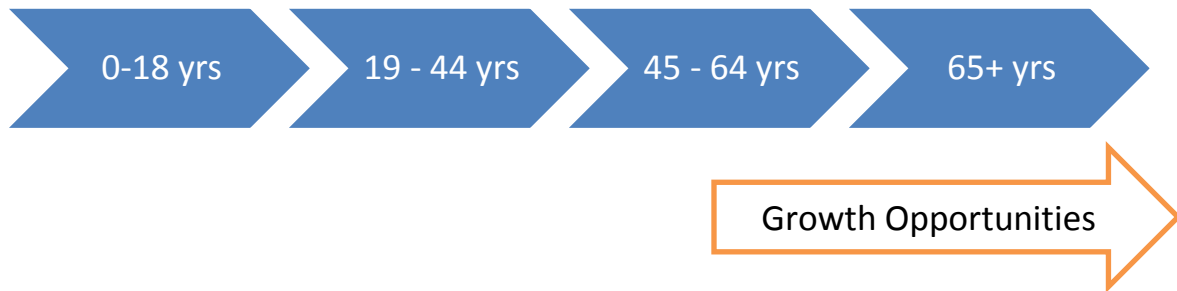
	FY 2015	FY 2020	FY 2025	FY 2030	FY 2035	FY 2040
AGH	26	20	22	22	23	22
CPDMH	22	17	19	20	21	21

- Recent LHIN reports indicate there is a significant need for additional CCC beds and inpatient rehabilitation care – see Chart 4

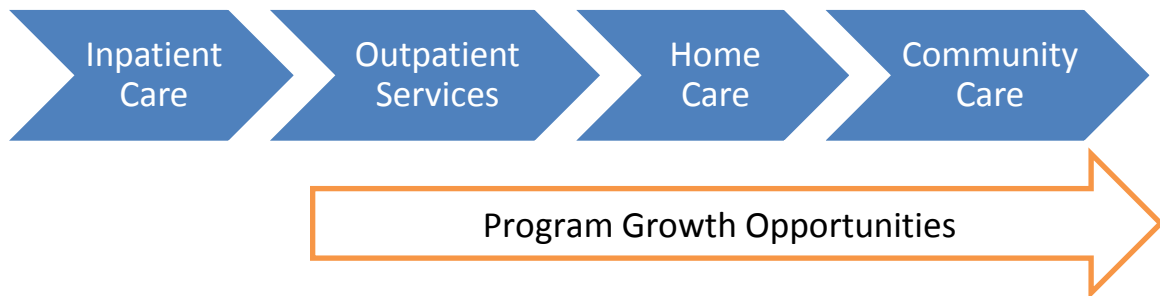


Future program growth opportunities, other than Obstetrics, lie outside of acute inpatient care and include:

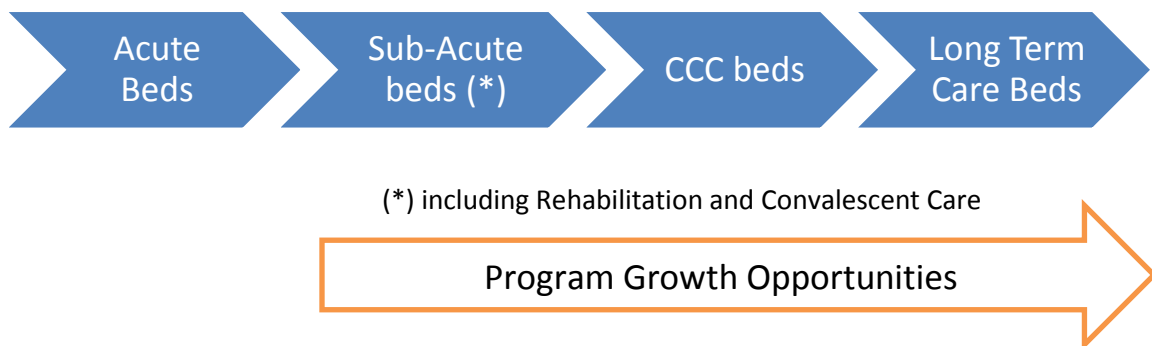
More Seniors Care



More Day Surgery, Outpatient Services, Home & Community Care



More Non-Acute Bed Care



(*) including Rehabilitation and Convalescent Care

5. Stakeholder Feedback

tnng consultants conducted a comprehensive stakeholder consultation process during January – February 2017 that included the following components:

- Over 50 telephone and face-to-face interviews with board members, senior management and key external partners
- 11 focus groups for senior management teams, managers at both sites, frontline staff (3 focus groups at each site), hospital foundations & auxiliaries
- Online survey – 118 responses to CPDMH survey and 161 responses to AGH survey
- Community forums (Jan. 16, 17)

5.1 Strengths

Stakeholders identified the following as strengths of both organizations:

- ✓ Reputation, ability of Senior Executives
- ✓ Dedicated staff at both hospitals
- ✓ Positive patient culture at both hospitals
- ✓ Both hospitals are respected stewards
- ✓ “Alliance” is becoming part of common language
- ✓ Alliance has been well received by external partners

5.2 Challenges and Strategic Opportunities

There was consistent feedback from all stakeholder groups in these areas:

Challenges:	Strategic Opportunities:
<ul style="list-style-type: none"> • Different hospital cultures • Two communities with some insular thinking • Separate IT systems • Aging population of the County • Low public profile of the Alliance • Lack of financial support from government • Government restrictions on recruitment of family physicians • Lack of public awareness of hospital pressures • Rural communities in the shadow of large Ottawa hospitals • External and Internal communications • Two separate strategic plans • Future of aging CPDMH facility • Lack of clinical integration • Wanting to be all things to all people 	<ul style="list-style-type: none"> • A new vision for hospitals/health care • Position the hospitals as leaders in health care • Linking healthcare with local economic development strategy • Better collaboration and use of resources with possible savings • Better communication with stakeholders • Increased partnerships • Create a future governance structure • Better integration of physicians • Increased shared training of staff • Redeveloped facilities at CPDMH • Continue to build campus of care model at AGH – include homecare as part of an integrated local system • Program specialization for each hospital

When asked about specific opportunities for program and/or service collaboration between the hospitals there was a high degree of alignment between AGH and CPDMH stakeholders. Both groups identified all of the existing programs and services as well as CT scan, Home care, Internal Medicine, Mental Health, Palliative Care, Dialysis, Chemotherapy and community education. Increased services for seniors was also a consistent theme. Of note, CPDMH stakeholders also identified governance as an opportunity that the two hospitals can collaborate on.

More detailed on the responses from each of the stakeholder groups can be found in the Appendix B.

6. Collective Vision for the Alliance

Taking into account the environmental scan information, the stakeholder feedback and the results of their own deliberations, the Boards of AGH and CPDMH determined that the power and potential of the Mississippi River Health Alliance represents the best way forward, recognizing that in addition to its contribution to the collective whole, each partner brings individual strengths to the Alliance.

From that point forward, there was a commitment to develop a collective vision and strategic directions that reflect both shared and individual objectives and their commitment to quality and safety in everything they do.

Alliance Vision: “Working Together for The Very Best Care”

Together, the Mississippi River Health Alliance partners will lead the development of an integrated health system that is:

- **Responsive to Community Need** – provides high quality and safe services that are coordinated, close to home and easy to access
- **Clinically Excellent** – ensures services are delivered using evidence-based practice standards and methods
- **Innovative** – looks beyond our own walls, thinks creatively and moves beyond the status quo
- **Accountable** – ensures that physical, human and financial resources are used efficiently and effectively to provide appropriate services in the right place at the right time
- **Collaborative** – fosters strong partnerships with service providers within Lanark County, throughout the Champlain LHIN and across Ontario

To bring our vision to life, the Alliance will work closely with our partners and communities to:

- Expand the definition of what is local in terms of our shared catchment area
- Provide appropriate care closer to home
- Support the provision of a broad range of health services across the continuum of care
- Explore and welcome partnerships that advance the shared vision.

