

Seaway Valley Community Health Centre

January 14th, 2016 - Consolidated Strategic Planning Responses

On January 14, 2016, Seaway Valley Community Health Centre held the preliminary 2016-2021 Strategic Planning event at the Cornwall Public Library with 57 participants in attendance representing our Board, Staff, Volunteers, Clients and Community Partners. This document is a compilation of themes and preliminary recommendations identified from this event.

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28/01/2016
Document #2

SVCHC Strategic Visioning 2016-2021

Dynamic, Creative, Optimistic

Introduction:

What is Strategic Planning?

Strategic planning is a concept used to develop clear and collective vision of where you want to go as an organization, identifies what the priorities for the organization will be for the next 5 years and collectively decides what success will look like.

The Strategic Planning Process has three primary purposes:

- 1) To verify your vision and guiding principles
- 2) To identify your priorities
- 3) To renew the energy of the people who care about your vision.

The Framework

Strategic planning is also about development and change. This requires reflection and learning, both individually and collectively. Interventions are participatory and where applicable include the use of the creative arts as a way to tap into the diverse perspectives, insights and innovative ideas that exist within your community.

Operating values and principles are identified and verified, the internal and external environments are assessed, and tools are provided for making the sometimes difficult choices needed for organizations to adjust and change.

Appreciative Inquiry (AI)

Appreciative Inquiry (AI) is both a philosophy and a model. AI represents a paradigm shift – a hopeful, positive change philosophy in a world where critical, deficit based voices are often the loudest. It is also a practical change process that begins with research into the root causes of success.

Through deep conversations about our very best experiences, AI seeks to discover the generative and life-giving forces in a system - those things we want to increase.

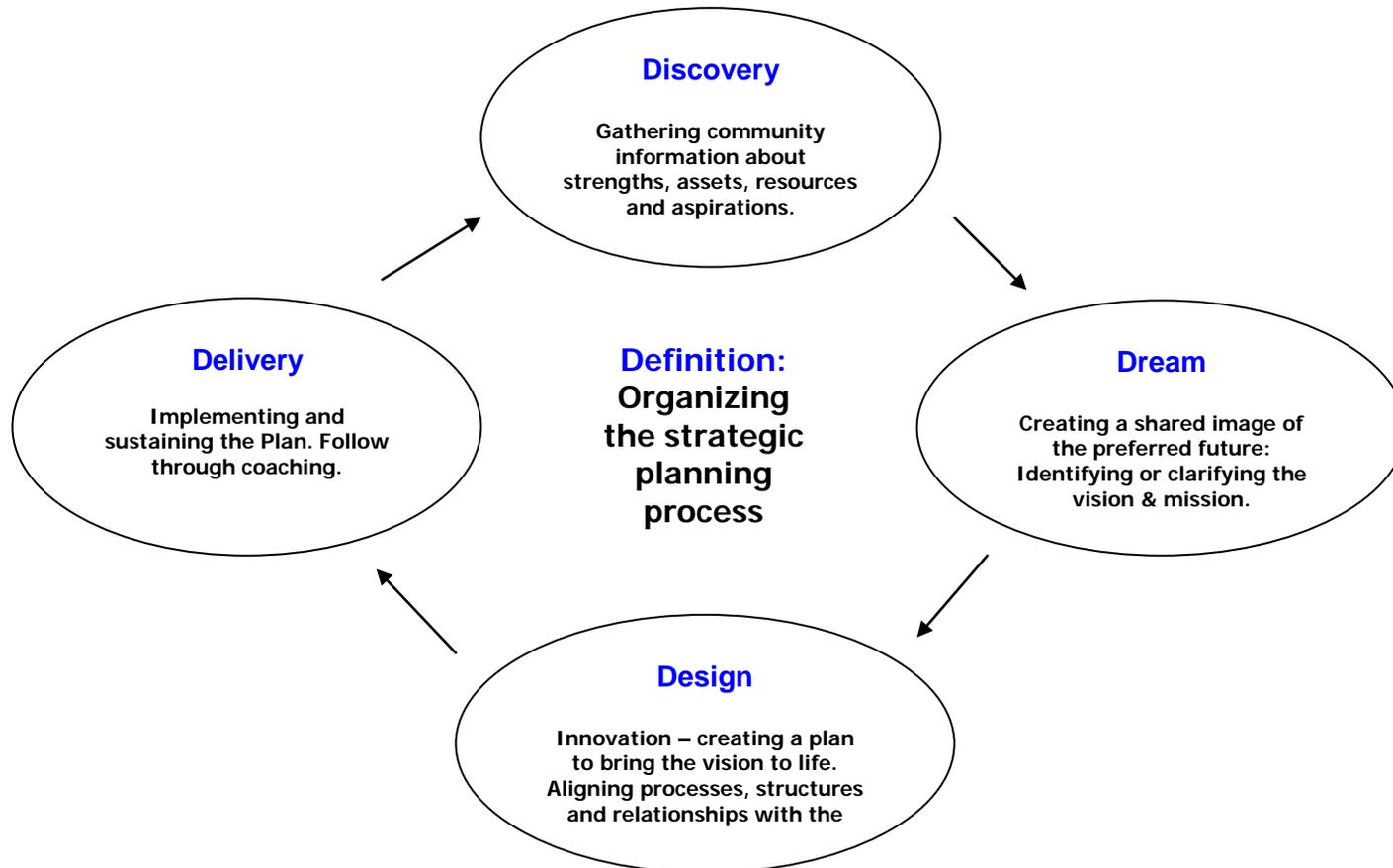
The new knowledge collected through AI is then used to co-construct the best and highest future of that system. As a process for strategic planning, AI is a participatory, whole system approach that is future focused. AI begins with common ground, but then goes on to seek higher ground as strength is connected with strength and new images of the possible emerge.