Both Organizations Contribution to the Alliance Vision:

Together, Carleton Place District Memorial Hospital and Almonte General Hospital support the Alliance vision by providing:

<ul style="list-style-type: none"> ✓ Caring and committed staff, physicians and volunteers ✓ Personalized care ✓ Proven Receptivity to innovation and collaboration ✓ integration leadership 	
<p>AGH's Unique Contribution to the Alliance Vision:</p> <ul style="list-style-type: none"> ✓ Campus of care model which includes long term care (Fairview Manor), emergency services (Lanark County Paramedic Services) and primary care (Ottawa Valley FHT) ✓ Clinical program strengths including: <ul style="list-style-type: none"> ○ Obstetrics ○ Long Term Care ○ Complex Continuing Care 	<p>CPDMH's Unique Contribution to the Alliance Vision:</p> <ul style="list-style-type: none"> ✓ Ministry approval to build a new emergency department ✓ Potential for further site redevelopment ✓ Clinical program strengths including: <ul style="list-style-type: none"> ○ Same day surgeries ○ Outpatient clinics ○ Telemedicine

7. Key Strategic Directions for the Alliance

A modified balanced scorecard framework was used to define both shared and separate strategic directions and strategic enablers:

Strategic Directions

The following four **strategic directions** are shared by both organizations, in support of the shared Alliance Vision:

1. **Provide outstanding care close to home**
2. **Work with health system partners to strengthen communication and collaboration (between us) to make accessing care and support as easy as possible for patients, residents and families**
3. **Align and activate our people to bring our vision and priorities to life**
4. **Maximize the potential of the Alliance**

For each strategic direction, some key objectives were developed as well as what success will look like in terms of outcomes:

KEY STRATEGIC DIRECTIONS:	How We Will Define Success?
<p>1. Provide outstanding care close to home by:</p> <ul style="list-style-type: none"> • Developing a shared clinical services plan that describes the role of each organization in supporting appropriate 	<ul style="list-style-type: none"> • Explicit LHIN support for the shared clinical services plan • Reduced duplication between sites based on resource optimization

KEY STRATEGIC DIRECTIONS:	How We Will Define Success?
<p>care closer to home, leveraging the unique contributions of each organization, minimizing duplication, and optimizing allocation of resources between the sites</p> <ul style="list-style-type: none"> • Supporting patients, residents and families to be more involved in their own care as part of the health care team • Increasing the breadth and depth of services offered by the Alliance partners for patients, residents and families based on larger critical mass of the shared catchment area • Utilizing evidence and best-practice information to ensure quality • Expanding on-site rural healthcare education opportunities for clinical and administrative students 	<ul style="list-style-type: none"> • Increased market share for select programs • Improved clinical performance in ALC rates, readmissions • Improved patient, resident and family satisfaction scores • Greater participation by Patient Family Advisory Councils in decision-making • Increased breadth of services • New health professionals recruited based on combined critical mass of MRHA catchment area • Joint credentialing of physicians at both sites • Performance in the top 50% of publicly reported quality indicators • Achievement of Quality Improvement Plan targets • Increased medical student days • Increased student placements
<p>2. Work with health system partners to strengthen communication and collaboration (between us) to make accessing care and support as easy as possible for patients, residents and families by:</p> <ul style="list-style-type: none"> • Actively participating as a founding member of the North Lanark Health Link for complex patients • Partnering with the Champlain LHIN and others to align hospital, community and home-based services • Working with partners to identify and support the best location for care • Helping patients navigate the complexities of the health system 	<ul style="list-style-type: none"> • More coordinated care plans for complex, high-needs patients • Reduced readmissions and avoidable Emergency Department visits • LHIN approval of a North Lanark plan for community and home-based services
<p>3. Align and empower our people to bring our vision and priorities to life by:</p> <ul style="list-style-type: none"> • Building a sustainable culture that fosters teamwork, promotes communication, encourages innovation, expects accountability, and celebrates the contributions of individuals and teams to the success of the organization and the Alliance 	<ul style="list-style-type: none"> • Improved staff, physicians and volunteer engagement scores • Positive trends in all Human Resource indicators including sick time, turnover and grievances • Shorter recruitment cycle for vacant staff,