Strategic planning process with an Appreciative Inquiry (AI) approach of Discovery, Dream, Design and Delivery

Background: On January 14th, 2016, SVCHC held the preliminary 2016-2021 Strategic Plan development event at the Cornwall Public Library with 57 participants in attendance representing our Board, Staff, Volunteers, Clients and Community Partners. The afternoon was facilitated by Linda Vanderlee, from Living Aligned Coaching and Facilitation, **using the Appreciative Inquiry Approach**. This approach generated several new ideas and concepts to advance our Centre's next 2016-2021, 5-year Strategic Plan.

The core values (Appendix I) of SVCHC's mandate were reaffirmed with caring and compassion, commitment, collaborative, accountable, accessible and inter-professional repeatedly represented. The information collected from this facilitated session was assembled into the following identified themes to be presented to the Board and Staff for further discussion in developing the 2016-2021 Strategic directions. The goal for the completion of a final Strategic Plan is April 2016.

Appreciative Inquiry (AI) approach



SVCHC Consolidated Responses to Four Strategic Objectives

Strategic Objective #1: CONSOLIDATED RESPONSES - Optimize Access to Health and Wellness Services

By 2021, SVCHC will work to increase access to its services and programs in order to provide the “right service, at the right time, in the right place.” This will be achieved through innovation in service delivery and through the identification of new funding and/or other forms of partnership.