KEY STRATEGIC DIRECTIONS:	How We Will Define Success?
<ul style="list-style-type: none"> • Developing the capacity of formal and informal leaders to lead • Encouraging personal and professional development at all levels in both organizations • Identifying and preparing future leaders • Creating an engaging and fulfilling work environment for staff, physicians and volunteers 	<p>physician and volunteer positions</p> <ul style="list-style-type: none"> • Improved patient, resident and family satisfaction scores
<p>4. Maximize the potential of the Alliance by:</p> <ul style="list-style-type: none"> • Leveraging opportunities to improve service and/or reduce cost through shared resources • Adopting best practices in the governance relationship between AGH and CPDMH • Branding and heightening community and partner awareness of the Alliance • Creating an Alliance outreach strategy to engage partners in North Lanark, Lanark County and the Champlain LHIN in the improvement of care for the communities served by AGH and CPDMH 	<ul style="list-style-type: none"> • Increased breadth and depth of services • Reduced cost per unit of service (weighted case, weighted patient day, ED visit, etc) • Increased name recognition for the Alliance • Increased formal and informal partnerships

Strategic Enablers

Strategic enablers are fundamental requirements that must be in place to achieve the Alliance's goals in any or all of the key strategic directions. AGH and CPDMH have identified three key strategic enablers:

1. **Harness technology to support improved coordination and information flow amongst organizations**
2. **Strengthen our financial position to enable investments that improve our system of care**
3. **Improve our communication with internal and external stakeholders**

STRATEGIC ENABLERS:	How We Will Define Success?
<p>Harness technology to support improved coordination and information flow amongst organizations by:</p> <ul style="list-style-type: none"> • Standardizing processes across the organizations to create efficiencies in the use of human, physical and/or financial resources • Optimizing telemedicine as a vehicle for access to specialist consultation and 	<ul style="list-style-type: none"> • Improved staff and physician engagement scores • Increased standardization • Increased Telemedicine visits • Greater electronic communication and information sharing between providers and with patients

STRATEGIC ENABLERS:	How We Will Define Success?
<p>education</p> <ul style="list-style-type: none"> • Considering the use of technology tools such as remote monitoring in the delivery of outpatient and home based services • Determining the most appropriate way to share information between providers and with patients for the purpose of facilitating appropriate care and efficient operations 	<ul style="list-style-type: none"> • Smooth patient transitions inside the hospital and across the health system • Easy access for physicians and staff to Electronic Medical Record and other information in each hospital's information system for patient care and operations regardless of location
<p>Strengthen our financial position to enable investments that improve our system of care by:</p> <ul style="list-style-type: none"> • Safeguarding long term financial sustainability based on a sustainable program mix • Acting nimbly on new LHIN funding opportunities • Collaborating with the Foundations to support the priorities of both Hospitals • Cultivating community (donor) support • Exploring public-private partnerships 	<ul style="list-style-type: none"> • Balanced annual operating budgets • Key financial ratios (to be determined) within target • Hospital foundations fully supporting annual equipment and major capital requirements • Twice yearly discussion at Board level regarding public-private partnerships
<p>Improve communication with internal and external stakeholders by:</p> <ul style="list-style-type: none"> • Building a framework for internal communications that addresses the unique challenges of reaching a diverse 24-7 workforce • Creating a forum for conversation with community & partners and updating them on the Alliance's progress and accomplishments 	<ul style="list-style-type: none"> • Comprehensive communications strategy stratified by target groups • Positive feedback from community and partners

8. Organization – Specific Strategies

8.1 For Carleton Place & District Memorial Hospital

KEY STRATEGIC DIRECTIONS	How We Will Define Success?
<p>Advancing Redevelopment of CPDMH by:</p> <ul style="list-style-type: none"> • Completing the construction of the new emergency department by 2022 • Developing and implementing a plan for use of the space vacated by the emergency department • Creating a physical plant strategy plan to consistent with the shared clinical services plan and associated support service needs 	<ul style="list-style-type: none"> • Completion of the new emergency department • Completion of the plan for the old emergency department space • Agreement in principle by the LHIN and Ministry for the site redevelopment plan • Stage 1 approval for the next phase of redevelopment