Forces For →	← Forces Against
<p><u>Staff Virtues:</u></p> <ul style="list-style-type: none"> • Staff availability • Flexibility • Motivated • Positive • Welcoming staff and volunteers • Open mindedness to new, creative methods of delivery <p><u>Access:</u></p> <ul style="list-style-type: none"> • Advanced access and the achievement of 100% panel size • Staff work to full scope of practice • OTN/ Telemedicine helps connect patients to needed healthcare • PCO Team – outreach expansion • Partnerships with others (CHCs, hospital, EOHU, CCAC, etc.) • Ext 229 increases ease of access to programs • We have “potential clients” info (contact) on waitlist • Partnerships and Collaboration creates access 	<p><u>Staff Limitations:</u></p> <ul style="list-style-type: none"> • Stubbornness (inflexibility) <p><u>Access Limitations:</u></p> <ul style="list-style-type: none"> • Need enhanced funding for expanded hours of service, space, service expansion, equipment. • Very limited resources for LGBTQ • Demand- potential clients/patients • High expectation from clients (spoiled) • Access – referral time to facilities and resources (i.e: x-ray- results, specialists) • Large geographical area to serve (transportation/outreach) • Aging population and increasing immobile clients - poor supports, poor access to basics ((ie. food, dentist, transportation) • Increase advertisement/promotion of what we do & what else • Internal procedures for orientations • To deliver differently to address the changing demands with a health & wellness focus • Staff time to write plan partnerships and funding proposals

Key Recommendations:

Develop Funding Requests to the LHIN for the Following:

- Cost of Living salary increases for staff (now at 5 years at zero percent increase). **(Added by Debbie)**
- Additional MOH/LHIN funding to increase programming in all areas (serve waitlist/develop walk-in access/expansion of Primary Care, PCO & LGBTQ, health promotion programs, to address space / equipment/etc.)

- To expand the PCO team to community health nurses, NP, MD, etc., for all ages.
- Add system navigation/care coordination to CHC mandate. **(Added by Debbie)**

Internal recommendations:

- Create shorter appointment times to create more access
- Ask CCH to provide labs/x-rays later in the day
- Serve people on the waitlist

Strategic Objective #2: CONSOLIDATED RESPONSES - Provide Leadership in Health Integration.

By 2021, SVCHC will provide increased leadership to make sure that the most vulnerable people don't fall between cracks in the local health system. We will ensure the needs of the most vulnerable and marginalized are represented in increased health integration and coordination efforts and will work to make inter-professional, holistic services, related to the social determinants of health, central in integration efforts.

Forces For →	← Forces Against
<p><u>Collaboration/Partnerships:</u></p> <ul style="list-style-type: none"> • Internal interdisciplinary collaboration • Strong, positive presence at community tables • Health Links collaboration • Collaborative table and collaborative philosophy • Community partnerships • Leadership creating links and increased communication with others <p>Other:</p> <ul style="list-style-type: none"> • You are a young organization 	<p><u>Funding Limitations:</u></p> <ul style="list-style-type: none"> • Lack of Funding to SVCHC and the CHC sector • LHIN's main focus is on primary care delivery within CHCs, less on health promotion and community programs delivered by CHCs • Lack of understanding on what primary health care is • MOH/LHIN mandated actions (dictation limits opportunities) • LHIN decision-making in the current environment (will need time to settle the CCAC transition) <p><u>Other:</u></p> <ul style="list-style-type: none"> • With staff fatigue/burnout, can lose focus on client care • CCAC partnership? Not currently working well • Many organizations still working in a "silos"

Key Recommendations:

Collaborative Partnerships:

- Create Partnerships with CCAC- case managers in-house to SVCHC: Add system navigation/care coordination to CHC mandate.
- Continue to work with Health Links and Collaborative Table
- Advocate for Oral Health care service to the public through collaboration with EOHU (+ Senior's affordability - all ages)
- Deliver public education to help public recognize community needs - dental health, mental health.
- Develop partnerships with youth organizations to deliver programs and services

Communication:

- Inform/Educate the LHIN /MOH on the CHC model of health and wellbeing within the primary health care
- Clarify mandates and establish communication protocols
- Increase communication with other sectors
- Be the voice of marginalized populations at ministry's meetings, partnerships, health links, etc.
- Enlist communications expertise to manage promotions, marketing materials, social media, annual report, public messaging. **(Added by Debbie)**

Internal Recommendations:

- Strengthen internal referral processes / consultation for clients with many needs.

Strategic Objective #3: CONSOLIDATED RESPONSES - Innovate to Provide Quality Care and Improve Efficiency

In response to the current and anticipated period of fiscal restraint, by 2021 SVCHC will have maintained and/or improved the quality of its services. This will require strategic use of resources and the implementation of new ways of delivering high quality services that are more cost efficient.

Forces For →	← Forces Against
<p>Improve Client Health Outcomes:</p> <ul style="list-style-type: none"> • Work towards the outcome to reduce ER usage for our clients • Use of Volunteer programs • Expand upon Quality Improvement Programs (QIP) / metrics • Partnerships/ collaborative capacity • Education and prevention programs/ Educate everyone to care and advocate for themselves in the health system • Make centre well known- marketing- dispel misconceptions • Work towards having extended hours <p>IT /Information Management Systems:</p> <ul style="list-style-type: none"> • New accounting and payroll software improves reporting to LHIN and reduces costs. Solid systems in place. • Use of intranet for efficient internal communications • Current equipment and resources for client care <p>Other:</p> <ul style="list-style-type: none"> • Staff/team remain open and positive towards growth • Awesome staff! 	<p>Improving Client Health Outcomes Limitations:</p> <ul style="list-style-type: none"> • LGBTQ needs (small clients numbers but high service needs) • Need more “trained” volunteers to support programs, (i.e. stress management) <p>IT /Information Management Systems Limitations:</p> <ul style="list-style-type: none"> • Difficult to share/receive data from hospital(s) <p>Funding Limitations: Severe funding restrictions</p> <ul style="list-style-type: none"> • Physical environment- need more space/ Poor layout, work in silos • Competition and duplication amongst all in health system partners • Increase funding to obtain additional staff • Funders focus on biomedical issues and not human issues • Better communication with ministry and other health services regarding clients usage of our health care dollars/services • Lack of MOH funding to hire providers for orphaned clients • LHIN focus seems more on the sick, which limits CHC mandate on more upstream (prevention) • Complexity of patients – difficult workload with strained resources.

Key Recommendations:

Develop Funding Requests to the LHIN to:

- Advocate for health promotion programs (i.e. resume smoking cessation and stress management, chronic disease management programs and enhance falls prevention, etc).
- Seek NEW funding to reduce long-term costs (open Extended hours + walk-in hours to reduce ER visits= \$\$ savings)
- Develop one Electronic Health Record across all health providers
- Hire additional travelling outreach teams for better client access
- Lobby for changed funding structure to relieve the funding competition: Complexity of patients- population needs-based funding rather than per capita allotment. **(Added by Debbie)**

- Reduce restrictions on locally directed programming
- Physical environment- need more space/layout/workflow

Communications:

- Need for stronger communication with committees and organizations with similar mandates and shared goals (Health Links)
- Strengthen the CCH Mental Health and Addiction partnership

Internal Recommendations:

- Add SVCHC to 211 directory for improved access/marketing
- Train volunteers to support additional programs.

Strategic Objective #4: CONSOLIDATED RESPONSES - Continue to Nurture Staff, Volunteers and Students within a Positive Work Environment.

By **2021** SVCHC will have strengthened its nurturing work environment. Staff, volunteers and students will experience the same high morale, high staff/volunteer retention and willingness to go the extra mile for their clients and colleagues that characterized the first three years of SVCHC operation. We will continue to attract, recruit and retain “the best of the best”.