OTHER STAKEHOLDER PRIORITIES
<ul style="list-style-type: none"> • Utilizing the Health Hub concept to create a plan for utilization of the balance of the hospital site

8.2 For Almonte General Hospital

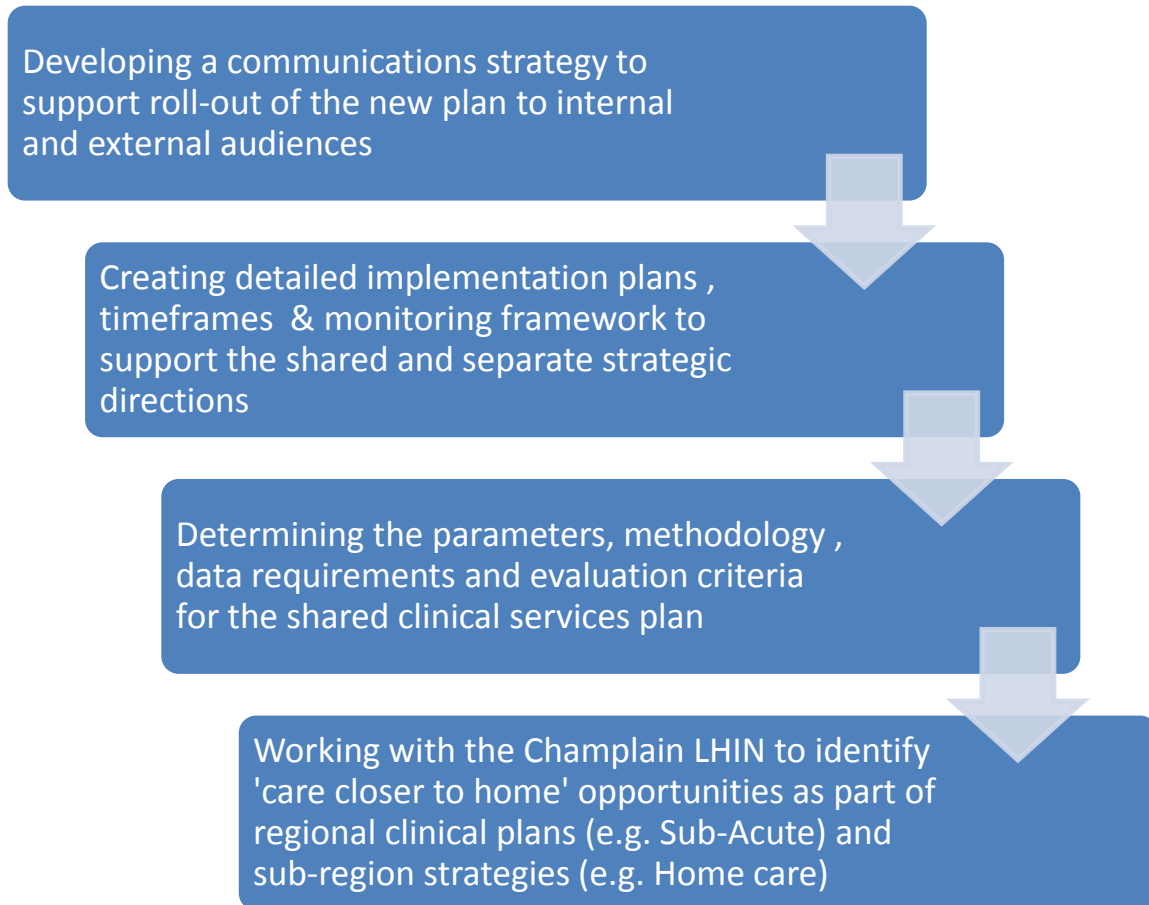
KEY STRATEGIC DIRECTIONS	How We Will Define Success?
<p>Advancing Regional Programs of AGH by:</p> <ul style="list-style-type: none"> • Increasing birthing and newborn volumes within the Regional Obstetrics Program • Ensuring access to the clinical services required to support the Regional Obstetrics Program and a focus on women’s health including Gynecology, Anesthesia, Inpatient, Emergency and Diagnostic Imaging • Sustaining the Regional Complex Continuing Care Program and Fairview Manor in their provision of services to complex and elderly patients and residents from North Lanark and Eastern Ontario and pursuing expansion as dictated by the needs of the communities served • Advocating for appropriate access to inpatient rehabilitation services for North Lanark residents, creating capacity to provide those services within the Alliance 	<ul style="list-style-type: none"> • Increased patient volume in Obstetrics and Gynaecology, Inpatient and Emergency Department services • Increased market share for Obstetrics and Gynaecology • Acquisition of a CT Scanner • Complex continuing care and rehabilitation service levels (inpatient and outpatient) for the AGH regional catchment area equivalent to the rest of the Champlain LHIN • Sustained Fairview Manor resident and family satisfaction scores at 100% “would recommend” while seeking solutions to reducing wait times for access to beds • Acquisition of bed licenses and approval to expand the physical capacity of Fairview Manor

KEY STRATEGIC DIRECTIONS	How We Will Define Success?
hospitalsn and securing associated funding <ul style="list-style-type: none"> Seeking opportunities to expand capacity at Fairview Manor to address wait time of 5+ years 	

OTHER STAKEHOLDER OPPORTUNITIES
<ul style="list-style-type: none"> Continue to build partnerships to fully utilize the campus

9. Next Steps

Following approval of this new strategic plan by both hospital boards, the following short-term implementation steps will move the organizations forward:



APPENDIX A1 – SWOT Analysis for CPDMH (FROM: April 8th Board Retreat)

<p>Strengths:</p> <ul style="list-style-type: none"> • our people - staff, physicians, senior team • approval of new future emergency department • quality of services including same day surgeries, outpatient clinics, telemedicine • our partnership with AGH • community support 	
<p>Weaknesses:</p> <ul style="list-style-type: none"> • hospital building – appearance, space, physical plant • sustainability of a 22-bed acute hospital – need to revisit types of bed • challenges of caring for patients in an aging facility • community needs exceed funded capacity • hybrid EMR – paper & electronic and cost of new IT/IS system • long term financial position • capacity of Foundation to mount a major capital campaign • lack of influence at Queens Park 	<p>Threats:</p> <ul style="list-style-type: none"> • maintaining the status quo and not making a decision about redevelopment • no additional operating funds for new Emerg • proximity to Ottawa - volume of cases leaving the community • growing and aging community • health professional recruitment challenges • lack of comprehensive clinical plan for Champlain LHIN • uncertainty about future role of LHIN sub-regions • evolving funding formula for small hospitals • provincial deficit and health spending as % of provincial budget
<p>Opportunities:</p> <p><u>REDEVELOPMENT</u></p> <ul style="list-style-type: none"> • Phased redevelopment strategy on current hospital site <p><u>NEW/EXPANDED SERVICES</u></p> <ul style="list-style-type: none"> • Proactively defining WHO we are and WHAT we do • Determining community needs and translating that into new services • Providing or ensuring the provision of more non-acute services such as Homecare, Mental Health • Building on program strengths such as outpatient clinics and telemedicine <p><u>INTEGRATION & PARTNERSHIP</u></p> <ul style="list-style-type: none"> • Becoming the Alliance • Evolving the Alliance to a single organization/system where staff at both sites work as a team • Re-branding the hospital and re-envisioning what a small hospital is • Leverage the Alliance in terms of single voice with the LHIN 	

APPENDIX A2 - SWOT Analysis for AGH (FROM: April 9th Board Retreat)