Forces For →	← Forces Against
<p>Nurturing Work Environment for Staff and Volunteers:</p> <ul style="list-style-type: none"> • Amazing leadership • Great admin staff and ED that supports us • Encouragement and availability of training opportunities and support • Positive morale • Strength of the team: knowledge, education, personal strength, • Staff Integrity • Low turnover of staff and volunteers • High needs of clients. Greater demand for services. • Availability – extended hours, access • Personal satisfaction of work (staff and volunteers) • Giving volunteers meaningful life and developing professional skills • Our beautiful building 	<p>Funding Limitations:</p> <ul style="list-style-type: none"> • Lack of funding for salary increases/Enhance budget for wages • MOHLTC and LHIN approval of new \$ • No pay equity within the health sector (hospital versus CHC salary) • Increased workload – limited funds (remuneration) • Expanding scope without expanding pay/ More work same pay • Space (i.e. for students/workspace, room in use for other purposes) • Rapid growth across the board • Lack of administrative help within the centre <p>Volunteers:</p> <ul style="list-style-type: none"> • Using more volunteers for services • Maintaining volunteer levels • Not enough work to keep volunteers busy <p>Other:</p> <ul style="list-style-type: none"> • Availability of Health care professionals declining • Risk / edge of staff burnout over time.

Key Recommendations:

Requests for Funding:

- Work with AOHC/MOH/LHIN to advocate for wage parity across health sector
- To recruit additional staff to add more direct service
- Add more staff hours in the telemedicine program
- Do not assign more work without funding for expansion of hours... limit accessibility to available staffing
- Work with LHIN on adding Care Coordination role to SVCHC to support primary care clients.

Internal Recommendations:

- Continue collaborating with others for expanded services and space
 - Develop additional volunteer training programs
 - Respect scope limitations of staff working at full capacity
- Other:**
- Host more staff recognition beyond what currently occurs
 - Host additional staff events

Moving Forward into 2016 to 2021 Strategic Directions Themes

Integration, Collaboration and Partnerships

- Maintain and further build excellence in meeting client and community health needs through care coordination working with other organizations and systems, (i.e., Care Coordination/System Navigation through Health Links, Collaborative Table).
- Increase our capacity to improve mental health and addictions by working more directly with Mental Health Partners, (i.e. Cornwall Community Hospital's Mental Health and Addictions Program, use of Telemedicine e-consultations and linkages with specialists).
- Maintain and/or develop collaborative service delivery partnerships to add service to our clients and community.
- Continue to offer to be a leader with Information Management and Technology (IM/IT) systems to support organizations management, funding and reporting requirements.

Access

- Focus on growth and expansion of Outreach Teams and services to rural communities.
- Be a stronger voice for marginalized populations influenced negatively by the social determinants of health, (GLBTQ, those living in poverty, seniors, rural population, etc.).
- Continue to develop strategies to reduce barriers to accessing services to improve health and well-being (i.e. funds to expand the Team, to offer extended hours of service, weekend and walk-in access to primary care, for outreach teams, develop innovative service delivery models, etc.).
- Strengthen our advocacy and action campaigns around those conditions that lead to improved health and well being for our clients and our community (i.e. expanded free oral health care for all ages, collective poverty reduction strategy, enhanced food security, improved housing, employment and wages, etc).

Quality Agenda

- Strive for excellent and foster continued innovation in the pursuit of Quality Improvement.
- Become an accredited organization through the Canadian Centre for Accreditation (CCA).

Nurturing Environment

- Establish boundaries for Self Care in a challenging environment.
- Determine how will we manage and remain nibble in a changing and uncertain environment.

Appendix I: Values Identified at our Strategic Planning Exercise

January 14th, 2016

Highest Quality – People and Community-Centered

Our Caring Culture: Compassion/Caring/Listening/Commitment (10)

Community Development Approach: Community-Focused/Partnerships/ Collaborative/ Cooperation/Sharing/ Community Investment/ Impacting beyond our walls (9)

Community Vitality & Belonging: Every One Matters /Sense of Belonging /Inclusiveness/Client-Focused/ /Connection/Family/ Recognition/Self confidence (9)

Accountable & Efficient: Leadership/Inspiration/ Insight/Creative/ Efficiency/Integrity /Perseverance (7)

Inter-professional Team: Team Work/Proactive/ Awareness/Solution-Focused/ Motivation/Wellness Education (6)

Accessible: Access/ Trust Client (2)

- *Note: (#) – indicates the number of similar responses*