<p>Strengths:</p> <ul style="list-style-type: none"> • our people - staff, physicians, senior team • campus of care model - continuum of care • quality of services including Obstetrics, Long Term Care, Complex Continuing Care, Lanark EMS • well-developed governance model • our partnership with CPDMH • community support 	
<p>Weaknesses:</p> <ul style="list-style-type: none"> • small size in terms of critical mass, HR capacity, less voice compared to bigger centres – leads to greater vulnerability • unrealistic expectations of community and partners • community needs exceed funded capacity • IT infrastructure (pending Cerner implementation) • communication strategies (including lack of social media presence) • Fairview Manor wait lists • long term financial position 	<p>Threats:</p> <ul style="list-style-type: none"> • proximity to Ottawa - volume of cases leaving the community • trying to serve all ages - youth vs seniors • increasing demand from a growing and aging community • proximity of 2 Emerg Depts • health professional recruitment challenges, including Ministry restrictions on physician recruitment • lack of comprehensive clinical plan for Champlain LHIN • uncertainty about future role of LHIN sub-regions • evolving funding formula for small hospitals • provincial deficit and health spending as % of provincial budget
<p>Opportunities:</p> <p><u>NEW/EXPANDED SERVICES</u></p> <ul style="list-style-type: none"> • Leaders in seniors care • Building on Obstetrics program to create stronger focus on Women’s Health • Hub for Paediatric care • Increase capacity for same day surgeries • Add Homecare to service offerings • More long term care including expansion of Fairview Manor • Mental health services • Health promotion • Palliative care • System navigation for patients that includes patient advocacy • Build our capacity for research • Shared clinical services plan with our partner <p><u>INTEGRATION & PARTNERSHIP</u></p> <ul style="list-style-type: none"> • Leader in rural health systems development • Becoming the Alliance • Bigger Alliance with more partners & flexible partnership options 	

- Positioning for LHIN sub-region
- Explore integrated funding strategies including Rural Health Hub model
- Strengthen relationship with PSFDH and other hospitals
- Explore further collaborative opportunities with the FHT
- Leverage the Alliance in terms of single voice with the LHIN
- Build on work-in-progress IT solution

APPENDIX B – DETAILED STAKEHOLDER FEEDBACK

tng consultants conducted a comprehensive stakeholder consultation process during January – February 2017 that included the following components:

- Over 50 telephone and face-to-face interviews with board members, senior management and key external partners
- 11 focus groups for senior management teams, managers at both sites, frontline staff (3 focus groups at each site), hospital foundations & auxiliaries
- Online survey – 118 responses to CPDMH survey and 161 responses to AGH survey
- Community forums (Jan. 16, 17)

5.1 Stakeholder Interview Highlights

Stakeholders identified the following as strengths of both organizations:

- ✓ Reputation, ability of Senior Executives
- ✓ Dedicated staff at both hospitals
- ✓ Positive patient culture at both hospitals
- ✓ Both hospitals are respected stewards
- ✓ “Alliance” is becoming part of common language
- ✓ Alliance has been well received by external partners

In terms of challenges and opportunities, stakeholders identified the following:

<p>Biggest Challenges:</p> <ul style="list-style-type: none"> • Different hospital cultures • Two communities with some insular thinking • Limited and different technology (IT) systems • Ability to attract human resources • Funding support from community • Aging population of the County • Current level of staff salaries • Lack of clinical integration • Low public profile of the Alliance • Lack of financial support from government • Being in the shadow of large Ottawa hospital • Donor confusion over changes • Two foundations with a limited area • Government restrictions on recruitment of family physicians • Two separate strategic plans • Wanting to be all things to all people 	<p>Strategic Opportunities:</p> <ul style="list-style-type: none"> • A new vision for hospital/health care in area • Position the hospitals as leaders in health care • Better use of resources with possible savings • Determine program specialization for both hospitals • Better communications with stakeholders • Increased partnerships • Create a future governance structure • Better integration of physicians • Increased shared training of staff
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New or Expanded Program/Services:

- More coordinated development of clinics
- Increase diagnostic imaging capacity
- Increase in services to seniors
- Increase mental health services
- Palliative care services including a hospice
- Focus on needs of all Lanark County residents and work with partners to plan future services
- Increased involvement in regional service delivery

5.2 Focus Group Highlights

Key themes from focus group participants are described below:

<p>Biggest Challenges:</p> <ul style="list-style-type: none">• Finances – government funding and impact on staffing• Staffing limitations - recruitment• Getting two hospitals to work together given different cultures– sharing a senior management team is a good start• Separate IT systems• Future of CPDMH facility in terms of infrastructure requirements• Rural nature of communities we serve• Aging population• External and Internal communications• Lack of public awareness of hospital pressures	<p>Strategic Opportunities:</p> <ul style="list-style-type: none">• Staffing - recruitment/retention incl. education opportunities• Customer service (Patients First) culture – needs of patients/families vs needs of professionals• More volunteer coordinators• Better collaboration between hospitals• More shared back-office supports• Different services offered at each site• Better awareness of what current services are available• Redeveloped facilities at CPDMH – health village concept still makes sense• Continue to build campus of care model at AGH – include home care as part of an integrated local system• Better internal and external communications• Community education – help people understand that health care system is changing• Linking health care with local economic development strategy –hospitals are largest employers
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New or Expanded Program/Services:

- a) **Hospital- based Care**
 - CT scanner
 - Growing Obstetrics (expanded catchment area)
 - Women’s Health (building on successful OB program)
 - Mental Health and Psychiatry
 - In-house lab

- Increase GEM nurses
- Better use of operating rooms
- Greater variety of clinic, outpatient services
- New medical services that are not dependent on specialized equipment (e.g. psychiatry)

b) Health Care in our Communities

- Home care
- Dialysis
- Chemo clinic
- Hospice care
- Cardiac ultrasound
- Walk-in clinic for non-urgent care
- Geriatric care – increased services for seniors
- Better partnerships with community providers

5.3 Online Survey Results

There was a strong response to the online survey. Key questions focused on

- Review of current mission, vision and values statements
- Current core services and gaps in service
- Challenges and opportunities
- Future vision and key strategic priorities for next 3-5 years

In support of further collaboration between the two hospitals, respondents were also asked:

- *“What do you think the hospitals can achieve together that they can’t achieve on their own?”*
and
- *“What specific hospital programs, services or opportunities do you feel the two hospitals can collaborate on?”*

Responses are listed below:

AGH Responses	CPDMH Responses
<i>What the hospitals can achieve together that they can’t achieve on their own</i>	
<ul style="list-style-type: none"> ● Increased services ● Shared services ● Shared resources ● Efficiencies & less duplication ● Financial savings ● Specialization between hospitals ● Increased purchasing power ● Share expertise & knowledge ● Better policies & procedures 	<ul style="list-style-type: none"> ● Coordination of services between hospitals ● Shared knowledge & resources ● A stronger voice ● Greater efficiency & reduce duplication ● Reducing administrative duplication ● Increased purchasing power ● A larger organization

<ul style="list-style-type: none"> • Sharing facilities • Attracting specialists 	
<p><i>Specific hospital programs, services or opportunities the two hospitals can collaborate on</i></p>	
<ul style="list-style-type: none"> • Administrative functions • Ambulatory care • Clinics • Cardiac Care • Community awareness/education • Complex continuing care • Day hospital • Diagnostic services • Dialysis • Emergency wait times • General surgery • Home care • Education & training • Financial efficiencies • Internal Medicine • Laboratory • Long term care • Mental health • Obstetrics • Operating rooms • Outpatient services • Palliative Care • Policies & procedures • Physiotherapy • Purchasing power • Shared resources & knowledge • Seniors care • Specialized services & staff • Telemedicine 	<ul style="list-style-type: none"> • Administrative roles and functions • Ambulatory care • Clinics • Coordinated services • Share medical files • Emergency services • Education services • Diagnostic services • Financial efficiencies • Governance • Home services • Inpatient services • Internal Medicine • Laboratory • Long term care • Mental health services • Obstetrics • Palliative care • Physiotherapy • Prenatal & birthing • Purchasing power • Services for an aging population • Shared equipment • Shared staff • Specialty programs & specialists • Surgical services • Technology • Telemedicine • Upgraded facilities